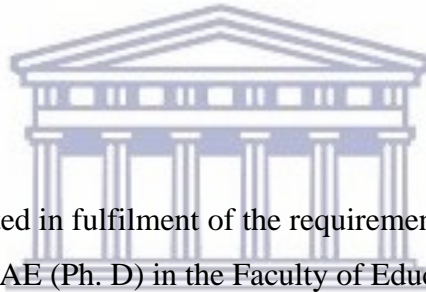


**Mental Health of Coloured Female Teachers Working in Historically
Disadvantaged Special Schools in the Cape Metropole**

By

Sylnita Phillippine Swartz-Filies



A full thesis submitted in fulfilment of the requirements for the degree of
DOCTORATE IN PHILOSOPHIAE (Ph. D) in the Faculty of Education, University of the Western

Cape
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WESTERN CAPE

University of the Western Cape

Supervisor: Dr. Trevor Moodley

December, 2017

DECLARATION

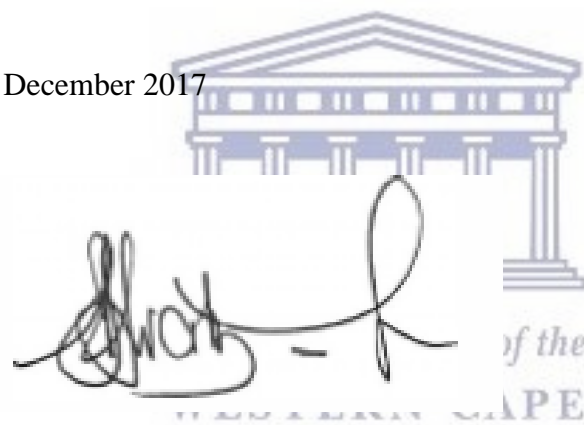
I declare that the present study: *Mental Health of Coloured Female Teachers Working in Historically Disadvantaged Special Schools in the Cape Metropole* is my own work, that has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

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ABSTRACT

The World Health Organisation defines mental health as “a state of well-being in which the individual realizes her or his own abilities, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO, 2001, p. 1). There is a paucity of academic research about the mental health status of minority groups, especially women of colour (Moultrie & Kleintjes, 2006). In South Africa too, this gap in research is evident when focussing on the mental health of women, especially Coloured women in South Africa. Women’s health and their mental health in particular are often affected by the way society treats and regards them; often they suffer from emotional, mental and physical exhaustions. This study investigated the mental health status of Coloured female teachers working in historically disadvantaged Special Schools in the Cape Metropole of the Western Cape Education Department. This group designation is the designation that was formally used during South Africa’s Apartheid past policies of segregation in categorising groups according to pre-determined race categories. Coloureds were then considered to be a minority grouping in South Africa. Reference is still currently made in democratic South Africa to the Apartheid race categorisations in contemporary formal policies that seek to redress the inequities of the past, both in terms of race as well as gender categories (Conway-Smith, 2011; Stromquist, 1998). Given the intimate association between race and identity, especially within a socio-historical context such as that of South Africa, it is reasonable to consider the impact of this association on an individual’s mental health status.

The study examined the possible personal and organisational factors that were associated with the mental health status of participants. The study aimed to answer the following main research question: What are the experiences of Coloured female teachers working in historically disadvantaged Special schools in the Cape Metropole with regards to their mental health status including the organizational and personal factors that influence and explain the mental health challenges of these females?

The study adopted a qualitative approach using a Feminist paradigmatic lens. Twenty coloured female teachers working at previously disadvantaged special schools in the Cape Metropole were purposively sampled. Data was collected using in-depth, semi-structured, one-on-one interviews after fulfilling the necessary ethical prescripts. During the interviews participants’ mental health status in terms of their subjective well-being or satisfaction with

various aspects of their lives related to personal and organisational factors was examined. Both inductive and deductive data analysis approaches were used in analysing the transcripts of the audio-recorded interviews. Two of the four research sub-questions were answered by analysing data deductively using Keyes' Mental Health Continuum (emotional, psychological and social wellbeing) (2002, 2005, 2007) and Mockler's (2011) model for conceptualising teacher professional identity. The remaining two research sub-questions were answered by analysing data inductively using a thematic approach (Braun & Clarke, 2006).

The study found that being formally racially classified as Coloured females during the Apartheid era placed participants in a complex position which negatively affected their emotional well-being because they found themselves between Blacks and Whites, a position associated with being nobody. However, other factors such as the opportunity to study, being teachers and the love and support received from their families, contributed positively to their emotional well-being. Participants also reported favourable psychological and social well-being because of feelings of empowerment related to the pursuit of formal education and contributing positively to their communities as teachers. They therefore perceived themselves as having a high sense of self-efficacy. Participants' also reported moderate to high positive spiritual well-being due to their Christian religious values and church membership. With regards to work-place experiences, some participants mentioned that limited resources along with poor interpersonal relationships negatively influenced their mental health. Participants also reported both personal and occupational factors as having influenced their mental health. Personal factors included the financial status of families of origin, family tradition, participants' gender, as well as their current household and parental responsibilities. Occupational factors included working with disabled and (at times) sick learners, heavy workloads, and the nature of school politics. In addition participants identified different factors supporting their well-being; namely: family, school level support and self-management strategies.

It is hoped that this study provides impetus for further research into the mental health status of those who consider themselves to be part of minority groupings in contemporary South Africa. In this manner, future research has the potential to elucidate how individual mental health is influenced by the complex social fabric that is often rooted in the past and shaped by contemporary societal experiences.

KEY WORDS

Apartheid

Coloured female teachers

Coloured identity

Feminist perspective

Mental health

Salutogenesis

Special Schools

Subjective well-being

Well-being



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DEDICATION

In dedication to the memory of my loving and kind daddy, Pieter Swartz. He planted the seed of enquiry within me and provided me with the opportunity to obtain tertiary education hence, ignite the flame of life long learning.



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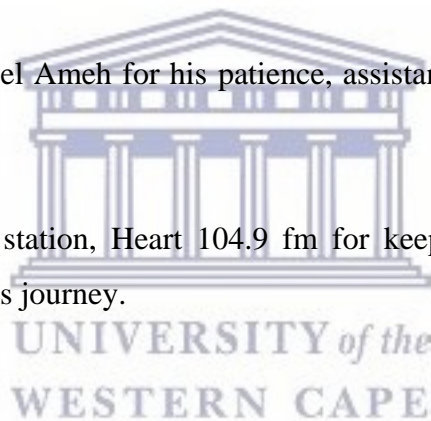
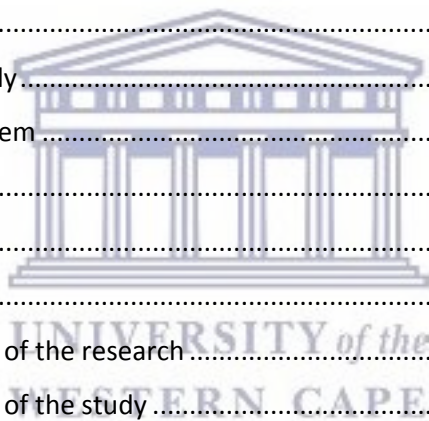


TABLE OF CONTENTS

DECLARATION	i
ABSTRACT.....	ii
KEY WORDS	iv
DEDICATION	v
ACKNOWLEDGEMENTS.....	vi
TABLE OF CONTENTS.....	viii
LIST OF FIGURES.....	xv
LIST OF TABLES.....	xvi
ABBREVIATIONS	xvii
CHAPTER ONE	1
ORIENTATION TO THE RESEARCH	1
1. Introduction	1
1.1. Background to the study.....	4
1.2. Statement of the problem.....	5
1.3. Purpose of the study.....	6
1.4. My research aim	7
1.5. Research questions	7
1.6. Significance (rationale) of the research	8
1.7. Theoretical framework of the study	10
1.7.1. Feminist perspective	10
1.7.2. Social Identity Perspective	10
1.7.3. Integrative Model	11
1.7.4. Keyes Mental Health Continuum	11
1.7.5. Mockler’s model for conceptualising teacher professional identity	12
1.8. Research methodology	13
1.8.1. Research paradigm	13
1.8.2. Research approach.....	13
1.8.3. Research design	14
1.8.4. Population and sampling	14
1.8.5. Method of data collection.....	15
1.8.6. Method of data analysis.....	16
1.8.7. Data verification.....	18
	viii



1.9.	Ethical considerations:	19
1.10.	Chapter overviews	19
CHAPTER TWO		22
REVIEW OF RELATED LITERATURE		22
2.	CONCEPTUAL FRAMEWORK.....	22
2.1.	Introduction	22
2.2.	Conceptual framework of the study	23
2.2.1.	The relevance of a conceptual framework	23
2.2.2.	Health	23
2.2.3.	Health and mental health as reciprocal concepts	26
2.2.4.	Mental health.....	27
	Salutogenesis	28
	Keyes dimensions of mental health	33
	Spirituality, religion and mental health	36
	Women’s health and general wellbeing	38
	The impact of women’s mental health on families and communities	40
2.2.5.	Females of ethnic minorities and health research.....	41
2.2.6.	Social determinants of women’s general health and mental health.....	44
2.2.7.	An overview of Coloured Identity in the South African context	46
2.2.8.	South Africa and Apartheid.....	48
2.2.9.	The influence of Apartheid on the mental health of South Africans	49
2.2.10.	Coloured identity	51
	The issue of belonging and politics of belonging	54
	The desire to be or “passing for White” in Apartheid South Africa.....	54
	Black consciousness versus being Coloured	57
	Identity formation in post-Apartheid South Africa	59
	Mental health challenges related to Coloured women	63
2.2.11.	Feminism and women’s work	65
2.2.12.	Women, work and economic participation	66
2.2.13.	Feminization of the labour market	68
	Women in caring professions and the feminization of teaching	69
2.2.14.	Women in dual career families	71
	Women’s role conflict and role overload	71
	The mental health of women in dual career families	71

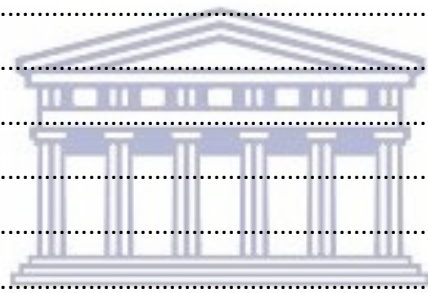
2.2.15.	Teacher identity, teaching as a profession and teacher training.....	73
	Teacher training for non-whites	74
2.2.16.	The Special School System	77
	Apartheid and a separate Special School system	78
2.2.17.	Reform in education in a democratic South Africa	81
	The effects of educational reform on Special Schools.....	82
2.2.18.	The mental health of teachers	83
	Occupational stress in Special schools.....	84
2.3.	Summary	85
CHAPTER 3		86
THEORETICAL FRAMEWORK		86
3.	Introduction	86
3.1.	Theoretical frameworks that are relevant to this study	86
3.1.1.	Feminist theoretical perspective	86
3.1.1.1.	Feminism and heterogeneity among women	88
3.1.1.2.	Standpoint theory and situated knowledge	89
3.1.1.3.	Locational feminism and diverse social identities	91
3.1.2.	Social Identity Theory	93
3.1.2.1.	Pillar one: Individual propositions	96
3.1.2.2.	Pillar two: Social components.....	100
3.1.2.3.	Pillar three: Key assumption: Positive Social Identity.....	101
3.1.3.	Integrative Model	103
3.1.4.	Keyes' Mental Health Continuum	104
3.1.4.1.	Well-being	105
3.1.4.2.	Subjective well-being	106
3.1.5.	Mockler's model for conceptualising teacher professional identity	112
3.1.5.1.	Personal experiences	113
3.1.5.2.	Professional Context	114
3.1.5.3.	Political climate	114
3.2.	Summary	115
CHAPTER 4		117
REVIEW OF PREVIOUS STUDIES		117
4.	Introduction	117
4.1.	A review of studies related to the present study	117
4.1.1.	Review of literature related to teacher mental health and well-being	117

4.1.1.1.	International studies related to the mental health of teachers working in mainstream schools	119
4.1.1.2.	South African studies related to the mental health of teachers working in mainstream schools	129
4.1.1.3.	Special School teachers and mental health	138
4.1.1.4.	Studies conducted with female teachers in South Africa	147
4.1.1.5.	Race and teachers' mental health in South -Africa.....	154
4.2.	A reflection on gender and mental health with regards to both international and national studies reviewed	160
4.3.	Summary	162
CHAPTER 5	.....	163
RESEARCH METHODOLOGY	.....	163
5.	Introduction	163
5.1.	My research aim	163
5.1.1.	My main research question	163
5.1.2.	Sub questions	164
5.2.	Research paradigm	164
5.2.1.	Motivation for choice of paradigm	165
5.2.2.	Critical theory and the Feminist approach/paradigm.....	166
5.2.2.1.	Ontological –the nature of reality.....	167
5.2.2.2.	Epistemology- the nature of knowledge.....	169
5.2.2.3.	Methodology- the theoretical framework	171
5.2.2.4.	Axiology the ethical considerations	173
5.3.	Research design:	173
5.3.1.	Qualitative research approach.....	173
5.3.1.1.	Strategy of inquiry: Phenomenological approach	176
5.4.	Population and sampling	178
5.5.	Data gathering.....	180
5.5.1.	In-depth interview	180
5.5.1.1.	The semi-structured interview.....	182
5.5.1.2.	Feminist interviews	182
5.5.1.3.	Interview techniques	183
5.6.	Methods of Data analysis.....	185
5.6.1.	Inductive and deductive.....	186
5.6.1.1.	Thematic analysis: Braun and Clark (2006)	188

5.7.	Data verification.....	190
5.8.	Ethical considerations:	196
5.9.	Summary	199
CHAPTER SIX.....		200
PRESENTATION OF RESULTS		200
6.	Introduction to the chapter	200
6.1.	Presentation of Results	200
6.2.	Participants' mental health in terms of their subjective well-being.....	202
6.2.1.	Keyes' method of determining mental health	202
6.2.1.1.	Participants' mental health in terms of Emotional well-being	203
6.2.1.2.	Psychological well-being	212
6.2.1.3.	Social well-being	220
6.2.1.4.	Spirituality well-being and mental health:.....	224
6.3.	Workplace influences on the mental health of participants (selected Coloured female teachers) teaching in historically disadvantaged Special Schools of the Cape Metropole.....	227
6.3.1.	Limited resources.....	228
6.3.2.	Poor interpersonal relationships with colleagues	231
6.4.	Personal and occupational factors or influences associated with participants' mental health. 234	
6.4.1.	Personal factors affecting participants' well-being	234
6.4.2.	Occupational factors influencing teachers' well-being.....	240
6.5.	Types of support available to teachers related to mental health challenges associated with their work places.....	248
6.5.1.	Family	248
6.5.2.	School level or support by colleagues.....	248
6.5.2.1.	Peer support from members on the same post level	248
6.5.2.2.	Support received from senior school management (SMT)	251
6.5.3.	Self-regulatory / Self-help and supporting self-management strategies	253
6.5.3.1.	Private psychological service	253
6.5.3.2.	Spiritual practices and religious coping	254
6.5.3.3.	Other self-help strategies	255
6.6.	Summary of the chapter	256
CHAPTER 7		259
DISCUSSION OF RESULTS		259
7.	Introduction	259

7.1.	Discussion of the findings related to research question one	260
7.1.1.	Emotional well-being	260
7.1.1.1.	Psychological well-being	266
7.1.1.2.	Social well-being	275
7.1.1.3.	Spiritual well-being and mental health	277
7.1.2.	Discussion of workplace influences on participants' mental health.....	281
7.1.2.1.	Limited resources.....	282
7.1.2.2.	Poor interpersonal relationships with colleagues	285
7.1.3.	Discussion of the findings of research question three.....	287
7.1.3.1.	Personal factors affecting participants' well-being	287
7.1.3.2.	Occupational factors influencing teacher well-being	293
7.1.4.	Discussion of research question four.....	299
7.1.4.1.	Salutogenic functioning in the workplace.....	299
7.1.4.2.	Salutogenic personality profiles of participants	301
7.2.	Summary of chapter	310
CHAPTER 8	.....	313
REFLEXIVITY, POSITIONALITY AND FEMINIST RESEARCH	.....	313
8.	Introduction	313
8.1.	Feminism and the importance of being reflexive	314
8.1.1.	The study and my personal experience	315
8.1.2.	Biographical and philosophical positioning	316
8.1.3.	Being a researcher	317
8.1.4.	Researcher as integral part of the research process	317
8.1.5.	The role of the emotions in feminist research.....	318
8.1.6.	The importance of self-disclosure.....	320
8.1.7.	Role of researcher/practitioner and colleague.....	320
8.2.	Transcribing the audio-recorded interviews.....	321
8.3.	The impact of the research on emotions.....	324
8.4.	Researcher as therapist	324
8.5.	Personal responses	325
8.6.	Conclusion.....	327
CHAPTER NINE	.....	328
SUMMARY OF INSIGHTS, SIGNIFICANT CONTRIBUTIONS AND LIMITATIONS OF THIS STUDY	.....	328
9.	Introduction	328

9.1.	Summary of key findings.....	328
9.2.	The contribution of this study.....	329
9.2.1.	Does the study extend knowledge?.....	330
9.2.2.	Does the study generate on-going research?.....	331
9.2.3.	Does the study liberate and empower?.....	331
9.2.4.	Does the study improve practice?	332
9.3.	Limitations of this study.....	333
9.4.	Recommendations for further research	334
9.5.	Recommendations that emerged out of the findings:	335
9.6.	Concluding remarks	336
10.	References	338
11.	APPENDICES	402
	APPENDICES A.....	402
	APPENDICES B.....	404
	APPENDIX C.....	405
	APPENDICES D.....	406
	APPENDICES E.....	408
	APPENDICES F.....	410
	APPENDICES G.....	413



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LIST OF FIGURES

Figure 2.1: Mental health – a movement up and down a staircase. 35



LIST OF TABLES

Table 2.1: A list Indicating Special Schools for Handicapped Coloured Learners during the Fourth Term of 1968.....	79
Table 5.1: Deductive approaches.....	187
Table 5.2: Comparison of Criteria by Research Approaches.....	192
Table 5.3 Criteria that operationalise the notion of trustworthiness and how it is addressed in my study.....	194



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ABBREVIATIONS

WCED	Western Cape Education Department
DBE	Department of Basic Education
OT	Occupational Therapy
QSWL	Quality of School Work Life
PWB	Psychological Well-being
EBD	Emotional and behavioural difficulties
MLD	Moderate learning difficulties
SLD	Severe learning difficulties
SEN	Special education needs
MBI	Maslach Burnout Inventory
LED	Local education authorities
JSI	Job Stress Inventory
SPSS	Statistical Package for Social Science
HoD	Head of Department
SIT	Social Identity Theory
SDRN	Sustainable Development Research Network



CHAPTER ONE

ORIENTATION TO THE RESEARCH

“A woman with a voice is by definition a strong woman. But the search to find that voice can be remarkably difficult.” (Melinda Gates)

1. Introduction

It is beyond question that, historically, women have been perceived to be weaker than men. A belief exists that women are more easily affected by emotional breakdown and mental illness since they are viewed to be less psychologically durable than the opposite gender (Frick, 2002). Smyke (1991) points out that there is an increased awareness that women are treated differently, by society, than men and that it is expected of them to play several roles as they have different demands placed on them. Women fulfil multiple and intense roles in all spheres of society that are integral to the functioning of the world around them. Striking a balance between these many roles is difficult for most women and they are often at 'war' with themselves when faced with the realities of role pressure and societal expectations. Walters (2004) argues that, in many instances the features of women's day-to-day lives have been taken for granted. Goosen and Klugman (1996) contend that the numerous roles that women play leave them feeling overworked and this might give the impression to the outside world that women are more prone to mental illness. Women's health and their mental health in particular, are often affected by the way societies treat and regard them and often they suffer from emotional, mental and physical exhaustions (Goose & Klugman, 1996).

The claim made by Goosen and Klugman (1996) that women often sacrifice their health for the well-being of society is consistent with the observation made by the South African Department of Education (2002) indicating that during the Apartheid era many women were involved in the struggle by supporting their husbands and society. Their main aim was to mitigate the harmful effects of Apartheid and to improve the lives of their children and those of others by creating new and improved opportunities for the nation. During this time women were placed in positions where it became immensely difficult for them to focus on themselves, leading to a form of self-neglect. Today, many years after the demise of Apartheid, many women, especially those in the teaching profession, are still overly involved

in sustaining this reality for the youth of South Africa (Department of Education, 2002). Women are still struggling to strike a balance between many different roles to the detriment of their own health. Women have homemaking and care-giving roles, and these roles have been extended into the public domain where they are members of community organisations and form part of the economic world and labour force. Nowadays women are involved in what used to be referred to as traditional male occupations (Whitehead & Kotze, 2003). Smyke (1991) notes that these roles are often conflicting and women often encounter discrimination and abuse for their inability to meet societal demands; this evokes feelings of poor self-efficacy and failure. Theunissen, Van Vuuren and Visser (2003) argue that women who believe that their present life-style is not consistent with the way in which their gender-roles were socialised, struggle with identity problems.

Most recent research on women's health has focused attention on the differences between men's and women's health (Roberts, 1992). According to Pregler (2002) as recently as the 1980's Western medical schools were teaching that men and women are medically identical except on health issues related to women's reproductive anatomy and function. For years women were under-represented in terms of research done in the area of women's health and conditions related to it. However, this changed as pressure was applied by the women's movement organisation which as early as 1970, published a book titled, 'Our Bodies, Ourselves' which became an important touchstone of this organisation. This book created awareness and pointed out that women had a dual responsibility in terms of health advocacy whilst it encouraged women to focus on promoting positive health for both themselves and the rest of society. This initiated an expanded view on women's health as well as on how medical research had been viewed by the public (Pregler, 2002).

According to Pregler (2002) women's health advocates during the 1980's started to realize that because of women being excluded from research studies in the past, they were lagging far behind men in terms of knowledge about diagnosis and the treatment of a variety of ordinary diseases in women. Martens (2010) explains that communities, health professionals, researchers and policy makers started to demand improved quality of life and better healthcare for all women. A political group of women, named the "Federation of South African Women" compiled, as early as 1954, the Women's Charter, calling for the rights of women to education and employment which was later incorporated into the Freedom Charter

(Department of Education, 2002). The World Health Organization (WHO) has long been at the forefront of the advocacy for women's health. The organisation defines women's health "as a state of complete mental, physical, spiritual and social well-being for all women including infants, girls and adult women irrespective of their geographical location, ethnicity, race, socioeconomic class and age", (WHO, 2001). This definition clarifies that mental health is a very important aspect of women's overall health. Changes in women's physical health will also ultimately affect their mental health. However, women's mental health remains a relatively neglected topic and attempts to address it have been limited to poor efforts of promoting it (WHO, 2002). The positive mental health of women is of utmost importance for the effective functioning of society. The World Health Organization (WHO, 2010) states that maternal mental health complications result in huge human, social and economic problems that affects women, their infants, families, but also society as it constitutes a major public health challenge. Women's health has all of a sudden started to feature on the agenda of various commissions including national and international organisations (Thara & Patel, 2006). However, the status and well-being of millions of women world-wide remain wretched.

Whilst comparisons of health and illness of women in general has not been sufficiently researched, specific populations such as women and people of colour, in particular, has received scant to almost no attention (Adesso, Reddy & Fleming, 1994). Roberts (1992) contends that a more adequate framework for understanding the health experiences and health status of black women and women from minority ethnic communities is needed. Major social change during the late 1950's in the United States brought attention to minority populations and the historical discrimination and oppression that huge numbers of people had experienced. Increased contact with diverse clients led to the recognition of multiculturalism as a relevant force in psychology (Ferguson, 2006).

Traditional feminism has repeatedly been guilty of promoting simplistic views of feminism that overstated the importance of gender while ignoring important status variables such as race, ethnicity, class and sexual orientation (Enns, 1997). Therefore, many areas of women's health have not been addressed to any satisfactory extent. Mental health is one of these areas where research conducted has been based upon stereotypical cultural assumptions where cultural homogeneity is forced onto particular groups and where structural factors are ignored

(Roberts, 1992). There is thus an urgency to examine the impact of socio-cultural factors in the lives of minority groups and individuals. And this was what this study tried to do by focusing on a minority group – the “¹Coloured woman”.

In this thesis, I have chosen to use the capital ‘C’ in the term Coloured. This decision might be considered by some scholars as a point of debate however many people today including the participants of this study are self-identified Coloureds. I believed it would be disrespectful to reduce participants’ being in terms of their personhood and therefore I used the capital ‘C’ when referring to Coloureds.

1.1. Background to the study

An important area of women's lives that remains challenging to their health is their engagement in paid employment. Paid employment often affects them negatively in terms of their mental health. Walters (2004) states that gender matters when it concerns employment, and points out that the suggestions, views and ideas of women are more likely to be devalued within the workplace. Walters (2004) notes that women are less likely to occupy the higher positions within organisations and society and points out that irrespective of their true potential women usually work in lower paid jobs where they exercise little control.

Ramsay, Welch and Youard (2001) point out that the occupations in which women partake are mainly centred on services in the caregiving sector. Women are mostly encouraged into careers that involve taking care of others rather than to opt for careers with access to power (Goosen & Klugman, 1996). This is, in particular, holds true for women working in the education system. These women take care of the children of the nation; see to all aspects of these children’s development, encourage and teach them to become citizens of stature. These children are prepared to join a sophisticated workforce and compete in a global technology-driven world in order to contribute actively to their nation’s economy. Already in 1999, Van Zyl and Pietersen stated that the South African education system was undergoing major changes because of the changes in the political arena of this country. These changes had implications for the health and mental health of all employees including teachers who were

¹ Due to South Africa’s apartheid regimes distinctive racial classification system, the term Coloured became a legal and politically imposed identity. In South Africa Coloureds represent those people with diverse physical and cultural make-up, some who appear White and others Black with a wide range in-between (Yarwood, 2006).

placed in a position where they had to make adaptations which they were not necessarily prepared for. The challenge of the changing education system is even more obvious for teachers working in the Special School system, when considering inclusive education policies and having to take care of children with various special education needs or disabilities. Such a work environment exposes teachers to a variety of multidimensional stressors (Marais, 1992). The mental health challenges of teachers working in Special Schools seem to have increased over the years due to policy changes that affect how education is run in the country. For teachers working in historically disadvantaged Special Schools, where the Apartheid era government neglected to provide for the equitable allocation of resources, the situation is yet to improve. Long after the post-Apartheid administration took over, the situation of these historically disadvantaged Special Schools remain almost unchanged. This situation is significantly impacting on the education of learners and the mental health and well-being of teachers working in these Special Schools settings (Milner & Khoza, 2008).

1.2. Statement of the problem

Literature has revealed a paucity of research in women's mental health (Adesso et al., 1994, p. 317). Researchers have noticed that minority groups, especially women of colour, have received almost no attention in research. Therefore, the contention exists that research is needed that rigorously addresses the biomedical, behavioural, socio-cultural, environmental, economic and medical care factors that affect the health status of women who are financially disadvantaged, such as women of colour (Adesso et al., 1994, p. 317). Adesso et al. (1994) posit that in the area of mental health where limited research has been conducted, it has been based on stereotypical cultural assumptions and the imposition of cultural homogeneity on groups with little attempt to examine structural aspects or factors uniquely related to a specific group. Van der Bijl and Oosthuizen (2007) note that in comparison with the huge number of studies done in First World countries, there seems to be little interest in and literature on the mental health of the people in Africa despite the real and different challenges individuals face. Challenges include political, social and economic factors as well as the HIV/AIDS pandemic that directly influence and affect the people of Africa (Van der Bijl & Oosthuizen, 2007).

Little research has been conducted on issues related to the mental health of women, especially women of colour in South Africa. This study has been designed to bridge the gap

in literature especially with regard to the mental health of Coloured female teachers working in historically disadvantaged Special Schools in the four districts of the Cape Metropole of the Western Cape Education Department. According to Erasmus (2001) Coloured women occupy a fragile position in society whilst their identities are shaped by lived realities and experiences related to respectability and shame as the key defining factors of their upbringing. Boswell (2011) states that it is inaccurate to assume that all women in South Africa who live in post-Apartheid South Africa have the same experiences and anchors of personality.

Through their work as teachers in historically disadvantaged Special Schools these women are exposed to extraordinary challenges that go far beyond the normal requirements of traditional teaching. Therefore, this may potentially be harmful to their mental health and well-being. The Special School system in South Africa was established under very challenging circumstances. Traditional 'White Special Schools' were well-resourced while traditional Special Schools of 'colour' that today still mainly accommodate non-white learners, remain under-resourced. This hampered teaching and learning within these schools and placed stress on both the learners with their special needs and teachers trying to perform at their best under these conditions. Importantly, Lin et al. (2009), caution that personnel who are working with people with disabilities are often prone to psychological stress and depression. The purpose of this study was specifically centred around the mental health challenges experienced by Coloured female teachers who find themselves in similar conditions, working with learners with physical and cognitive disabilities in historically disadvantaged Special Schools. Through this study, participants were given a voice for their experiences (Gilligan, Spencer, Weinberg, & Bertsch, 2003).

1.3. Purpose of the study

The main purpose of the study is to provide comprehensive descriptions, from the perspectives of the participants, regarding the mental health challenges of Coloured females teaching in historically disadvantaged Special Schools in four districts of the Cape Metropole of the Western Cape Education department. The study examined possible personal and organisational factors that may explain an association with their mental health status.

1.4. My research aim

My research aim was to understand and explore the experiences of Coloured female teachers working in historically disadvantaged Special Schools in the four districts of the Cape Metropole particularly with regard to their mental health and to examine possible personal and organisational factors that may explain an association with their mental health status.

In order to achieve this aim, the following research questions were posed.

1.5. Research questions

The main research question was: What are the experiences of Coloured female teachers in historically disadvantaged Special Schools of the four education districts of the Cape Metropole with regard to their mental health including the organisational and personal factors that influence and explain the mental health challenges of these females?

The main question comprised of the following sub-questions:

- What are the general descriptions of the mental health status of Coloured female teachers working in historically disadvantaged Special Schools in the four districts of the Cape Metropole of the Western Cape Education Department?
- How do the unique workplaces of the historically disadvantaged Special Schools affect or influence the mental health of selected Coloured female teachers working in these schools?
- What are the personal and occupational factors that influence or explain the mental health of Coloured female teachers teaching in historically disadvantaged Special Schools in the Cape Metropole of the Western Cape?
- What are the types and roles of support structures that are in place for Coloured female teachers working in historically disadvantaged Special Schools in the Cape Metropole of the Western Cape, to cope with mental health problems associated with their work places?

1.6. Significance (rationale) of the research

The rationale for this study is linked to a feminist lens of viewing the world in that it recognizes that women's health, of which mental health is an aspect, has received scant attention in comparison to men's health. Secondly, the experiences of women working in Special Schools have also received minimal attention in comparison to those working in mainstream schools.

The rationale for conducting this research study is also both personal and professional. My interest in the mental health challenges of minority groups developed along with my professional and personal journey. I am a citizen of South Africa who was formally classified Coloured during the Apartheid era, but I am also a self-defined Coloured woman. My work as a Clinician and Educational therapist trained in the discipline of Occupational Therapy (O.T), mainly centres on the mental health and well-being of adults, the youth and children. I have worked for 12 years in a psychiatric hospital that served mostly Coloured people. For the past 9 years I have been working in the Special School system, specifically in historically disadvantaged schools where the majority of teachers are Coloured women. According to Leavy (2000), from a feminist perspective, it is important for the researcher to acknowledge her own position within the research project and in so doing, avoid the tendency of claiming universal truths but rather place her project within a specified context. There should be an understanding that the researcher's own discourse will inevitably make its way into the research project as opposed to attempts at denial or repression thereof (Leavy, 2000).

According to Boswell (2011) Coloured women are socialised differently by their lived experiences and realities as they need to deal with feelings of honour, shame and discrimination. This places them in a fragile position in society and creates a great deal of anxiety. Furthermore, Oliver and Williams (2005) point out that those working in the Special Schools system, face extra unique challenges since special needs learners require much support and assistance in overcoming their individual, contextual and social difficulties. I am of the view that Special School teachers need to be emotionally and mentally well-adjusted to provide adequate support to the special needs learners. All of these factors may cause stress within the Special School environment as work setting. These circumstances have triggered my interest in exploring and understanding the possible mental health challenges of Coloured female teachers working in historically disadvantaged Special Schools. The Special School

system is a peculiar environment to work in because of the unique challenges teachers are presented with which are not necessarily experienced in mainstream schools. The Special School setting is a unique research setting since many studies have been conducted within mainstream schools with far less done within Special Schools. There is thus a need for research done in Special Schools in order to unearth the unique characteristics and challenges faced within these school settings including those affecting the mental health of teachers teaching in them. Additionally, there is a need to provide intervention to address the challenges that negatively affect the mental health of teachers working in Special Schools. Research or evidence-based intervention is of particular importance hence the need to conduct the study.

Ramsay et al. (2001) focused attention on the mental health experiences and concerns of minority groups and Black women that have until recently received scant attention. It is said that most research conducted imposes cultural homogeneity onto these groups of women and that the understanding of mental health challenges follows a Western conceptualisation of mental health and illness (Ramsay et al., 2001). Also of importance, is the Apartheid era which restricted the career choices of non-white women; Apartheid completely wiped out training and educational opportunities for non-white women. Traditional roles and responsibilities of non-white women as caregivers were reflected through the education system with teaching and nursing as the only accessible careers for them. Goosen and Klugman (1996) state that in caregiving professions such as teaching women are often treated as inferior. Males often hold the senior more powerful positions.

Roberts (1992) points out that limited aspects regarding the life of women of colour have been researched and documented. Therefore, information is needed to describe broader aspects of the lives of minority groups of women especially in relation to both the public and private domain and paid and unpaid labour. Roberts suggests that more women of minority groups should get involved in conducting research that captures the experiences of their own grouping of women. As a Coloured professional woman I believe that I am in a unique position to pursue research in this field and specific areas of the study. Balan (2005, p. 3) states that “many research projects begin with, or are part of, the researcher’s life and that personal experience is a valuable asset to the project”. According to Balan (2005) when a

researcher works on a project that concerns her, she will be able to merge the public with the private because of the knowledge she holds regarding both domains.

1.7. Theoretical framework of the study

This study was guided by a number of theories that provided the theoretical framework of the study. A brief overview of the relevant theories follows.

1.7.1. Feminist perspective

The social science theory which provides a frame of reference for understanding phenomena and perceptions of reality in this study is the Feminist theoretical perspective. Feminist theory is primarily women-centred as it provides a lens for the study of the experiences of women in society, specifically of women's status and position, it is based on the premise that women's different experiences emerge from social, political and economic arrangements (Freeman, 1990). Feminist theory is the act of applying feminist principles to research, it implies that women will have diverse reactions and experiences to men and it seeks to gain a feminist perspective to avoid gender-bias in the results. It tries to evaluate how gender affects politics, history and literature and was established to provide manifold narratives of women beyond typical views (Crofts, Hungria, Monfries & Wood, 2011).

1.7.2. Social Identity Perspective

The investigation of this study also relied on the social identity perspective as a theoretical framework. Hogg, Terry and White (1995, p. 259) state that social identity perspective (SIP) is a social psychological theory about intergroup relations, group processes and the social self. Hoersting (2009) posits that humans have an inclination to categorise their social world. With regards to this Chow and Crawford (2004) as well as Hoerstings (2009) point out that social categorisation is based on salient characteristics which include gender, race, country of origin, age, career and various other personal characteristics. Other scholars (e.g. Hogg et al., 1995; McLeod, 2008) contend that social categorisation is a prejudiced process that divides the world into out/target-groups and in/agent -groups. The agent group has the power to determine what is 'normal', 'real' and 'correct' and to name and define reality (Hardiman & Jackson, 1997). Social Identity Perspective suggests that the in/agent group will oppress or discriminate against the target group with the aim to enhance their own self-esteem and pride.

Racism and sexism are systemic realities in South Africa that impact on the self-concept of members of target groups especially minority groups like those who were classified as 'Coloured' during the era of Apartheid in South Africa. Chavez and Guido-DiBrito (1999) argue that members of racially oppressed groups respond to race-related stress by internalising it into their overall identity and self-consciousness. The objective of this study is in line with the objective of SIP since it suggests that one needs to do more than just study the psychology of individuals as individuals. One should also consider that individuals are members of specific groups and that these different memberships, as a consequence, affect the behaviour of individuals. This line of reasoning also applies to employees within organisations, and in terms of this study, female teachers in Special Schools (Bellanca, 2012). As a researcher, I find it necessary to put into perspective the context in which Coloured females have been raised and developed. I feel that this might also shed light on the possible mental health challenges of the participants, namely, Coloured female teachers working in historically disadvantaged Special Schools in the Cape Metropole.

1.7.3. Integrative Model

This study's theoretical framework was also informed by an integrative model especially as it relates to the study of developmental outcomes for minority groups (Coll et al., 1996) as is the case in the present study. What makes this model unique is that it draws from both mainstream development frameworks, as well as models specific to minority groups such as people of colour, to explain how ecological factors such as social position (e.g. racism, oppression, discrimination, segregation and prejudice, lack of access to quality education, culture and media) affect developmental contexts (Coll & Szalacha, 2004, p. 2). The integrative model focuses on the influential context that shapes the lived realities of individuals of minority groups (e.g. people of colour) and their families. Therefore, this theory contributed to putting into perspective how contexts had influenced the mental health of this study's participants - Coloured female Special School teachers.

1.7.4. Keyes Mental Health Continuum

Keyes dimensions of Emotional, Psychological and Social well-being

To provide an appropriate answer for research question one, Keyes' (2002, 2005, 2007) Mental Health Continuum was adopted. Keyes' dimensions quantitatively assess emotional, psychological and social elements and were adjusted for use in this qualitative study. Most

studies that assess people's well-being or mental health use scales that do not allow for explanation and personal metaphors of the study participants while neglecting the role of cultural backgrounds and cultural conceptions of well-being (DelleFave, Brdar, Freire, Vella-Brodrick & Wissing, 2011).

Keyes (2005) proposed a model of mental health and illness in which psychopathology and positive mental health reflect two distinct but related components of mental health, the one reflects the presence or absence of psychopathology while the other reflects a presence or absence of positive mental health.

According to Keyes' (2002, 2005, 2007) individuals' mental health can be ascertained in terms of their subjective well-being which can be garnered from the descriptions of their evaluation of satisfaction with various aspects of their lives. By this method, the analysis of the participants' life experiences is expected to yield indications of presence or absence of positive mental health in terms of three categories of subjective well-being, namely: social; psychological and emotional well-being.

1.7.5. Mockler's model for conceptualising teacher professional identity

Mockler's (2011) framework for understanding teacher professional identity seeks to represent the process by which teachers' identities are 'formed'. Also of importance is how teachers come to understand themselves as teachers. Here teachers' motivations for entering the teaching profession as well as their professional practice, experiences as teachers and the interaction between their sense of moral purpose, and the desire to do good, are of relevance (Mockler, 2011, p. 518). Mockler's framework/model immediately resonated with me, since I saw its potential in assisting me to develop a better understanding of the development of teachers' professional identities and how this, in my opinion, ultimately influences Coloured female teachers' mental health in terms of their subjective well-being. Mockler's model is based on three dimensions, namely: personal experience; professional context; and the external political environment through, and within which important aspects of their work is constituted. Each of the mentioned domains has its own defining characteristics. However, they overlap and intertwine with one another in the creation of the teacher's life and work, thus having an impact on individuals' mental health.

1.8. Research methodology

1.8.1. Research paradigm

According to Babbie (2007) paradigms are perspectives of looking at reality while stating that various frames of reference are used to organise observations and reasoning. Ponterotto (2005) points out that there are various paradigms that are utilised to guide research. Denzin and Lincoln (2000b) argue that the specific paradigm selected by the researcher will guide the researcher in philosophical assumptions about the research as well as the selection of methods, instruments, participants and the tools to be used in the study.

The research paradigm of choice for this present study is critical theory also known as the critical ideological paradigm (Ponterotto, 2005). Doucet, Letourneau and Stoppard (2010) point out that critical theory is an umbrella term for a variety of ideological approaches including critical race and queer theory as well as feminism. This study relied on the Feminist theoretical perspective. Feminist theory is mainly women-centred as it provides a lens for the study of the experiences of women in society, particularly with regards to their status and position, it is based on the premise that women's experiences emerge from social, political and economic structures (Freeman, 1990). According to Merrill and West (2009), feminism and feminist research methods stem from the commitment to give women, who were previously hidden or excluded in social science research, a voice.

1.8.2. Research approach

Qualitative research offers a rich potential for understanding the study of meaning since it offers a better understanding of a phenomenon, when little is known about it (Hicks, 1999; Hoepfl, 1997). Hicks (1999) defines qualitative research as a way by which the researcher can develop insights into another person's views, opinions, feelings and beliefs, within their own natural setting. The individual as a whole and in relation to their social setting is described. The qualitative research approach thus offers the opportunity to understand the context of people's experiences. According to Hennink, Hutter and Bailey (2011) the qualitative research approach allows researchers to identify issues from the perspective of their study participants. It assists in understanding the meanings and interpretations that participants give to behaviour, events or objects. According to Moultrie and Kleintjes (2006), there is limited research done on the mental health of women in South Africa and little

relevant research has been published in this area. The method that I have chosen for this study is best suited for exploratory studies and therefore I considered a qualitative approach as most suitable. The qualitative approach is apt for obtaining an understanding of the relations that exist between behaviour, context and interpretation of lived experiences and events, which I believe might be imperative in establishing the mental health and well-being from the perspective of the women participating in this study.

1.8.3. Research design

Creswell (2006) proposes five traditions or strategies of inquiry that can be used to design qualitative research. In order to answer my research question the phenomenological research design was used. This design “explores the structures of consciousness in human experience” (Creswell, 1998, p.51) while enabling me to understand and interpret the meaning that participants give to their daily lives and how they experience certain phenomena (Creswell, 1998; De Vos, Strydom, Fouché & Delport, 2005; O’Leary, 2005). The phenomenological approach provided me with the opportunity to interpret and describe “what all participants have in common as they experience a phenomenon”, (Creswell, 2006). Phenomenology is a method that understands reality from the subjective view of the participant (Marcus & Hofmänner, 2006) which is an important factor in feminist research. The women in this study are therefore allowed to share their personal experiences of the phenomena under study, from their own perspective, and this allows me as a researcher to bring these reports to the surface.

1.8.4. Population and sampling

The population consisted of Coloured female teachers working in historically disadvantaged Special Schools in three of the four districts of the Cape Metropole of the Western Cape Education Department. Initially historically disadvantaged Special Schools in all 4 districts of the Cape Metropole were contacted but only 3 districts responded to the call for participation in the study. The research participants were selected based on their willingness to participate in the research study.

Purposive sampling was used in this study. According to Teddlie and Yu (2007) purposive sampling is also referred to as purposeful, non-probability or qualitative sampling. This type of sampling technique involves selecting cases or units which are based on a definite purpose instead of being random. Family Health International (2011) indicates that purposive

sampling allows the grouping of participants according to preselected criteria that is of relevance to a specific research question(s). Purposive sampling denotes a series of strategic choices about how, where and with whom one approaches your research (Palys, 2008). Sampling special or unique cases are according to Teddlie and Yu (2007) one of the techniques that are employed when an individual case, or a specific group of cases are the primary focus of the investigation as is the case of this present study.

This study was limited to a small group of 20 Coloured females between the ages of 30 and 55 years, born during the Apartheid era and teaching in historically disadvantaged Special Schools. Finally, only 18 participated in the study of which one interview was lost when not successfully recorded. Miles and Huberman (1994) make it clear that qualitative researchers work with small samples of people that are nested in their context and studied in-depth. Given the few Special Schools in the four education districts of the Cape Metropole of the Western Cape Education Department, I won't identify the names of the schools or the types of special needs catered for by the schools because it may be possible to identify the schools where the participants were employed. I therefore do not want to compromise participants' anonymity in any way.

1.8.5. Method of data collection

There seems to be limited academic literature on the mental health of South African Coloured women as well as on their teaching experiences in Special Schools. Therefore, the study adopted a qualitative research approach using a feminist lens. This approach is suitable for an exploratory study like the present study, since it allowed me to explore in-depth, the experiences of the participants. Jack (1999) points out that the story of a woman reveals how she experiences her whole world but also how she views herself in relationships, her sense of power and her strivings to reach some sort of ideal and her life path. The language that she uses to present herself does not only produce meaning, but also constrains the possibilities of her consciousness and the perception of her choices (Jack, 1999). I believe the story of a woman can be seen and understood as a representation of her life experiences and her woman-hood.

Within this qualitative approach I chose semi-structured interviews as the primary data-collection tool since I felt that it was the best way to obtain the in-depth and intimate details

of the participants' lives to answer the study's research questions (Kelly, 1985; Maynard, 2004; Newton, 1996). According to Mizock, Harkins and Morant (2011) semi-structured interviews are well-suited for research dialogues concerning issues of race since they facilitate a more natural flow of conversation and allow researchers to draw from conversational resources that facilitate the dialogue. This mode of data collection is also in line with the feminist approach where the aim is to gather intimate details of the lives of women whilst still allowing for flexibility and rapport. Interviews were recorded by means of an audiotape and meticulously transcribed.

1.8.6. Method of data analysis

According to Frith and Gleeson (2004) there are two ultimate primary approaches to thematic analysis in qualitative research namely, the inductive ('bottom-up') approach or the deductive ('top-down' approach). In the present study I made use of both these approaches in attempting to answer the study's research questions 1, 2, 3 and 4 (see Table 5.1, chapter 5 for deductive approach). Babbie (2004) and Thomas (2003) explain that the inductive approach is a systematic procedure that works from the specific to the general whilst guided by very specific objects. There are various methods that can be used to analyse qualitative data. I decided to employ thematic analysis as proposed by Braun and Clarke's (2006) six-phase inductive model of data as analysis to answer research questions 2 and 4. Thematic analysis is a method created to identify and analyse patterns in qualitative data (Braun & Clarke, 2006). Thematic analysis is theoretically flexible since the search for, and the examination of, patterning across language does not necessitate adherence to any specific theory of language, or for an explanatory meaning framework for the practices or experiences of human beings (Braun & Clarke, 2013, p. 1). It is not a linear model where one is unable to proceed to the next phase without finishing the prior one; analysis is rather a recursive process.

The model includes the following phases (Braun & Clarke, 2013):

- Familiarisation with the data

This is a common process to all forms of qualitative analysis. Researchers immerse themselves in the data whilst becoming intimately familiar with it. Reading and the re-reading of data is essential in this stage but also the noting of any initial analytic observations.

- Coding

This phase involves creating concise labels for important features of data that are relevant to the broad research question which guide the analysis. Coding is not just a method whereby data is reduced; it is in addition an analytic process whereby the researcher codes all data items while wrapping up the phase by collating all the codes and significant data extracts.

- Search for themes

Themes are meaningful and logical patterns in data which are of relevance to the research question. Searching for themes is an active process that is comparable to coding codes in order to identify similarities in the data. Themes are constructed by the researcher in a process where all the coded data relevant to each theme is collated.

- Review themes

In this stage it becomes necessary to assess if themes work in conjunction to coded extracts and full data-set. The researcher reflects on whether the themes tell a credible story in relation to the data, while starting to define the nature of each of the individual themes and the relation between them. Often it is required to join themes or to split them into two or even more themes. In some instances, discarding aspirant themes is necessary while restarting the process of theme development.

- Define and name themes

In this phase the researcher conducts and writes a comprehensive analysis of each theme. Each theme has to tell a story that fits into the overall story as related to the data. Finally, the essence of each theme is identified while a concise and informative name for each theme is chosen.

- Producing or writing up

The writing up process is a central factor of the analytic process in thematic analysis. The process entails merging the analytic plot and data extracts in order to tell the reader a persuasive and logical story concerning the data while contextualising it in relation to the existing literature.

As mentioned before, I also used the deductive approach to data analysis to answer research questions 1 and 3 (see Table 5.1 in chapter 5). The deductive approach to data analysis moves from the general to the specific in which data is analysed according to a predetermined framework (s) (Babbie, 2004; Burnard, Gill, Stewart, Treasure & Chadwick, 2008). The following theories, namely, Keyes' (2002, 2005, 2007) mental health continuum and Mockler's Model of conceptualising teacher professional identity, provided the deductive framework of data analysis.

1.8.7. Data verification

Creswell (1998) states that it is crucial that all research studies respond to the canons of reliability and validity. The critique and evaluation of a research study therefore forms a significant part of the study and a failure to assess the soundness, worth, methods and integrity of the assumptions made in the study may have appalling consequences (Long & Johnson, 2004). I made use of Guba's Model of Trustworthiness (1981) which is according to Krefting (1991), based on the identification of four aspects of trustworthiness which include: truth value, applicability, consistency and neutrality. These four aspects are relevant to both qualitative and quantitative studies. However, Guba and Lincoln (as cited in Creswell, 1998) use different terms in order to ascertain the trustworthiness of qualitative and quantitative studies. Krefting (1991) points out that these strategies are imperative to researchers when planning ways to increase the rigour of qualitative studies but also for the reader to use as a means to assess the value of qualitative research findings.

The term used to establish truth value in qualitative studies is credibility. A study is credible when it presents truthful descriptions and interpretations of human experience in a manner that allows those who share their experiences to immediately recognise the descriptions. Applicability in terms of transferability refers to the "fittingness" of a particular research study in relation to other contexts, settings and groups that are outside of the specific study situation; it should have some degree of similarity or fit between the contexts. Consistency refers to the dependability of the data, which means whether it can be replicated in a similar context or either with the same subjects. Neutrality refers to freedom from bias in both research procedures and results; it is also about whether the findings of a study can be confirmed by another.

1.9. Ethical considerations:

Orb, Eisenhauer and Wynaden (2001) point out that ethics pertain to doing good and the avoidance of harm, which can be prevented by applying appropriate ethical principles. The protection of participants in any kind of research study is of utmost importance and research should therefore not be producing psychological or physical damage (Orb, Eisenhauer & Wynaden, 2001). The principles of autonomy, beneficence and justice, are universally accepted as they form the basis of research ethics. Autonomy refers to respect, and the recognition of the rights of research participants. Beneficence is about doing 'good' and protecting participants against harm whether physical, emotional or psychological while justice refers to care and fairness towards those who are involved in the study (de Vos et al., 2005; O'Leary, 2005).

Permission to conduct the study within historically disadvantaged Special Schools in the 4 districts of the Cape Metropole was obtained from the Western Cape Education Department as well as the school principals of the respective school. The nature of the study was explained in full and confidentiality and anonymity regarding reporting of information in the study reiterated. The ethical dimensions of the study were approved by the Ethics committee at the University of the Western Cape.

Participants were informed about the nature and goal of the study prior to participation, they were reassured about their anonymity and that they may withdraw from the research process at any stage should they feel so. Voluntary consent was obtained from participants and they were asked to sign a consent form (see Addendum A). I made provision for therapeutic support in the event participants needed such support during or after the interview.

1.10. Chapter overviews

This thesis report has been organised into chapters as follows:

Chapter one introduced readers to the study. Here the study background that gave rise to the study problem is discussed, and the research questions that guided the study are set out. This is followed by the rationale, the significance of the study, and the study's theoretical framework. The research methodology is then discussed. The chapter ends with the ethical considerations of the study.

Chapters two, three and four contain literature review discussions. The literature review is a description of the bodies of existing knowledge relevant to a specific topic or field of study which enables the researcher to demonstrate her knowledge of the field under investigation including previous work done in the field while situating her research in the context of this work.

The literature review has been divided into three chapters:

- Chapter two - conceptual framework;
- Chapter three - theoretical framework; and
- Chapter four - review of previous works or studies relevant to the study focus of present study.

Chapter two covers the conceptual framework for this study. According to Miles and Huberman (1994) the purpose of a conceptual framework is to categorise but also to describe concepts that are of relevance to a study while mapping the relationships amongst them. The conceptual framework that guides this study includes some experiential knowledge; but is mainly drawn from a review of the literature in four main areas which are the foundations of the study, namely: health with special reference to women's mental health; Coloured identity; teacher identity; and teaching as a profession; as well as the Special School system.

In chapter three, I present the various theoretical frameworks that I have applied and that have assisted me with the analysis and discussion of this study. These include the: Feminist Perspective, Social Identity Perspective, Integrative Model, Keyes Mental Health Continuum and Mockler's Model for conceptualising teacher professional identity.

In chapter four previous works related to this study are reviewed and gaps in knowledge are identified. The review of related studies involves the systematic identification of both international and local studies that that are related to the present study.

In chapter five I describe the research methodology of the study. The theoretical paradigm, research design, population and sampling, data collection, modes of data analysis, the process of data verification and the ethical considerations, are discussed.

In chapter six the results of data analysis in relation to the four research questions are presented.

Chapter seven is a review and discussion of the findings of the data.

In chapter eight, a discussion of my brief personal ‘biography’ is presented. This includes: my reasons for choosing this specific research topic, the starting point from which I began inquiry, and my personal journey through the research process, including the manner in which I have gathered, transcribed, analysed and reported on the study’s findings.

Chapter nine concludes the study by providing an overview of the research process presented in each of the chapters. This includes a reflection on the key findings of the study and the contributions this study makes to the field of mental health of Coloured female teachers teaching in previously disadvantaged Special Schools specifically. Furthermore, the study’s limitations, recommendations for further research as well as concluding remarks are discussed.



CHAPTER TWO

REVIEW OF RELATED LITERATURE

2. CONCEPTUAL FRAMEWORK

2.1. Introduction

A literature review is a description of the existing bodies of knowledge relevant to a specific topic or field of study. This enables the researcher to demonstrate her knowledge of the field under investigation including previous work done in the field while situating her research in the context of this work. Creswell (2003) is of the view that the purpose of the literature review is to establish whether a topic is researchable or doable, to report on the results of studies that are closely related while determining the significance of the present study in relation to earlier studies. Merriam and Simpson (2000) point out that the literature review; conceptual framework and theoretical framework share five important functions. These points are; to build a foundation, demonstrate how a study advances knowledge, to conceptualise the study, assess the research design and instrumentation along with providing a reference point for findings. Moolla (2011) is of the opinion that once the literature review discussion is presented, it allows readers to confirm that the research is in fact justified, meaningful and makes a valuable contribution to the field.

According to Montuori (2005) a literature review is a creative process that allows one to engage more intensely with the relationship between knowledge, self and the world while viewing it as a creation that surfaced out of the dialogue between the reviewer and the field. Boote and Beile (2005) state that using literature reviews to link the problem, purpose, and discussion sections is a prerequisite for undertaking substantive but also thorough and sophisticated research.

The literature review conducted for this study, is presented over three chapters. Chapter 2 contains the conceptual frameworks of this study while Chapters 3 contains the theoretical frameworks and Chapter 4 the review of previous studies that are related to the present study.

2.2. Conceptual framework of the study

2.2.1. The relevance of a conceptual framework

This chapter covers the conceptual framework for this study. According to Miles and Huberman (1994) the purpose of a conceptual framework is to categorise but also to describe concepts that are of relevance to a study while mapping the relationships amongst them. A conceptual framework is important for situating the study while allowing the researcher to exhibit the significance of the study (Rocco & Plakhotnik, 2009). The conceptual framework grounds the study in the pertinent knowledge bases that lay the ground work for the importance of the problem statement and the research questions while providing a foundation for the chapters of the literature review (Rocco & Plakhotnik, 2009). The conceptual framework that guides this study includes some experiential knowledge but is mainly drawn from a review of the literature in four main areas which are the foundations of the study; namely: health with special reference to women's mental health, coloured identity, teacher identity and teaching as a profession; as well as the Special School system.

2.2.2. Health

Before one can critically unpack the term 'mental health', it is important to firstly establish what is understood by health and how it relates to mental health. Health remains a complex term that is challenging to describe. Bircher (2005, p. 336) describes:

Health as a dynamic state of well-being that is characterised by a physical, mental, and social potential which satisfies the demands of a life commensurate with age, culture, and personal responsibility. If the potential is insufficient to satisfy these demands, the state is disease". However, health is defined and viewed differently by various authors, which will briefly be discussed next.

Keyes (2007) reflects on health by stating that throughout human history there have, been primarily three notions of health. According to Keyes these are: the pathogenic notion or orientation which is the most prevailing description permeating all western medical thinking, deriving from the Greek word 'pathos' which means suffering or, an emotion which evokes sympathy (Antonovsky, 1996; Keyes, 2007). According to the pathogenic orientation,

the human organism is an impressive system, a miracle in terms of its mechanical organisation. This approach, views health as the absence of disability, disease and premature death or something that is occasionally attacked by a pathogen and damaged acutely, chronically or either fatally (Antonovsky, 1996; Keyes, 2007).

The second approach as described by Keyes (2007) is the salutogenic approach, better known as Antonovsky's (1979) Salutogenic Model of Health. Antonovsky (1979) proposed the conceptual neologism of *salutogenesis* which he refers to as the origins of health. Feguš and Ambrožičjr (2012) explain that the term 'salutogenic' is a combination of two words, namely the Latin word 'salus' (health) and the Greek word 'origin'. The salutogenesis orientation is said to be a more influential guide to both research and practice than the pathogenic orientation (Antonovsky, 1996). Antonovsky suggested that there was a necessity "to complement the traditional pathogenic dichotomous (sick/healthy) understanding of health with the salutogenic understanding of health as a continuum" (Antonovsky as cited in Mjosund, Eriksson, Norheim, Keyes, Espnes & Vinje, 2015, p. 2).

Antonovsky's suggestion is based on a holistic paradigm which allows for the inclusion of positive aspects of suffering as a source of learning (Oliveira cited in Mjosund et al., 2015). In salutogenesis, health is perceived as a dynamic, holistic concept that develops along a continuum with imaginary poles of ease and disease (Mjosund et al., 2015). Antonovsky (1996) describes this continuum as a model that sees each individual at a particular point in time, somewhere along a 'health/dis-ease continuum with the one pole denoting the other pole. A salutogenic orientation on the basis of health promotion according to Antonovsky (1996) will direct research and action efforts to incorporate all individuals wherever they find themselves on the continuum while there is mindfulness around the importance of certain salutary factors. The status of an individual's health at a particular point in time is influenced by these salutary factors (Feguš & Ambrožičjr, 2012). Salutary factors support human health and well-being, but more so the relationship between health, stress and coping (Feguš & Ambrožičjr, 2012).

Keyes (2007) describes the third approach, the Complete State Model, which derives from the ancient word for health, "hale" which means "whole and strong". This approach is illustrated in the World Health Organisation's (1948, p.1) definition of overall health "as a

state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Keyes (2007, p.96) unpacks this by explaining that a complete state of health consist “of the presence of a positive state of human capacities and functioning as well as the absence of disease or infirmity”. Keyes (2007) argues that considering both the pathogenic and salutogenic paradigms, the Complete State Model (whole states) approach is the only paradigm in his opinion that is able to achieve proper population health. It is said that Keyes’ dual-factor model of mental illness and mental health offers the toughest scientific evidence up to date in support of the complete health approach to mental health in that it denotes that the absence of mental health mean the presence of mental illness and therefore, neither the pathogenic nor salutogenic approaches, solely and precisely, portray the mental health of a population (Keyes, 2007).

It is important to recognise that health has different dimensions. To view health holistically there should be a consideration for all the dimensions of health in both the individual and the population. According to (Zweigenthal, et al., 2009, p. 31) the dimensions of health include:

- Physical (biological) health refers to a body that is in good working condition similar to the operation of a machine. If one part of the machine stops working, the individual will become ill. Physical health comprises of a healthy diet, regular exercise as well as satisfactory personal hygiene and health care.
- Social health refers to an individual’s ability to have meaningful interactions and communicate comfortably with others. This involves the development of healthy friendships as well as intimate relationships.
- Emotional health refers to a person's psychological well-being. It includes a person's ability to recognise and express emotions and act appropriately. It is inclusive of the development of a sense of self-worth, permits individuals to make their own decisions and act independently, cope effectively with their feelings and life challenges while being conscious of their limitations.
- Intellectual health refers to the drive to learn from life's experiences but also includes the need for exploration. It involves the ability to discover process and evaluate information while using stimulating creative and mental activities.

- Spiritual health refers to having an understanding concerning the meaning and purpose of life. It is reflected in an ability to react positively to dissimilar cultures and belief systems.
- Occupational health refers to an individual's ability to be productive and constructively occupied in meaningful and purposeful activities. This refers to the pursuit of interests and includes the dimensions of play, leisure, self-care and work.
- Environmental health includes physical, social, economic and political conditions of the environment in which an individual operates and lives.

These aspects of health depend on the personal, social and environmental circumstances of the individual concerned and may mean different things to individuals from wealthy environments compared to those from poorer communities (Zweigenthal, et al., 2009, p. 31). This primary focus in this present study is on mental health which is an important dimension of overall health. According to Keyes (2002, 2005, 2007) mental health consists of the dimensions of emotional, psychological and social well-being. Zweigenthal et al. (2009) however, in their discussion of the dimensions of individual and population health, they combined emotional and psychological health while keeping the dimension of social health separately.

Mental health thus encompasses some of the health dimensions above taking into consideration Keyes' (2002, 2005 & 2007) definition of mental health.

2.2.3. Health and mental health as reciprocal concepts

The World Health Organization (WHO, 2001, p. 1) declared that there can be “no health without mental health”. Murray and Lopez (1996) argue that mental health is a component of the overall health that evolves throughout an individual's lifetime. Physical health can give rise to mental health, and vice versa. “Mental health is as important as physical health to the overall well-being of individuals, societies and countries” (WHO, 2001, p. 1). The interconnectedness and reciprocal relationships between the two concepts are best expressed by the WHO's statement that “Mental health inherently affects physical health and physical health affects mental health. The two, (physical and mental health) are inseparable in terms of achieving a more complete state of wellness” (WHO, 2008, p. 1).

According to Moultrie and Kleintjes (2006) mental health is an important aspect of health that receives scant attention. The American Psychiatric Association (1994) as cited in Murray and Lopez (1996) states that people persist in their perceptions of the mental and physical spheres of health as separate functions when in fact; mental functions (e.g. memory) are physical too. Mental functions are carried out by the brain and mental disorders are reflected in physical changes within the brain. McCraty and Childre's study (2010) found that positive emotions, such as appreciation and compassion, in contrast to negative emotions such as anxiety, anger and fear, are reflected in a heart rhythm pattern that is more coherent. Coherent states have been correlated with a general sense of well-being as well as with improvements in cognitive, physical and social performance. Lips (1999) reports on findings of a study done with depressed women. The results of the study indicate that the impact of depression on the female participants was not limited to emotional effects alone, but that there were high levels of stress hormones in their blood as well as a loss of bone density.

2.2.4. Mental health

Keyes (2007) states that until recently mental health remained unmeasured and undefined, and as a result was not recognised at the level of both governmental and non-governmental organizations. Mjosund et al. (2015) point out that the concept of mental health means different things to different people and this creates misunderstanding and confusion. It is however, constantly present in life and forms part of our being. Critics hold different views and opinions when unpacking concepts of normality versus abnormality. Murray and Lopez (1996) say that although many ingredients of mental health may be identifiable, defining it remains complicated while the idea of constructing a uniformly acceptable definition for mental health is deceptive. Herman, Saxena, Moodie, and World Health Organization (2005, p. 19) however, conceptualizes mental health as “a state of well-being in which the individual realizes his or her own abilities, can work productively and fruitfully, and is able to make a contribution to his or her community”. The three main components of the Herman et al. (2005) definition of mental health are: well-being, effective functioning of an individual, and effective functioning of a community.

Different scholars (e.g. Keyes, 2005; Mitchell, Vella-Brodrick & Brodrick, 2010; Mjosund et al., 2015; Chin & Rickard, 2014) view mental health as a positive phenomenon which implies that it is not only the absence of illness, but the presence of positive psychological

experiences as well. Mitchell et al. (2010) argue that throughout history there was primarily a focus on the treatment of mental health disorders. However, with the realisation that this treatment-orientated approach single-handedly was unable to address the increased social and economic burden of mental illness; greater attention has been given to both mental health prevention and promotion. Mitchell et al. (2010) explain that mental health promotion centres around the population as a whole while seeking to address both the underlying economic and social determinants of illness. Furthermore, there is also a focus on promoting positive mental health in individuals and communities. This approach has a twofold benefit: it not only reduces the occurrence of mental illness but it also increases the presence of positive mental health in individuals and communities. Positive psychology is a movement that aims to alter the focus of psychology from only repairing negative life experiences to building positive qualities (Antonovsky, 1987, 1996; Lamers, 2012; Seligman & Csikszentmihalyi, 2000; Strümpfer, 1990). Mitchell et al., (2010) argue that in order to gain a complete picture of what mental health entails an understanding of both illness and wellness is necessary. Lamers (2012) points out that there should therefore, not only be a focus on the treatment of illness but also on the promotion of well-being. This can be achieved by focussing on the goals and strengths of individuals and by valuing their subjective experiences. Below I will be discussing salutogenesis, Keyes dimensions of mental health, spirituality, religion and mental health, women's health and general well-being as well as the impact of women's mental health on families and communities.

Salutogenesis

Strümpfer (1990) points out that many psychologists often find it challenging to answer what health is, especially when they believe that they are not allowed to define it in terms of an absence of illness. According to Strümpfer (1990) in the field of psychology there has been a trend away from a focus on a deficit model of mental health to a focus on factors that promote well-being. Antonovsky (1979) suggested that instead of studying disease one should study health. Antonovsky's (1979) salutogenic approach, focusses on locating but also developing personal and social resources as well as adaptive tendencies which will result in growth and effective coping behaviour in individuals (Breed, Cilliers & Visser, 2006).

Salutogenic thinking is about the degree to which individuals are able to cope with stressful situations which facilitate improved performance in a variety of spheres of life (Breed,

Cilliers & Visser, 2006) and thus their mental health. The salutogenic questions that Antonovsky as cited in Strümpfer (1990, p 267.) poses are: “How can we learn to live, and live well, with stressors, and possibly even turn their existence to our advantage” but also what allows some individuals to do well under challenging circumstances while others struggle to cope (Breed, Cilliers & Visser, 2006; Cilliers & Ngokha, 2006).

With the purpose of answering this question Antonovsky, as cited in Cilliers and Ngokha (2006) presented the Salutogenic model of health to explain an individual’s position on the ease/disease continuum. The argument is that through their life experiences individuals develop generalised resistance resources (GRR’s). These are characteristics of the individual that assist in the combatting or avoidance of a broad variety of stressors. When individuals frequently experience (GRR’s) they develop personality construct characteristics that prevent them from being endangered to some stressors (Cilliers & Ngokha, 2006). Individuals start to view stressors as ‘welcome’ inputs and at this point their personality characteristics will determine the extent to which the individual will move on the health ease/ disease continuum (Cilliers & Ngokha, 2006).

While the salutogenic paradigm focuses on the origins of health in terms of ease/disease, the fortigenic paradigm focuses on the strengths of an individual. Strümpfer (1990) identified various constructs which have developed independently and reviewed six of these which supposedly form the core of salutogenic but also fortigenic functioning. These are: ‘sense of coherence’ (SOC) (Antonovsky, 1987); personality hardiness (Kobasa, 1982a); learned resourcefulness (Rosenbaum, 1990); potency (Ben-Sira, 1985); internal locus of control (Rotter, 1966) and self-efficacy (Bandura, 1989). Breed (1997) reminds us that self-efficacy is not principally conceptualised in the fortigenic paradigm. However like SOC, self-efficacy is concerned with a person’s experiences of forcefulness in the world she/ he is living and functioning in.

These mentioned constructs are of key importance since their primary concern is to maintain and enhance wellness. These constructs therefore deal with how individuals manage stress and succeed to stay well. The constructs are briefly discussed below:

(a) Sense of coherence (SOC)

This construct underpins Antonovsky's theory of salutogenesis. According to Antonovsky (1987, p. xiii.) a SOC is defined as

“a global orientation that expresses the extent to which one has a pervasive, enduring, though dynamic, feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected”.

According to Strümpfer and de Bruin (2009) SOC can be described as a dispositional orientation that is believed to prompt, sustain but also enhance health and produce strengths at various endpoints, for instance work. SOC is a way of viewing the world which alleviates life stress by affecting the overall quality of stimuli that influence a person (Strümpfer & de Bruin, 2009). A strong SOC according to Antonovsky (1987) should enable an individual to apply a broad range of coping strategies. Strümpfer and de Bruin (2009) explain that a working person with a strong SOC is able to cognitively make sense of their place of work while experiencing its stimuli as clear, structured, ordered, consistent and information as predictable (referred to as comprehensibility). This person will perceive work as having its own challenges which she/he will be able to address through her/his personal capabilities but also through the realisation or recognition that other resources are available to meet the demands that are posed by stimuli (referred to as manageability). Other resources in this instance include the assistance and support of legitimate others (spouses, family, friends, and colleagues in the form of co-workers, managers and sub-ordinates). These people are the ones that can provide support and assist individuals in times of need. Individuals with a strong SOC also make motivational sense of the work by believing that challenges are worthy of engagement and investing in (referred to as meaningfulness). It is about being able to emotionally identify challenges and being committed to the managing of demands (Antonovsky as cited in de Beer and van Heerden, 2014); Breed, Cilliers & Visser, 2006). Strümpfer (1990) reminds that SOC without the appropriate abilities, skills, training and development would be of no use.

(b) Personal hardiness

Hardiness is defined as a collection of personality features that function as a moderator and resistance resource when stressful life events are encountered (Kobasa, 1979a, 1979b).

Hardiness is associated with a strong commitment to both life and work coupled with the enjoyment of new situations and challenges (Bartone, Roland, Picano & Williams, 2008). People with high levels of hardiness show good resilience, good health as well as high performance under relatively stressful conditions (Bartone et al., 2008). Hardiness is a personality style which consists of three interrelated factors, namely: commitment, control and challenge.

Commitment refers to individuals who value who they are and involve themselves in whatever they are doing. They show a strong commitment to both work and life and remaining actively engaged in work as well as other facets of life. Additionally, they create their own sense of purpose and remain motivated (Bartone et al., 2008). Control is about the individual believing and acting that she/he can influence the events of their lives through whatever she/he imagines, does or says while taking personal responsibility. Challenge is about the individual knowing that change is normal or constant and that change presents one with opportunities and enticements for personal development.

(c) Learned resourcefulness

This dimension refers to a set of well-learned skills and behaviours which individuals learn in different degrees through informal training from birth throughout the course of their lives (Rosenbaum, 1989, 1990). These skills enable individuals to self-regulate, self-manage or control their behaviour. Learned resourcefulness is thus not a personality trait or characteristic but an acquired repertoire of complex behavioural skills which are in constant interaction with one's physical and social environment and used when confronted by different situations.

(d) Potency

Potency is described as the enduring confidence as well as commitment to one's social environment which is perceived as being characterized by a basically meaningful and predictable order and by a reliable and just distribution of rewards (Ben-Sira, 1985). It is a stress-buffering mechanism which limits the homeostasis-disturbing impact of occasional failures by meeting demands that cause tension due to resource inadequacies. Potency thus enables an individual to restore the homeostasis and in this manner prevent the tension from

turning into lasting stress. The construct highlights that coping has to be considered as a product of interaction between the individual and the environment (Ben-Sira, 1985).

(e) Internal locus of control (ILOC)

An internal locus of control (ILOC) can be described as the extent to which an individual has control over a given situation (Rotter, 1966). According to Garson and Stanwyck (1997) as well as Spector (1982), individuals who display an ILOC use their judgement and skills to solve problems. They depend on themselves for direction and feel more satisfied when they have personal control over what happens in the work- setting hence the link between locus of control and job-satisfaction (Garson & Stanwyck, 1997; Judge, Locke, Durham & Kluger, 1998). Rothmann (2001) states that those individuals who display an ILOC attribute past success to themselves and this inclination will enhance their general self-efficacy. Self-efficacy relates to self-confidence with respect to actions or behaviour, while locus of control is concerned with confidence in being able to control the outcome of situations (Judge et al., 1998).

(f) Self-efficacy (SE)

The concept of self-efficacy was developed by Bandura (1982, 1989). Wood and Bandura (1989, p.408) describe self-efficacy as the "...beliefs in one's capabilities to mobilise the motivation, cognitive resources, and courses of action needed to meet given demands". Self-efficacy is about how individuals judge their personal capabilities, which in turn affect their motivation and behaviour by producing and regulating conditions in their lives to meet situational demands. Bandura (1993) argues that these individuals make important contributions to their own functioning through using various methods of personal agency; they believe that they can cope effectively in a wide range of situations.

The above constructs on salutogenic functioning are seen as consisting of various behaviours, namely, cognitive, affective, motivational and interpersonal characteristics which were integrated into the salutogenic personality profile as explained and seen in (Viviers, 1996, 1999; Breed, 1997; Viviers & Cilliers, 1999).

Keyes dimensions of mental health

Keyes (2002) proposes the following dimensions of mental health: flourishing, moderate and languishing. Individuals with complete mental health are flourishing and filled with positive emotion, they experience high levels of subjective well-being while functioning optimally both psychologically and socially. Keyes (2002) states that those adults with incomplete mental health are languishing in life; this refers to a state where lower levels of subjective well-being are merged with lower levels of psychological and social well-being (Keyes, 2002; Westerhof & Keyes, 2010). Languishing is evident in people who are mentally unhealthy although without a diagnosable mental disorder (Keyes, 2007; Strümpfer, Hardy, de Villiers & Rigby, 2009). Keyes (2002, 2007) explains that these individuals experience feelings of emptiness, stagnation and quiet despair while describing themselves and life as “empty”, “a shell”, “hollow” and “void”. According to Keyes (2003, p.296) a sense of languishing can also be experienced by people who appear to be successful, for example, women who have all the “trappings of success, that is, good marriages, great children, good jobs, nice homes in good neighbourhoods”. Even though languishers may function towards the bottom end of the psychosocial well-being continuum they do not have a formal diagnosis of a mental illness, that is, they are neither ill nor mentally healthy (Strümpfer et al., 2009). Keyes, 2002 and Westerhof and Keyes 2010) point out that those individuals who are not flourishing or languishing are considered to be in moderate mental health.

According to different authors (e.g. Diener & Suh, 1997; Keyes & Simeos, 2012; Keyes, Myers & Kendler, 2010) mental health operates under the rubric of subjective well-being which is concerned with individuals' subjective evaluations of experiences of their lives. The literature on subjective well-being has been categorised into two related perspectives or streams. The first stream equates well-being with feeling good and the second with functioning well in life (Keyes & Simeos, 2012). These two streams grew from distinct philosophical viewpoints. The first reflects the Epicurean view that happiness is about experiencing positive emotions (Keyes, 2002; Keyes & Simeos, 2012). Keyes (2009) and Lamers (2012) explain that this refers to the hedonic tradition of well-being which identifies well-being as the maximization of positive feelings and the minimization of negative ones. Yu (2009) explains that this approach is based on the assumption that individuals are motivated to feel good about their situation, that is, hedonistic motivation leads them to seek to change their current negative feelings to ones that are more positive. The other perspective

of subjective well-being reflects the Aristotilean view which associates happiness with striving toward excellence and positive functioning; this is referred to as the eudaimonic approach. The eudaimonic approach is about how well individuals see themselves functioning in life both as an individual and as a citizen as reflected in research on psychological and social well-being (Keyes, 2010; Keyes & Simeos, 2012). Lamers (2012) explains that eudaimonia can be viewed as life's main goal in which wellbeing is not a fixed state but rather a constant process of fulfilling one's potential.

a) Keyes Two Continua (or dual-factor) model of mental illness and mental health

According to Keyes (2005) there is no set standard to measure, diagnose, and study the presence of mental health. Keyes states that by default science portrays mental health as the absence of psychopathology. However, Keyes (2005) has developed a model of mental health in which positive mental health and mental illness/psychopathology comprise different but associated axes or components that suggest that mental health should be seen as a complete state consisting of both the presence and the absence of mental illness. Chin and Rickard (2014) refer to this as the dual factor model. This dual factor model of mental health emphasises that individuals can experience positive well-being concurrently with psychopathology (Keyes, Shmotkin & Ryff, 2002; Westerhof & Keyes, 2010). The mental health continuum thus consists of both incomplete and complete mental health (Keyes, 2002). One continuum indicates the presence or absence of mental health while the other indicates the presence or absence of mental illness (Keyes, 2007; Westerhof & Keyes, 2010). In this continuum it is possible for those individuals with mental illness to experience optimal mental health, and for those without mental illness to have minimal mental health, depending on how they manage their life challenges (Chin & Rickard, 2014).

Mjosund et al. (2015) prefers to compare mental health to a spiral-like smooth movement in a staircase without defining end-points shifting between good or bad and up or down. High, is seen as better than low, and up, better than down. This comparison is to a large extent similar to mental health displayed on the vertical continuum in Keyes' dual continua model. Mjosund et al., (2015) however, elucidate that in order to understand mental health more clearly it is more meaningful to turn the continuum 90 degrees to a vertical one.

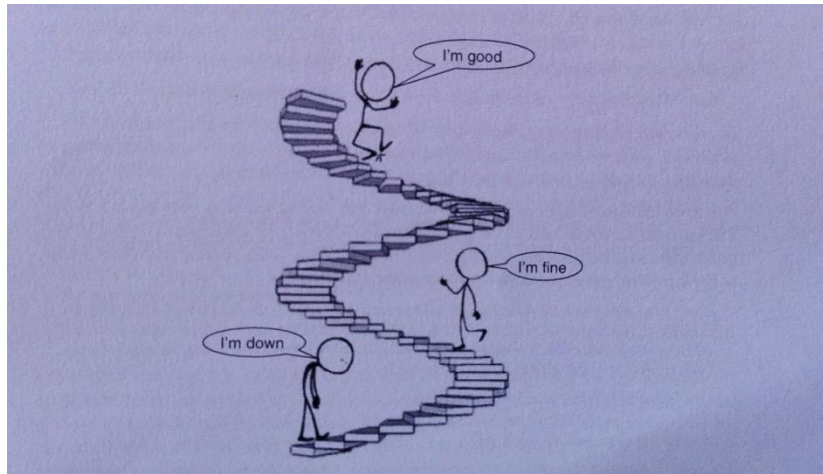


Figure 2.1: Mental health – a movement up and down a staircase.

Source: Mjosund, N.H., Eriksson, M., Norheim, I., Keyes, C.L.M., Espnes, G.A., & Vinje, H.F. (2015). Mental health as perceived by persons with mental disorders – an interpretative phenomenological analysis study. International Journal of Mental Health Promotion, DOI: 10.1080/14623730.2015.1039329

Within the hedonic and eudaimonic tradition of well-being research, three aspects of well-being are differentiated. They are emotional well-being, psychological well-being and social well-being. These three aspects are usually thought to comprise the subjective experiences of well-being (Lamers, 2012) while also forming part of Keyes' Model of Mental Health (Keyes, 2002, 2005, 2007). Keyes' model introduces self-reported experiences as a measure of mental health for use in the general population.

Individuals make appraisal and statements about the quality of their lives that are based on the review of their lives, along with its weighting as well as a summary of the quality of experiences, along with the importance of relationships and other cultural valued ways of functioning in life (Keyes, 2006; Keyes et al., 2002). Subjective well-being is defined in terms of positive and negative affect as well as cognitive evaluations of life-satisfaction (Diener, 1984; Diener, Suh, Lucas & Smith, 2009; Keyes, 2005; Myers & Diener, 1995). Yu (2009) explains that affective components can be described along pleasant-unpleasant or positive-negative dimensions which underlie the structure of most affective experiences. Positive affect, is a component of high subjective well-being while negative affect is a component of low subjective well-being.

Keyes' (2005) model resonated with me and I decided to adapt the model for use in this [qualitative] study in order to assist me with theorizing and analysing my data. The three aspects that I used to assist me in analysing data to answer research question one of this study was; Emotional, Psychological and Social well-being as found in the Model of Keyes. Subjective well-being is more broadly defined than proposed by Keyes (1998). Religion (sometimes used interchangeably with spirituality) is another positive contributory factor to mental health and well-being that impacts on mental health and well-being (Koenig, 2007; Levin, 2010; Verghese, 2008).

Spirituality, religion and mental health

Eckersley (2007) points out that 'spirit' plays a critical, but largely unacknowledged role in well-being. Secular societies often do not understand its meaning or its ability to both nurture and transform the lives of people (Eckersley, 2007). However, according to Fisher (2011, p. 17) spirituality is progressively more recognized as a valid phenomenon and not just a "mental illusion". Fisher (2011) states that spirituality is often understood in different ways by different individuals while pointing out that the word 'spirit' has twenty-four separate meanings as listed in the Oxford English Dictionary. The broad meaning that forms the basis for all these uses is that of "an animated or vital principle which gives life, transcending the material and mechanical... it is about the essential nature of human beings including their strength of purpose, perception, mental powers, and frame of mind" (Fisher, 2011, p. 18). Spirituality, is deeply intuitive and involves the way people fulfil what they see as their purpose in life, a search for meaning in life as well as a sense of connectedness to the universe and the world in which they live (Eckersley, 2007; Verghese, 2008). Fisher (2011) however, points out that literature concerning spirituality has very diverse opinions regarding its nature, including its relationship with religion. Fisher argues that some individuals connect or compare spirituality with religion and state that spirituality could refer to higher moral qualities, with a number of religious associations as well as higher faculties of mind. In this regard, Koenig (2012) is of the view that the definition of spirituality is very similar to that of religion but while there is a clear overlap, spirituality remains a more inclusive concept (Behere, Das, Yadav & Behere, 2013). Koenig (2012) asserts that spirituality is sacred and connected to the transcendent, the supernatural, and the mystical and thus, to organised religion. Sreekumar (2008, p. 120) refers to "spirituality is the spirit or religion". Unterrainer, Lewis and Fink (2014) point out that religiosity is orientated towards institutions while

spirituality is a broader construct without confessional bonds. Religion is an organised system of beliefs, practices, rituals, traditions, doctrines, and symbols that are designed to facilitate closeness to the sacred or transcendent, referred to as God, Allah, Ha Shem or a Higher Power in Western religions or Brahman, Buddha, Dao, or ultimate truth/reality in Eastern traditions (Behere et al., 2013; Amjad & Bokharey, 2014; Koenig, 2012; Verghese, 2008). Sreekumar (2008) argues that believing in religion is related to a person's thoughts, feelings, communion and value system that developed due to his or her consideration of things divine. For the purposes of this study spirituality and religion will be used synonymously.

According to Verghese (2008) spirituality and religion are important aspects of mental health. Koenig (2007) explains that many of the earliest hospitals that cared for persons with mental illnesses were controlled by monks and priests involved in moral treatment that valued the role of religion as the overriding type of psychiatric care in both the United States and Europe in the early 1980s. The writings of Freud in psychiatry and Hall in psychology at the beginning of the twentieth century influenced the belief that religion promoted neurosis and that psychological theory would replace religion as a world-view and source of treatment. However, this negative attitude towards religion was not based on scientific research or systemic studies but rather on the personal opinions and beliefs of these leaders. Consequently, for most of the 20th century the field of mental healthcare undervalued the religious beliefs and practices of patients. However, there was a shift in the mental health field in the 1990s and with the turn of the 21st century. Systematic research indicates that religious people are not necessarily neurotic or unstable but, that those with deep faith who seem to cope better with life stress, recover more quickly from depression while experiencing less anxiety and other negative emotions than those individuals who are less religious (Koenig, 2007). Levin (2010) argues that the religion-health connection has since gained a footing amongst many clinicians due a growing body of research. Koenig (1998b, p.392) states that “the mental health influence of religious beliefs and practice particularly when imbedded within a long-standing, well-integrated faith tradition is largely a positive one”.

Sreekumar (2008) explains that lately there has been a growing interest among psychologists specifically on the relationship of religious factors with various dimensions of subjective well-being. One of the areas of recent development in subjective well-being research is aimed at understanding the cultural dimension of religion that moderates the variables that influence

subjective well-being. Milburn (2006) argues that to understand health in less developed countries, as in the case of South Africa, the first place is to consider the local social and cultural structures and the associated meanings attached to it. Milburn (2006) argues that by tapping into the richness, complexity and diversity of human experience, structures of thoughts and behaviour which form an integral part of everyday health-relevant behaviour will be revealed. Milburn's (2006) perspective was incorporated into this study by requesting that the participants report on their overall life experiences (including family, work, human relationships, social, religious, etc.) in order to tap on all aspects of their behaviours relevant to mental health.

Women's health and general wellbeing

Roberts (1992) and The Global Health Council (2010) claim that in recent years there has been a greater awareness, higher visibility and a renewed political commitment to women's health issues and research concerning it. This interest is not simply an academic matter in its origins and outcomes but there also appears to be an interest from the press and other forms of media regarding this matter. One reason for the prior lack of attention given to women's health issues as well as the underrepresentation of women in almost all research studies may be due to a misperception that has previously existed concerning the differences in male and female health. Until the 1980's students in Western medical schools incorrectly thought that medically men and women were identical, except for health concerns related to their reproductive anatomy and function (Pregler, 2000). Males have largely been treated as the standard of health while also being the primary researchers on health issues related to both genders. This male-based perspective has impacted negatively on the understanding of women's health due to a neglect of consideration for dimensions relevant to an understanding thereof. The fact that women have a distinctly different biological makeup from men that also affects them differently was ignored (Adesso, Reddy & Fleming, 1994).

In terms of a psychological lens human behaviour was also viewed from a mono-cultural perspective that focused on White middle class, heterosexual men while placing emphasis on traits and characteristics associated with masculinity such as autonomy, individualism and independence. However, women's health has developed from a focus on disorders that was previously, strictly related to female reproductive disorders, into a more multidisciplinary approach that considers the overall well-being of women. Feminist theorists argue that

women's well-being is not solely determined by biological factors and reproduction but also by the effects that workload, nutrition, stress, migration and war, among many other factors, have on their daily functioning (Desjarlais, Eisenberg, Good & Kleinman, 1996; DeVecchio Good, 1997; van der Kwaak et al., 1991). Women's health is clearly multifaceted and should be honoured and addressed in that way. This, is reflected in the WHO's definition (2001, p.1) describing: "women's health as a state of complete mental, physical, spiritual, and social well-being for all female infants, girls and women regardless of age, socioeconomic class, race, ethnicity and geographic location".

Women's mental health is thus an important element of women's' health. It is also an issue that all feminists consider. Stewart (2006) spells out that women's mental health must be considered within the context of their lives. In this regard Desjarlais et al., (1996) state that most of the pain and suffering that women experience daily can be traced back to the social circumstances of their lives. Stewart (2006) asserts that women's mental health is not achievable without equal access to basic human rights. This, is inclusive of an individual's right to be independent, as well as having enough food, water, appropriate shelter, physical health, sexual and reproductive rights, access to healthcare, education, employment, economic security, property and legal rights as well as a right to be safe.

In this study, participants were requested to report on their everyday life experiences in order to develop a better and more comprehensive understanding of all factors related to their mental health and well-being. However, to clearly understand the nature of contemporary women's mental health we need to look at the history that underpins it. Halliday (2005, p. 41) states that during the Victorian era "madness, became firmly conceptualised as mental illness under the jurisdiction of a rising medical establishment of men and a close association between femininity and pathology became firmly established within specific and popular thinking". There was the belief that the risk of mental illness increased when women attempted to improve their lives and themselves by means of education or by taking on extra activities (Halliday, 2005). Female madness was thus seen as the logical outcome when women attempted to improve themselves by 'defying' their 'nature' in terms of a life outside of their wifely roles and maternal duties (Shefer, Boonzaier & Kiguwa, 2006). According to Frick (2002) the female condition was pathologised and middle and upper-class women were expected to suffer a mental breakdown some or other time during their lifetime. Maintenance

of female sanity was seen as the preservation of brain stability in the face of overwhelming physical odds (Frick, 2002). Women were withheld from activities such as reading and socialization due to the fear that they could become a hysteric; in this way they were forced back into their stereotypical role as housewife. Halliday (2005) posits that women were caught up in a double bind regarding their mental health, they were labelled as mentally ill for both conforming to sex roles and for displaying the need to step outside their prescribed role. Women thus suppressed their feelings in order not to appear mad and returned to being the passive housewife (Frick, 2002).

The dominant (male) medical view was a further stumbling block to how women's mental health was perceived. It advocated that women did not have the same mental capacity as men and therefore they were intellectually inferior, this assumption was attributed to their reproductive specialization (Halliday, 2005; Shefer et al., 2006). It was claimed that the instability of women's reproductive symptoms interfered with their sexual and rational control. The medical link between female sexuality and disease was exemplified by the fact that the word 'hysteria' derives from the Greek word *hysteron* for uterus or womb. Reference to the disease goes as far back as the ancient Greeks, Egyptians and Romans (Halliday, 2005; Shefer et al., 2006). Frick (2002) reflects on the notion of 'Wondering Womb' and the assumption that madness was connected with menstruation, pregnancy and menopause. The Greeks thought that hysterical symptoms including motor paralysis, dizziness and exaggerated emotional behaviours were caused by the restless movement of women's wombs, it was referred to as a kind of 'wandering womb' syndrome (Halliday, 2005; Shefer et al., 2006). Frick (2002) explains that the belief existed that women's wombs were wondering through their bodies whilst acting as a sponge that sucks the life-energy and intellect from those who were vulnerable. Women thus became synonymous with madness and perceived to be emotional and unstable. The fact that women's hormones influence how their bodies function and how they behave in certain life cycles was not taken into consideration during the Victorian Era, and therefore the misperception regarding the connection between body functions and mind.

The impact of women's mental health on families and communities

The Global and Health Council (2010) slogan is, "Healthy Women, Healthy World". It suggests that women are the custodians of family health as it gives recognition to the

immense role women play in maintaining the well-being and health of their communities. Del Vecchio Good (1997) explains that women's health is well documented as having a positive impact on the general health of society but often emphasis is only placed on maternal and child health. Women's unique roles in reproduction, their families and society necessitate extraordinary consideration for their mental health needs (Stewart, 2006). Globally, there seems to be an increased acknowledgement that it is impossible to focus on the health of families and communities without taking into consideration the health of women because of the reciprocal nature of the two. Tigno, Vaz, Yavneh, Nagwa and El Badri (2009), highlight that women's health represents a reliable reflection of their communities' health status. The idea is to empower women to promote their own health and well-being with the hope that these measures will in turn, eventually have an impact on the health of their communities in general. The illness or death of a woman has serious implications for the health of her children, family, as well as her community. In this regard Tigno et al., (2009) explain that healthy women play a fundamental role in the maintenance of the health of their families by contributing to the work force, by educating children both inside and outside their home environments while providing physical, emotional and social support that result in the well-being of their communities.

2.2.5. Females of ethnic minorities and health research

Comparisons of health and illness of women in general have not been sufficiently researched. Specific populations such as women and people of colour, in particular, have received scant to almost no attention (Adesso et al., 1994). Major social change during the late 1950's in the United States brought attention to minority populations and the historical discrimination and oppression that huge numbers of people had experienced. Increased contact with diverse clients led to the recognition of multiculturalism as a relevant force in psychology (Ferguson, 2006).

The United States is considered to be multicultural but the dominant culture is mainly the product of Eurocentric philosophies, values and customs and this is reflected in most research practices (Ferguson, 2006). Roberts (1992) contends that a more adequate framework for understanding the health experiences and health status of Black women and women from minority ethnic communities is needed. Gracia (2005) speaks about the 'politics of difference'. As termed by Young, it is a common expression used in relevant literature in the

United States and refers to efforts at making room in American Society for those groups who do not fit the conventional Anglo-American view of a nation.

‘Difference’ is a contentious issue in feminist research, as women have been treated homogeneously for a long time. Traditional feminism has repeatedly been guilty of promoting simplistic views of feminism that overstated the importance of gender while ignoring important status variables such as race, ethnicity, class and sexual orientation (Enns, 1997). Therefore, many areas of women’s health have not been addressed to any satisfactory extent. Mental health is one of these areas where research conducted has been based upon stereotyped cultural assumptions where cultural homogeneity is forced onto particular groups and where structural factors are ignored (Roberts, 1992). However, there is an urgency to examine the impact of socio-cultural factors in the lives of minority groups and individuals. And this was what this study tried to do by focusing on a minority group – the “Coloured women”.

Feminists have time and time again reinforced inequality among women by defining issues according to the perspective of middle class White women who assume that their viewpoints can be applied to the lives of women of colour with only minor adjustments (Enns, 1997). White women may however not be able to fully understand the experiences of Black and Coloured women and those of ethnic minorities since there are experiences that these women have, that White women cannot comprehend or empathize with (Roberts, 1992). Karides (2013) points out the concerns of the Third World Women’s Alliance regarding the “double jeopardy” that Black women are dealing with, their issues are not necessarily considered within the frames of Second Wave feminism that concentrates on gender but neglected to take into consideration issues surrounding race, ethnicity and socio-economic conditions.

‘Womanist’ is a term frequently used to describe the experiences of a woman of colour as well as the unique intersections of race and gender. It has also been used to indicate differences among White feminist perspectives and perspectives of all women of colour. These Womanists/ Black feminists recognise that women of African descent in the United States face unique challenges that were not addressed by the predominantly White feminist movement (Pasque, 2011). According to Agboola (2014) and De La Rey (1997) White sisters believed that they spoke for all women in the past. Goosen and Klugman (1996, p. 2) explain

that “the oppression of women by women is subtle”. I am of the opinion that this is in itself a supremacist stance that leads to secondary oppression similar to the problems Apartheid caused for Black and Coloured people in South Africa. Women of colour and White feminist researchers have not yet bridged the division between being a double minority and just being a minority. Enns (1997) is of the opinion that in order for a theory of feminism to be complete it has to be pluralistic while recognizing the enormous differences between women. Although women have struggled for the same concerns and issues for a long time racial/ethnic divides remain a reality. We cannot talk about the experiences of being a woman without talking about race and class. The way Black women and ethnic minorities like the Coloured women in this study experience the social world; but also the way dominant groups respond to them, are inextricably tied to these axes of difference (De La Rey, 1997).

Adesso et al. (1994) and Roberts (1992) argue that ample representation of women is needed in research studies. Black and Coloured women as well as those of various other ethnic minority groups have to get involved in setting the research agenda and conducting research in their own arena. I am of the opinion that there can never be only one feminist voice speaking for all women as this will imply that there is only one way to be a woman. The world is diverse and so are the issues of the women who occupy it. Therefore, diverse groups of women have to be understood from their own point of view and women of colour should be involved in research studies and theory development at all levels (Enns, 1997). As an individual with “inside” status, women of colour researchers often have a greater awareness of all the complex manifestations of oppression compared to middle-class, White women researchers (Enns, 1997).

Roberts (1992) views research on women’s health issues as a social process and emphasizes that the participants of any study should be part of the research process. Participants should be allowed to share their thoughts and feelings regarding matters pertaining to their own lives, as in the case of this study where the focus is on the subjective experiences of participants. ‘Subjectivity’ is a term that refers to the conscious and unconscious thoughts and emotion of an individual, her sense of herself and her ways of understanding her relation to the world (De la Rey, 1997, p. 8). Knowledge production is situated in social location. South African feminists who ignore the centrality of race and culture, which are inextricably linked

to Apartheid, together with gender and age, run the risk of making it invisible and thus limit feminism (De La Rey, 1997).

2.2.6. Social determinants of women's general health and mental health

The WHO (2004) explains that determinants of health are factors that can either enhance or threaten an individual's and community's status in terms of health. These determinants include: race, ethnicity, social class, sexual identity, religion, disability, income and gender, amongst other factors. If one attempts to understand the ill health of women it is important to understand how social conditions such as cultural and economic or material forces work together to undermine their social status (Desjarlais et al., 1996; Mc Donough & Walters, 2001). The section below discusses some of these factors.

Culture, gender, patriarchy, and women's mental health

Culture, gender and patriarchy are linked and synonymous with feminist research. One cannot speak of 'culture' without looking at 'gender' and 'patriarchy' and the huge role culture plays in how we perceive and experience the world. Therefore, it is important to consider how these constructs influence women's health and well-being. Culture is related to mental health. South African communities are culturally diverse, like most other communities of the world. Cultures are shaped by traditions and religion. Culture is neither universal nor is it fixed or rigid but fluid, like identity. Lips (1999) claims that mental health and illness are mainly shaped by the Western perspective on issues related to it, however; a consideration for cultures and difference are of importance.

Culture, together with class, which is based on material wealth, determines who holds the power and status in our societies and who develops certain aspects of our social life including health and health practices (Goosen & Klugman, 1996). Different individuals and communities attach different meanings to the concept of mental health (De Haan, 1996). Therefore, being mentally healthy is subject to different interpretations that are rooted within value judgments that vary across cultures (Murray & Lopez, 1996). Murray and Lopez (1996) state that categories of mental illness are social constructions and that mental illness, like physical illness, is often a reaction to conditions in the external world. Perceptions around illness forms part of specific cultural 'truths' and as we form part of these cultures we are socialized into believing these 'truths'. De Haan (1996) argues that ideas and beliefs around

illness are therefore rooted in culture and its perceptions of illness. Whether an individual is 'normal' or not, often depends on the cultural expectations and norms of the society the individual belongs to. The WHO (2001) admits that values across countries, cultures, classes, and genders are different because of diversity and that these considerations preclude a consensus on a definition of mental health. WHO (2001) however, points out that just as age and wealth have different expressions around the world; they still have a core common-sense universal meaning. Similarly, mental health can be conceptualised without restricting the way in which it is interpreted across cultures.

Gender is one of the most important determinants of women's health and in many situations it is linked to the inequalities in society including gender inequality. Gender refers to being masculine and feminine as well as the complex social construction of men's and women's identities in terms of the socially prescribed roles and relationships as defined by their respective cultures and societies (Bottorff, Oliffe, Robinson, Carey, 2011; Goosen & Klugman, 1996; Ruiz, 2003). Knowles, Nieuwenhuis and Smit (2009, p. 334) argue that at birth both men and women are endowed by society with different characteristics finding expression in their roles and consequently society expects them to adopt different duties, roles and social attitudes that clearly define them as women and men. The WHO (as cited in Gender and Health, 2002) points to research that indicates the socially constructed differences between men and women relating to their status and power. Furthermore, roles and responsibilities interact with the biological distinction between these opposite sexes and contribute to the contrast in the nature and experiences of mental health problems. Gender determines the differential power and control that men and women have over the socio-economic determinants of their lives including their status, social position, treatment in society as well as the exposure and vulnerability to mental health risks. Ely (1994) reminds that women's gender identity is an aspect of their social identity. This refers to the meaning that women attach to their membership in the category 'female' while drawing comparisons between their own group and that of men. Women have always been discriminated against and considered as subordinate to men. Goosen and Klugman (1996) assert that the state, as well as religion and society, support the rule of men as heads of households.

South African society consists of vast diversity, which includes dissimilar cultures that are shaped by different traditions and religions. However, one common thread that binds all

cultures together is patriarchy (Goosen & Klugman, 1996). Patriarchy is a term used by feminists and is described as a self-ruling system of social relations where men dominate over women socially, culturally, economically and politically (Coetzee, 2001; Goosen & Klugman, 1996; Ely, 1994). Patriarchy is a system in which females are seen as inferior or subordinate to men. Men have the right and power to command while women must obey. The rule of men in families is often supported by religion, the state and society (Goosen & Klugman, 1996).

2.2.7. An overview of Coloured Identity in the South African context

One could argue that Coloureds were brought into being by the direct policies of the Apartheid government. However, Erasmus and Pieterse (1999) share that since the days of colonialism and slavery very dissimilar racial hierarchies of organisation and power have formed part of the South African society. Brock (1949) is of the opinion that although still being modified by outside influences, Coloured people must be regarded as a distinctive racial stock that has developed over a period of 250 years and have become a relatively stabilized group over the years. It is commonly accepted that the origins of the Coloured population can be traced back to the colonial period when the European settlers (the Dutch, English, Portuguese and Germans), the indigenous people of the Cape (the Khoi-Khoi or Hottentots and the San Bushmen) and slaves started to have contact resulting in miscegenation (Petrus & Isaacs-Martin, 2012; Scheper-Hughes, 1997). According to Bickford-Smith (1993) the thought of being Coloured first surfaced among freed slaves as well as their descendants between the periods 1875 to 1910.

There have been many instances of categorising Coloureds as a distinctive group in South African legal and political history. For example, Hammett (2007) explains that in the late nineteenth century, the then Cape government clearly differentiated the Coloured. This is evident through the change in census categories between the 1865 Census of the Cape of Good Hope (White or European, Hottentot, Kaffir, and other aborigines) (Cape of Good Hope, 1865, p. 9, cited in Hammett, 2007), and the 1891 Census, which classified Coloureds as separate from other groupings (Cape of Good Hope, 1892: xvii cited in Hammett, 2007). Later, the 1904 Census made mention of “three clearly defined Race Groups which are distinguished by colour and may be designated, first, White or European, second, Black...;

and third, yellow and Coloured, this is the intermediate shades between the other two” (Cape of Good Hope, 1905: xxi cited in Hammett, 2007).

In 1910, the Cape Colony, Natal and the two Boer Republics (Transvaal and Orange Free State) formed the Union of South-Africa (Hammett, 2007). Subsequently, the ‘Coloured’ category was inferred in the 1911 Census which produced statistics for the ‘European or White’, ‘Bantu’ and ‘mixed colour’, this is other than Bantu’. This latter category included ‘Bushman’, ‘Hottentot’, Griqua’, ‘Mozambiquen’, ‘Chinese’, Indian, ‘Koranna’, ‘Namaqua’, ‘Malay’, ‘Mixed Race’ and ‘Other’ (Union of South Africa, 1913, p. 10, as cited in Hammett, 2007). Another legal instance of using the Coloured category was found in the Native (Urban Areas) Act of 1923. This Act stated that, “Coloured persons mean any person of mixed European and Native decent and shall include a person belonging to the class called Cape Malay”, whilst Khoi and San were included as native (Native Act 1923, as cited in Hammett, 2007.) It is furthermore of importance to mention that the Immorality Act (no. 5 of 1927) prohibited illegal sexual relations between Europeans and natives. Hammett (2007) contends that the Immorality Act suggested at the time, that the origin of Coloureds was undesirable and resultant of immoral and illegal sexual relations. A position that was reinforced by the prohibition of the Mixed Marriages Act (No. 55 of 1949), this act banned marriages between race groups. Hammett (2007) highlights that through Immorality and Mixed Marriages Acts, the South African government expressed their anxieties concerning race mixing primarily because it was a threat to White prestige.

Following colonialism South Africa entered the era of Apartheid. The majority (non-white) of South Africans therefore had a history of over 300 years of entrenched oppression. Colonialism just smoothed the way for Apartheid in terms of conditioning individuals to internalise their status in the racial hierarchy without necessarily requiring imposed state control (Marais, 2012). During colonialism racial discrimination was not applied in the absolute manner that it was applied during Apartheid via numerous laws and policies. However, the colonial period prepared the ground for the sowing of the seeds of racial discrimination that shaped South African society (Marais, 2012). Sheoran (2014) argues that although it is proclaimed that the colonial era is long gone and forgotten, the traces of colonialism and its effects are still visible in the postcolonial era. Colonialism opened a huge wound in the psychology, culture and identity of the people who were once colonised. Bound

to the political system race became tied to all forms of social life through its entrenchment in law and policy. It dictated where people lived, the schooling opportunities they were exposed to, the way their healthcare needs were addressed and also how and with whom they socialised (Bowler & Vincent 2011).

2.2.8. South Africa and Apartheid

South Africa was in the international limelight for decades because of Apartheid which was associated with a history of human rights abuses, repression, forced removals, pass and curfew laws, violence, poverty, racial segregation and its wars to liberate it from oppression (Burke, 2006). The word ‘Apartheid’ means setting apart or separateness and was popularized in Apartheid South African politics as the separate development of each race with the aim of enhancing social order. The aim of this exposition is not to fully unpack Apartheid. However, its role in the formation of Coloured identity and its effects on the mental health of all South Africans cannot be denied or ignored. Before discussing the effects of Apartheid on the people of South Africa, I will discuss what Apartheid entailed. Apartheid was a form of discrimination. Discrimination consists of all actions, subtle or overt, direct or indirect, that hampers or limits the social, political or economic opportunities of specific groups that may result in short and long-term consequences (Moomal et al., 2009). Apartheid came about due to the racial policies of the previous White South African government in which people were categorized into homogeneous groups according to skin colour (Burke, 2006). Apartheid concerned spatial and social distancing and included some of the following laws and Acts (Burke, 2006):

- The Population Registration Act (No. 30 of 1950): All South African people were classified according to skin colour. Although this law appeared inconsequential; racial classification lead to either gaining or being denied certain rights which means in essence peoples’ lives and qualities of life were determined by racial classification.
- The Group Areas Act (No. 77 of 1957) stipulated that certain areas were set aside as ‘Whites Only’ areas. Black people were only allowed into these areas if they had official ‘pass books’ and work-permits. Forced relocations occurred and people were uprooted from their homes and ancestral lands. Coloured residential areas were strategically placed as buffers between ‘Black’ and ‘White’ residential areas.

According to Bowler and Vincent (2011) racial categories in South Africa acted as segregate boundary lines between people based on essentialism. This means the reduction of being to a few prominent categories or 'identity markers' which involve mainly physical differences involving skin pigmentation, facial features, form of the head, and hair texture. These characteristics are supposedly shared by all who fall under a specific racial category.

2.2.9. The influence of Apartheid on the mental health of South Africans

The inequality of Apartheid was applied from cradle to grave, in all walks of life and it affected South Africans socially, politically and economically (Burke, 2006; WHO, 1983). After the implementation of the population Registration Act of 1950 'race' in terms of categorisation was strictly applied. Race as a biological concept serves a powerful socio-political purpose and is given significance by the political economy in which it is located (Distler & Steyn, 2004). Race continues to be a deep-seated and significant factor in both culture and politics worldwide (Shahrezaee & Ladani, 2014). The social reality of 'race' cannot be taken for granted since it is entrenched in our colonial past and linked to South Africa's Apartheid ideology while still strongly alive in post-Apartheid South Africa.

The aforementioned legislative Acts and many others had many negative effects on the people of this country in terms of education, work, health and welfare, politics, militarization and other social implications. Within the workplace the Industrial Conciliation Act (1956a) as well as the Industrial Conciliation Amendment Act (1959) divided trade union membership and provided job reservations to prevent inter-racial competition by securing the superior status of Whites (Hammett, 2007). At the macro-level the Coloured Labour Preference Policy privileged the employment of Coloureds over the labour of Blacks in the Western Cape. At the micro scale the Reservation of Separate Amenities Act (1953 b) legislated 'petty apartheid' by segregating almost all public facilities and caused deep-seated resentment (Adhikari, 2006).

The damaging effects of racism have been well documented in the field of mental health. It is therefore unsurprising that the subjective experiences of South African racial discrimination practices had enormous negative psychological consequences (Moomal et al., 2009). Vontress and Naiker (1995) reflect on the WHO (1983) annual conference where the issue of Apartheid and health were addressed. At this conference it was highlighted that the

suppression and dehumanization enforced by the White regime created a physically and psychologically debilitating environment for Blacks (indigenous Africans) and all other minority groups of colour in South Africa. Discriminatory practices and stigmatization were and are still today powerful stressors that hamper individuals social functioning, threaten their identity and lead to various physical reactions. It has deleterious effects on individuals including: low-self-esteem, heightened anxiety levels, lower general performance, and diminished resilience and coping skills (Berjot & Gillet, 2011). According to Moomal et al., (2009) national data from South Africa found that perceived racial discrimination was positively linked with psychological distress (Moomal et al., 2009). Constantine and Sue (2006) underline this link in their contention that the social attitude of race groups different to ourselves, have consequences for our self-concept, especially if we form part of racially oppressed groups. Similarly, for people of colour in the United States of America, the development of a healthy identity along with psychological well-being is a continuous struggle in the face of persistent discrimination (Iwamoto & Lui, 2010). Consequently, they respond to these challenges by internalizing this race-related stress and discrimination into their overall identity or self-consciousness (Iwamoto & Lui, 2010). The same might be true for Coloureds and Blacks in South Africa. Vontress and Naiker (1995) argue that during the Apartheid era non-whites had to hide their negative emotions towards Whites out of fear for retaliation and consequently internalized their feelings of resentment and anger which might have manifested in depression and self-hate.

According to Hickson and Kriegler (1991) Apartheid with its concomitant traumatic experiences, negatively affected the lives of all children that grew up in the divided South African society, with more devastating effects for children of colour than those classified as White. Hickson and Kriegler (1991) argue that political unrest, poverty, racism and violence resulted in 'child-shock' and possible psychological disorders which might have led to a generation of maladjusted children in South Africa. Hickson and Kriegler (1991) further highlight that research has shown that among South Africans the highest rates of mental illness is found amongst those at the lowest end of the social ladder which is the bulk of the non-white population. Goosen and Klugman (1996) state that the 1994 Women's Health Conference policy on mental health argued that the emotional stress that was caused by poverty, ensued by Apartheid policies placed non-whites in a position of second hand citizens. Non-white people had to endure continual humiliation, rejection and oppression as

they received dissimilar treatment in comparison to Whites. This left them in a space where they were given the idea that they were less worthy. The majority of people in South Africa therefore started with a handicap with regard to their mental health (Goosen & Klugman, 1996). The situation for the non-white majority is exacerbated because of the paucity of resources in their communities to address widespread stress (Hickson & Kriegler, 1991).

2.2.10. Coloured identity

The focus of this study is the exploration of the mental health of Coloured female teachers working in historically disadvantaged special schools. Therefore, an in-depth discussion concerning Coloured identity will follow. Farred (2000) states that:

the concept of ‘Colouredness’ and its effects, the way in which it informs the thinking, political responses, the voting tendencies, the cultural particularities, the divided, bifurcated racial consciousness of this South African constituency can only be fully understood if it is publically ‘debated’, ‘extended’ (in the sense that it is subjected to a demanding intellectual interrogation) and ‘quarrelled’ over and over again (Farred, 2000, p. 8-9).

Sonn and Fisher (2009) claim that the South African Coloured community has an ambivalent, long and mostly ignored history. According to Hendricks (2005) the nature and form of Coloured identity remains a complex, historically located identity that has been and continues to be highly debatable, in post-Apartheid South Africa. The term *Coloured* as in the Coloured people of South Africa is a unique term since it is controversial and laden with contradiction. Yarwood (2006) states that previously colonized countries have also produced racially heterogeneous creolized populations. However, due to South Africa’s historically distinctive racial classification system, the term ‘Coloured’ became a legal and politically imposed identity which makes Coloureds unique in many respects. In South Africa Coloureds represent those people with a diverse physical and cultural make-up, some of whom appear White and others Black with a wide range in-between.

Maré (2005) notes that the notion of 'biracial' confirms a view that 'races' do exist and that two dissimilar 'some-things' or races give rise to an amalgamated group. However, at the same time, it creates confusion about the certainty that a 'pure' White and a pure Black race exists. Maré (2005) disputes if a 'race' can even exist if it is so easy to destabilize it by creating a new racial group. Maré (2005) highlights the illogical subscription to race categories by asking whether a countless number of 'races' can be established through a countless variety of combinations of possible unions. Erasmus (2001) claims that Blacks and Whites always have had clearly defined positions, Coloured identity however, has never been viewed as an identity in its own right. Marais (2012) argues that the 'inbetweenness' and unclear position of the Coloured 'race' in comparison to the 'pure' Black and White 'races' presented 'Colouredness' as an unstable category in relation to the perceived stability of 'Blackness' and 'Whiteness'. This 'inbetweenness' is underlined Adhikari (2005), as well as Scheper-Hughes (1997) who claim that through Apartheid social engineering, Coloureds were placed in an intermediate position referred to as a bi-polar or racial binary that relies on the two opposing and fixed identities of Black and White. Farred (2000) employs the metaphor of Coloureds as midfielders in a soccer team. This metaphor summarises the position of Coloured people on a racial continuum with Blacks on the one extreme while Whites are on the opposite end. Coloureds occupy a position somewhere in-between but obviously without a racial opposite. Coloureds are a marginal grouping in South Africa mainly because they form less than 10% of the South African population whilst their heritage of slavery and dispossession together with being racially oppressed, have left them with an inferior economic and social position coupled with limited political power (Adhikari, 2009; Brock, 1949).

James (2001) compares the position of the Anglo-Indians in Great Britain with the Coloured community in South Africa. The Anglo-Indians fluctuated from the rejection of jobs to favouritism in terms of job placement leading to the Anglo-Indians eventually occupying most positions in clerical, railway and transportation as well as jobs in the communication sector in Britain. In South Africa the ladder of progress started from the unskilled labourer, to the semi-skilled, this includes types of factory work, through to the skilled craftsman or tradesman. Between the semi-skilled and lower business levels a wide range of 'clerical work' was found with many Coloureds finding themselves in these 'white collar' positions (Van der Ross cited in Hattingh & Bredekamp, 1984). Coloureds started to fill positions in

various branches of the Civil service as technical staff in post offices and technical trainees for the railway. In the absence of White candidates for job vacancies, Coloureds were immediately considered to fill these positions (Adhikari, 2005). Black people had none of these opportunities.

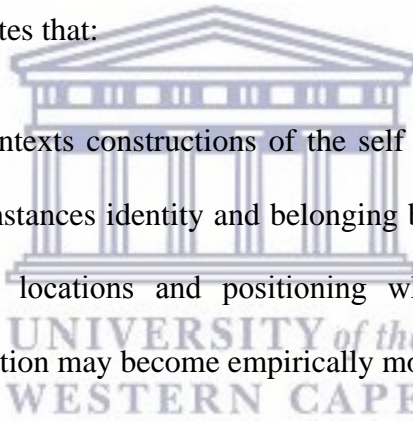
Sonn and Fisher (1999) explain that the privileged positions in which the Anglo-Indians in Britain, and Coloureds of South Africa found themselves, created various challenges that saw them caught between the dominant/superior and dominated/inferior. They were trapped between being semi-oppressor and semi-oppressed while being controlled by the dominant group. However, at the same time, they were placed in a relatively advantaged position over those placed below them in their respective social systems.

Coloureds were often viewed by both the White and Black racial groupings in South Africa with suspicion, mistrust and disliked, resulting in the suffering of Coloured self-worth (Scheper-Hughes, 1997). Erasmus and Pieterse (1999); Erasmus (2001) point out that The White Apartheid Nationalist discourse constructed Coloureds as 'left over people', with Coloured identity always being understood as a residual or lesser identity characterized as inferior or simply non-existent (Erasmus & Pieterse, 2009; Erasmus, 2001). In this regard Erasmus (2001) and Scheper-Hughes (1997) refer to derogatory comments about Coloureds made by the then wife of the last Apartheid South African State President, Mr F.W De Klerk in the 1980's. Mrs De Klerk referred to Coloured people as a negative group that is not White or Black or Indian either, in other words those people that were left over after the nation was sorted out. Scheper-Hughes (1997) mentions that Mrs De Klerk saw Coloured people as a group in need of guidance and supervision, people who were always under the wings of the Whites. Erasmus and Pieterse (1999) state that these comments were accompanied by racist depictions of Coloured people together with their culture. Similar negative comments were made by Hombi Ntshoko an African woman from Langa in the late 1990's who told a researcher "Coloureds don't know where they come from... these Coloureds don't know whether they Black or White" (Erasmus 2001, p. 11). Anglo-Indians were in a similar position when they were rejected by both the British and Indian communities. The Indian community developed mistrust in them because of their aloofness and Western-orientated culture (James, 2001).

The issue of belonging and politics of belonging

It is important to understand the historical context within which Coloured identity has evolved. The way in which Yuval-Davis (2006), an Israeli feminist theorizes the issue of belonging provides assistance in this instance. Yuval-Davis (2006) focuses on questions of citizenship, belonging, and feminist solidarity during conflictual periods and war. Yuval-Davis (2006; 2011) explains that belonging is about the individual's emotional attachment; it is about feeling 'at home' and feeling 'safe', home presents hope for the future and is an on-going project. The politics of belonging is concerned with the maintenance of the boundaries of the political community of belonging, which are the boundaries that separate the populations of the world into 'us' and 'them'. In South Africa the Apartheid government took a strong stance regarding the position of Whites and non-whites in terms of belonging in this country. Whites were privileged and non-whites marginalised.

Yuval-Davis (2006, p. 203) notes that:



in certain historical contexts constructions of the self and identity can be forced on people, in these circumstances identity and belonging become significant dimensions of individuals' social locations and positioning while the connection between locations and identification may become empirically more closely entangled.

The essence of the abovementioned quote resonates with Coloured people in South Africa, who have always had issues with belonging because of their middle-man status.

The desire to be or “passing for White” in Apartheid South Africa

Ambitions to be White and family members' 'passing' as White is typical of, and therefore an acknowledged part of the story of “Colouredness” in South Africa (Bowler & Vincent, 2011). Van der Ross (cited in Hattingh and Bredekamp, 1984) warned that as long as there were remarkable privileges attached to Whiteness in South Africa those individuals who could, would be tempted to 'play White' or 'try for White'. 'Passing for White' in Apartheid South Africa was perhaps seen as a 'safer' option in terms of belonging in comparison to being Coloured because of the privileges attached to it. Hammett (2007) explains that 'passing for

White' was mostly a strategic move with the aim to maximise access to resources, hence quality of life.

Bowler and Vincent (2011, p. 2) contend that, "The relationship from Coloured to White is one often characterised by proximity, the attempts to approximate Whiteness or to tend towards Whiteness along the racial continuum". In Brazil an ideology of 'racial democracy' invented the 'Mulatto' as an ideal social type. To be Brazilian meant to celebrate a universal sense of 'brownness', so racial identity is partly ascribed and partly achieved. Brazilians remind us of the Coloured people of South Africa. Scheper-Hughes (1997) states that in Brazil, the Mulatto focuses on dis-identifying with those designations of lower social status and darker skin colour such as the 'preto' and 'pardo' groups or social types with the aim to get absorbed in the 'whiter' and higher status groups such as the 'galego' and 'branco de terra' (Scheper-Hughes, 1997). The same could be said of Coloured South Africans, in particular those who prefer to be White or a lighter shade of Coloured. Hammett (2007) states that 'passing for White' can also be construed as symptomatic of a broader internalization of White ideals which is also evidenced in the beautification practices of Coloured women such as also explained by (Erasmus, 2001).

After the Apartheid government faced challenges with the Population Registration Act of 1950 and failed to 'successfully' classify Coloured people 'fully', the state opted for an amendment which allowed people to reclassify themselves. The classification system became arbitrary and allowed people to apply to change their classification if they wished to, irrespective of their genetic or racial history. The amendment was even vaguer than the original Act and made reference to a White person as one that is in appearance "obviously White". Hattingh and Bredekamp (1984) point out the foolishness of the Act by wondering, how it can by any means be possible that a person who is one day 'obviously not White' could become 'obviously White' the next. However, many Coloureds who shared similar racial and ethnic features with Whites tried to have themselves re-classified. Those who seemed closer to White had the opportunity to be reclassified into the White racial grouping. Marais (2012, p. 16) explains this by saying "that through the availability of light skin, inequality could be exchanged for privilege".

According to Van der Ross (cited in Hattingh and Bredekamp, 1984) and Petrus and Isaacs-Martin (2012) reclassification created ill-feelings and lots of unhappiness as it had devastating effects on communities and relationships. It led to the disintegration of Coloured families while setting homes apart, especially where relatives now became racially disparate. Passing for White also led to internal racism, since people who used to be the 'same', were now 'different' because they 'passed for White'. Consequently, people started to discriminate against each other. Those who were reclassified as White distanced themselves from Coloureds resulting in darker skinned Coloureds going through identity crises and developing an inferiority complex. Van der Ross (cited in Hattingh and Bredekamp, 1984) reflected on the privileges attached to 'passing for White' in comparison to the negative view that clouded Coloured identity and questioned whether anyone could really blame those individuals who had chosen to be absorbed into the culture of Whites. Erasmus and Pieterse (1999) remind us of the White nationalist construct with its patronizing and racist portrayal of Coloured culture as involving con carnivals, speaking 'kombuisengels', being drunk and happy go lucky. Reclassification was a step-up from or a step-out of the uncomfortable and often negative middle position that Coloured people occupy in this country (Marais, 2012).

Taking into consideration Social Identity Theory and the notion of in-groups and out-groups (Hardiman and Jackson, 1997) argue that those individuals who had decided to 'pass for White' or reclassified themselves as White did so to improve their self-worth (Marais, 2012). Marais (2012) reports on 'triple oppression' that comes into being by the intersection of class, sex and race and how this oppression is experienced in an acute form by the marginalised hybrid female. The Coloured female of South Africa is not only defined by her class and sex but more than anything else by her 'race' and 'lack', this refers to the colour of her skin, body shape and hair type in relation to the White ideal as discussed by Erasmus (2001). Marais (2012) therefore contends that it is not hard to imagine why Coloured women who had to endure all these negativity toward their being could conceptualize 'passing for White' as a feasible option to the marginal position that they occupied.

Whiteness meant being part of the in-group and enjoying more privileges which in turn led to improved mental health and well-being for the passers. However, such a move across the colour line often resulted in being separated from their Coloured families, leaving those families left behind feeling rejected. This caused a break in family relationships and bonds

which might have at the end impacted negatively on the mental health of those who had passed for White but also for those family members who remained Coloured (see van der Ross cited in Hattingh & Bredekamp, 1984).

Black consciousness versus being Coloured

In the 1970s and 1980s, after the Soweto uprising an alternative to the White Nationalist (essentialist) discourse which constructed Coloured people as the middle man and a result of miscegenation emerged. The essentialist approach was thus a racialised approach. The instrumentalist approach arose as a need among various scholars to move away from racialised thinking. The instrumentalist approach viewed Coloured identity as artificial and enforced by the White supremacy in an effort to divide and rule the Black majority (Adhikari, 2005). Adhikari (2009) claims that Black consciousness thinking was the initial drive behind popularizing the instrumentalist approach in South Africa. Conway-Smith (2011) states that race related issues in South Africa are in most instances portrayed as Black or White which is a legacy of Apartheid. Coloured identity thus became an extremely contentious issue.

Black consciousness was influenced and inspired by the thinking of Frantz Fanon. Ranuga (1986) writes that due to Fanon's involvement in revolutionary activities and his psychiatric training background, he became occupied with, and distressed by the inferiority complex of Blacks and their slavish adulation of White people as role models. Ranuga (1986) explains that Fanon's writings were primarily aimed at mobilizing the mentally and physically oppressed colonized people of the Third World in order to reclaim their freedom, dignity, self-worth and their rightful place as respectable members of the world community. Fanon focused on the individual's mind and consciousness, explaining that this is the place where a considerable amount of paralysing fears coupled with debilitating complexes is stored. Fanon wanted Black people to realize that their fear of Whites, accompanied by an inferiority complex was a direct result of the racial superiority and socioeconomic domination Whites had attained throughout the colonial period (Ranuga, 1986). Instrumentalists regarded Coloured identity as artificial and denied that being Coloured is possible. Coloured identity was seen as an identity imposed by the White supremacist state who deliberately attempted to rule and oppress a vulnerable group of individuals (Black majority) as an instrument of social control (Adhikari, 2005).

There was a call for Black solidarity, for all non-whites who were discriminated against by means of law, tradition as well as socially, politically and economically to stand together as a group in the struggle against oppression with the aim to liberate (Ranuga, 1986). Steve Biko an anti-Apartheid activist was known as the father of the Black Consciousness Movement which emerged in the 1960s and 1970s in South Africa. Biko's concept of Blackness was not about skin colour per se, but about all people of colour in South Africa who occupied a subordinate position within a racist and capitalist structure (Ranuga, 1986). According to Yarwood (2006) 'Blackness' was seen not only as a racial entity, but rather as a common experience of discrimination and racialisation that unites those of African descent.

During Apartheid, many of those categorised by the elite ruling party's Population Registration Act of 1950 as Coloured, rejected the identity since it was increasingly viewed as an artificial categorization which aimed to rule and divide. For some of the people identified as Coloureds, the Black Consciousness Movement probably became a beacon of hope, a promise of a better future, a place where they might actually belong and so some Coloureds were absorbed into South Africa's Black identity. Erasmus (2001) says that Coloured people were politically drawn into complicity and compromises as a result of their ambiguous position. Coloured people who joined the anti-Apartheid movement were incorporated under the broader Black category. In doing so [those] Coloureds made a progressive statement expressing a clear solidarity with the Black majority and any recognition of Coloured identity was rejected (Bowler & Vincent, 2011). Trotter cited in (Adhikari, 2009) states that these individuals referred to themselves as 'Black' in identifying with other non-white people, Africans and Indians who were also being oppressed and discriminated against. However, it remained a mental and intellectual position since it was challenging to create significant relationships beyond areas that were racially bounded. In reality it was difficult to reject Colouredness because people were spatially and socially disconnected (Trotter cited in Adhikari, 2009).

Erasmus (2001) points out that although the Black Consciousness Movement promoted Blackness as an inclusive and positive political identity that represented the racially oppressed and focused on the privileges of Whiteness, the politics of the time prevented the discourse from acknowledging the heterogeneity and locatedness of Blackness or the specificity of Coloured experiences. The Black Consciousness Movement gravitated towards

a single and universal notion of being Black. In my view, not a good position for the mental health of many Coloured people because of the reductionism of their lived realities (Erasmus, 2001). However, I am of the opinion when considering Social Identity Theory, for those Coloureds who had chosen to adopt a 'Black identity', it meant becoming part of an in-group, for them this newly acquired status lead to an improved self-esteem and mental health.

Erasmus (2001) argues that although Coloured people could identify with the struggle against Apartheid, rejecting their own identity and identifying as Black made them 'Blacks of a special type'. Scheper-Hughes (1997) warns that reductionism abandons all former aspects of Coloured identity as an artefact of the past and in this way turns Coloured identity into an illusion. Erasmus (2001) mentions that in identifying with the Black majority a longing for political authenticity was expressed. Erasmus (2001, p.25) states that 'if Black political identities are constructions themselves, they too are multiple and marked by internal contradictions'. Erasmus believes that there is no 'pure' Black politics, no 'pure' Black identities and no authentic Black self. Erasmus makes an interesting statement when she says that being Coloured always meant having to choose between Blackness and Whiteness which results in an erasure and reification of Coloured identity. Erasmus argues that when an individual lives out aspects of both these cultural identities, having to choose means the denial of some part of the self, causing emotional disturbance and placing Coloureds in a position of discomfort.



Identity formation in post-Apartheid South Africa

Ojong and Sithole (2007) point out that post-Apartheid South Africa is at the interface of defining its social fibre while at the same time dealing with various historical mishaps and all forms of social engineering related to notions of identity. As a result the issue of what it means to be a South African is starting to surface. Yuval- Davis (2006, p. 204) declares that the politics of belonging is "the dirty work of boundary maintenance", and includes enormous effort around determining what 'belonging' entails as a member of a specific society. It is therefore a dialogical process that includes arguments related to the participatory element of citizenship as well as arguments related to issues around the status and entitlements of what such a membership entails (Yuval-Davis, 2006). The issue of belonging is of dual importance in this study since it is about the social identity of Coloured people and their tedious position in South Africa; but also about the position that 'women of colour' find themselves in world-

wide, with regards to how their specific needs are being addressed by the Feminist movement. I am of the opinion that the issue of belonging, and whose prerogative it is to decide where to belong, has in itself become a controversial issue in South Africa.

In line with the Social Identity Theory, Ojong and Sithole's (2007) explanation is apt when considering that people's construction of identity takes place alongside the labelling efforts of others, political processes as well as the ideologies that create a sense of 'us'/ in-group and 'them'/out-group. This, in turn, creates the politics of belonging. Belonging and the politics of belonging are therefore influenced by various internal and external factors and linked to identity formation. According to Howard (2000), identity development is particularly intricate for those individuals who belong to ethnic and racial minority groups (like the participants of this study), due to negative societal stereotypes and experiences of discrimination. These situations often result in decreased self-worth and negative mental health for minority groups. The intention of this study was to establish whether negative mental health was also a reality of the participants of this study.

Ojong and Sithole (2007) contend that one of the legacies of the Apartheid government that continues to haunt South Africans, consciously or unconsciously, is ethnic consciousness. Scheper-Hughes (1997) specifically focuses on the doubts experienced by Cape Coloureds around issues involving their social identity, their uncertain ethnicity and the legitimacy of their own history which remains a painful and continuing theme for them. Erasmus (2001) and Scheper-Hughes (1997) warn that even after the dismantling of formal Apartheid, psychological Apartheid remains strongly entrenched in the psyche of most South Africans. The end of Apartheid has in various ways destabilised the identities of South Africans and this has evoked discussions of how former Apartheid prescribed identities need to operate in the post-Apartheid society. The 'new' South African nation is now working towards creating something that is informed by the past but seeks to rise above it (Distiller & Steyn, 2004). In this regard, Ruiters (2009, pp. 104-105) explains that "... all identities are in the process of being reconstructed, particularly in opposition to their Apartheid era incarnations...as not racist, not divisive and not isolated". Ojong and Sithole (2007) argue that it is not implied that the South African society should at this stage be an open 'melting pot' and that all boundaries should be abolished in order for all the different cultures and identities that live in South Africa, to simply belong. The challenge lies in how we are going to address the notion around

being a 'rainbow nation' since individual perceptions around where people belong in society do not necessarily coincide with how others identify and classify themselves. However, different levels of identification, self-perception and external attributions, which are multiple, situational, shifting and fluid, need to be considered (Ojong & Sithole, 2007).

Yarwood (2006) points out that there is a continued assertion of Coloured identity even after the dismantling of formal apartheid, partly because it is not clear what position the minority Coloured population has to occupy in the new 'non-racial' society. In the light of all said, those classified as Coloured by the previous regime still find themselves in the unpleasant position of "middleness" which causes difficulty for them as they are still haunted by the scant privileges of being treated as Coloured by the Apartheid architects. This is evident in the programmes of redress and political and economic empowerments where Coloureds are side-stepped because they are not Black enough (Bowler & Vincent, 2011). Within the new dispensation the formation of identity still centres around race and racial stereotypes leading to many people still using racialised categories or racial labelling when making reference to specific individuals or groups of people, including themselves. Morrison (1993, p. 47) points out that "to identify someone as South African is to say very little, we need the adjective 'White', 'Black', Indian or 'Coloured' to make our meaning clear".

The nature of Coloured identity remains fragile and heavily debated and many Coloureds are trying to find new ways of articulating 'Colouredness' in the new space they find themselves. Erasmus (2001) mentions that some Coloured people experienced discomfort with the idea of being referred to as Coloured and therefore declared that they will never be called by, or acknowledge a name imposed upon them ever again. With regards to this, Bowler and Vincent (2011) note that in post-South Africa, it has become politically crucial for some Coloured people to give up their in-between label. Vincent and Bowler further state that some Coloureds decided to rather claim unqualified Blackness. However, such a move is politically intricate. Erasmus (2001) states that other Coloureds attempt to reconstruct a sense of purity on claims of ethnicity and indigenous roots. For example, they reach back to history by identifying with a slave past, others reinvented Khoisan roots as a manner of renegotiating their Coloured Identity, some identify more closely with the notions of an inclusive South Africa and rainbow nationalism, while others choose to be referred to as mixed-race, or multi-cultural. Erasmus (2001) states that a rainbow nationalist discourse does not make

provision for a vocabulary in which it is possible to renegotiate and process the racial terrain of culture and politics in South Africa, in the interest of transformation. This might create uncertainty or denial around who Coloured people are as individuals; but also in terms of being rooted in a specific racial grouping. I am of the opinion that when taking into consideration the historical context in which Coloured identity has evolved, one cannot relegate Coloured identity into just another identity as part of the rainbow nation in order to take a political stance. Erasmus (2001, p. 4) challenges individuals to reconsider what being Coloured means in post-Apartheid South Africa. Erasmus explains that Coloured identities are not based on the merging of races or on labels imposed by Whites supremacy but rather on cultural creativity, creolized constructions, but also borrowing and hybridity that are shaped by South Africa's past history of colonialism along with slavery, segregation and Apartheid. Cultural formation entails borrowing and hybridity as part of an ongoing process of social construction which makes identity formation never fully complete, but a continual and interactional process (Maré, 2005). Erasmus (2001, p. 5) urges us to acknowledge the fluidity and openness of identity in post-Apartheid South Africa. However, not at the cost of imagining a rainbow-nation where "our relations with one another are not shaped by the past, by new configurations of 'race' or by emerging class and /or regional and broader politics on the continent"(Erasmus, 2001, p. 5). Erasmus (2001) warns against claims of moral authority based on the deployment of fixed groups for the purpose of exclusion.

Gracia (2005) proposes that the body politics of a nation should be a conglomerate of different groups, each with its own identity whether racial, ethnic, religious, sexual, etc. Politics should ensure that all group identities are respected and preserved, and not guided by the differences that separate these groups. No group should be given any advantages over another and social structures that favour one group over another should be dismantled. Gracia suggests that the state/government should play an active role in encouraging and preserving behaviour and elements identified with specific ethnic groups and races. Erasmus (2001) states that negative denials and characteristics have contributed to the trivialisations and marginalisation of Coloured identities in relation to processes of building a national identity in post-Apartheid South-Africa.

Mental health challenges related to Coloured women

The mental health of women requires the examination of discrimination based on sex, race, ethnic background, sexual orientation, religious beliefs and violence. According to Erasmus (2001); Rosette and Dumas (2007) all minority groups such as the South African Coloured women face obstacles and hurdles that are specific to their lived experiences in terms of gender but also with regards to race and class. Rosette and Dumas (2007) debate that those women who form part of racial minorities often find themselves in positions where they feel that they are under pressure to negotiate the presentation of their racial identities. Coloured women in South Africa remain in a fragile position due to the legacy of colonialism, segregation and Apartheid and their subsequent 'in-between' position.

Coloured women are clouded in sexualised shame and "an identity that is associated with immorality, sexual promiscuity, illegitimacy, impurity and untrustworthiness" (Erasmus, 2001, p. 9). Erasmus (2001, p. 1) explains expressions like, 'hou jou koek in jou broek' (keep your fanny in your pants) and 'vroeg ryp, vroeg vrot' (early to ripen, early to rot) stipulate the boundaries of sexual behaviour for young decent Coloured women. Respectability and shame are linked to the concept, miscegenation and these notions became major defining terms of middle class Coloured women's experiences (Erasmus, 2001). The pressure applied by families to be respectable and to steer clear of shame, meaning not to come home with babies out of wedlock created lots of anxiety within young Coloured women (Erasmus, 2001).

Coloured women are racially oppressed due to the humiliation of not being 'White enough' versus not being 'Black enough' (Erasmus, 2001). Maré (2005) speaks about the 'colour complex' which is the traditional link between appearance and identity. I am of the opinion that Coloured women often struggle with this complex, as they find themselves in the middle of the racial continuum of beauty in this country with regards to their insecurity about identity and the subsequent insecurity about what it means to be attractive in relation to one's identity, an extremely uncomfortable position to be in. In this regard Erasmus (2001) explains that the shape of her nose together with the texture of her hair has placed her in the middle of a continuum of beauty. She neither had 'gladde hare', an Afrikaans word often used in Coloured communities to refer to 'sleek or straight hair' or 'boesman korreltjies' with reference to extremely short and coarse hair associated with African women. Rosette and Dumas (2007) describe most Black women's hair as woolly, tightly curled or kinky. Judging

from westernized or European standards of beauty 'Black' hair is inferior to long straight hair that normally represents the gold standard of attractiveness (Rosette & Dumas, 2007). Hair is a big issue for Coloured women and hairstyling and texturising is a common day-to-day practice among Coloured women of all ages.

Sugiharti (2013) states that beauty has been racialised by a White dominated culture that has defined beauty according to their own standards in terms of the physical features White people are more likely to have. Because of the in-between status of Coloured women in this country and the slightly privileged position they occupied in the Apartheid era, White was seen as something to aspire to. Consequently, Coloured women as a result felt and are still feeling the need to 'cover'. This is a term used to "describe an individual's choice to render their stigmatized characteristics less salient to preserve their status in social order" (Rosette & Dumas, 2007, p. 415). In a certain sense the argument suggests that Coloured women struggle with a 'borderline identity and appearance'. In addition to physical appearance (hair and skin colour), style of dressing, religion, family name, education and qualifications, professional achievement as well as the status of residential area and the type of motor vehicle being driven, become important. Manner of speech and the language used is also important to Coloured people. Often a number of Coloureds [falsely] claim that they can't speak Afrikaans fluently or understand it well. This is mostly to distinguish middle class Coloureds from the 'lower class' Coloured or to differentiate between the ones coming from rural areas to those residing in urban areas. In Toni Morrison's novel (2005) *The Bluest Eye*, she exposes and depicts how slavery and the intentional dehumanisation of African slaves, through the presence of White supremacy, made it challenging for the characters in her novel to form their own sense of self-identity. In the story one of the characters, Pecola's mother, speaks to her and her friends in a voice 'that is like rotten apples' but when speaking to the White girl her voice sounds like honey. Here Morrison points out that messages and confirmations of White superiority, do not only come from society but from our own circle and sometimes from within ourselves (Rahmani, 2015). All these factors influence Coloured identity since it is often associated with a difference in status or an indication of success in the Coloured community. Success is mostly measured in terms of money and a sign of whether 'you made it'. In this novel, *The Bluest Eye*, another character, Geraldine draws the line between Coloured and Black. Being well educated and having adopted the Western way of lifestyle, she intentionally teaches her son that there is a difference between Black and

Coloured by telling him that Coloured people are neat and quiet whereas Black people or ‘niggers’ are dirty and loud (Sugihari, 2002). In many respects this reminds me of Coloured women who are still stuck in inbetweenity or the middle position and struggling to detach themselves from Apartheid imposed ideas of being better than Blacks.

Rosette and Dumas (2007) point out that gender and racial difference are commonly associated with lower status positions in the social hierarchy. Because of this marginal position women are longing to minimize these perceived differences and in doing so, they avoid negative stereotyping. From a personal point of view being a Coloured woman can be a very unsafe place in terms of belonging. Therefore, I am mindful of Wicomb’s (1998) contentions that a Coloured woman will never find her location in terms of her culture if she allows herself to get lost in the mess of cultural displacement. I suggest that Coloured women need to negotiate their own social location in post-Apartheid South Africa to secure a ‘safe’ place of belonging. Furthermore, I think they need to reinvent themselves and this is only possible through acknowledging their roots and through self-acceptance. In my opinion Coloured women need to heal themselves from the indignities of racial prejudice that they have suffered and are still suffering in order to free themselves from the White standards imposed on them. Sugiharti (2013, p. 5) argues that “individuals collude in their own oppression by internalising the dominant culture’s values...the most difficult thing in emancipation is to free ourselves from ourselves”. I believe that it is important to be more accepting of our differences when comparing ourselves to other groupings (Whites and Blacks) to reach a good and safe space in our lives; this will enhance positive mental health and well-being.

This study requested that participants report on their life experiences for the researcher to establish how these experiences and factors affected their mental health. This information enabled the researcher to acquire comprehensive data, analysed it and interpreted it to formulate the results of this study.

2.2.11. Feminism and women’s work

The participants in this study were all employed women and therefore I explored what literature (Glynn, Maclean, Forte & Cohen, 2009; Theunissen, Van Vuuren & Visser, 2003; Whitehead & Kotze, 2003) says about the impact of work on women’s mental health. Work

is an important contributory factor to mental health and the study of women's work, both paid and unpaid, has been and remain an important topic for feminist discussion and studies. Walters (2004) states that feminist research and the women's movement has a salient role in bringing to light what women do but also in highlighting the manner in which gender relations assist in perpetuating the disadvantages women are experiencing. Furthermore, feminists have made significant contributions to the study of work, employment and labour markets, and their perspectives on work assist us in understanding women's experiences of work. Feminists point out that the interaction between paid and unpaid work is key to understanding the inequalities that women are experiencing (Cosslett, Easton & Summerfield, 1996). Callaghan and Clark (2006) explain that the active economic participation of women in labour markets is essentially tied to broader political factors where patriarchy interconnects with economics in multifaceted ways. An exposé of the personal challenges and experience of women in their quest to enter paid employment follows.

2.2.12. Women, work and economic participation

Chadwick (2006) states that just when women in Britain started to voice a need for political rights, higher education and various employment opportunities and professions in the 1870's, 'scientific facts' appeared which all of a sudden 'verified' that female bodies were unsuited for such activities. Doctors during that time cautioned that female search for opportunities in education and work outside the home would have negative consequences and lead to illness and sterility. Bergman (2000) states that Darwin proclaimed that women were biologically and intellectually inferior to men and that female inferiority was 'valid' and in line with the natural selection world-view that men were exposed to enormous selective pressures in comparison to women. These include: war, competition for mates and things like food and clothing. Women on the other hand were protected from all of these by customs that state that men had to protect and provide for them and their children. Darwinists thought that because of this, males evolved more than women, producing male superiority and female inferiority.

Halliday (2005) explains that the Victorian era's hegemonic view that women were more unstable than men had extensive consequences for women as it became a legitimate reason to deny them access to educational opportunities and to keep them out of the professional world, at home and under male control. During this period it was expected of women to be delicate and passive creatures that cook, raise children and do housework (Rahmani, 2015). Men were

treated as the dominant species, made all the important decisions, held power and emotional control within and over their families, in their sexual relationships and also in the distribution of tasks.

Friedrich (2010) states that labour was divided into public and private domains. Thus, men left home to work and acquired money which was transferable for goods and services while women stayed home to do the household tasks and child-rearing. Men became economically independent and this contributed to their status in terms of power and influence while women remained in a position seen as inferior. According to Aston (2003) as well as Callaghan and Clark (2006), gender constitutes a sense of who we are and what we can or cannot do. Therefore, individuals adopt stereotypical characteristics of their gender to make them feel like a woman or a man. Women were socialized into believing that they need to perform prescribed roles including being a nurturer and perform homemaking tasks, irrespective of changing circumstances and life-roles. There is, therefore, a clear division of labour and women and men are by their nature, expected to fulfil specific roles in society and develop and display gender strength (Aston, 2003). Duncan and Barlow (cited in Knowles et al., 2009) assert that British society has never viewed women as individual citizens endowed by the constitution with unarguable rights. The reason for this assertion is because they have to perform traditional role expectations, despite the needs of a modern economy. This is also true for females in the South African society.

Kuhn and Wolpe (1978) explain that sexual division of labour is an intricate analytical concept. However, the situation is almost certainly linked to biologism since certain theorists consciously use references to biology as an explanation. Biological explanations suggest that nature favoured men with traits that lead to dominance and social status and women with traits that are suited for reproductive functions and nurturing (Kuhn & Wolpe, 1978).

According to Kuhn and Wolpe (1978) the biological determinism or 'naturalism' debate seemed to be reinforcing the position of women in both the family and labour market or wage sector since both areas are characterised by sex-specific job and task allocations. Patriarchy etches the sexual division of labour as a social division (Coetzee, 2001; Cosslett et al., 1996; Kuhn & Wolpe, 1978) hence divisions of labour are socially determined and not natural.

Although the workforce demographics have significantly changed over the years, traditional life roles and stereotypes remain, as there seems to be only minor to almost no alterations on the outlook of gender roles as explained in both international and local studies (Abdul & Roshan, 2010; Cosslett et al., 1996; Gyllensten & Palmer, 2005; Mostert, 2009). Responsibilities for domestic chores and managing the home as well as family activities continue to mainly rest upon the women in dual career families. This occurs even though these women are mainly full-time employed, as indicated by both international and local studies (Gyllensten & Palmer, 2005; Mostert, 2009; Naidoo & Jano, 2002; Whitehead & Kotze, 2003). In a study done by Franks, Schurink and Fourie (2006) with a group of White South-African women they found that although today's women are more career-orientated, have higher educational aspirations and demonstrate other extrinsic ambitions, they still try to maintain the values traditionally placed on them by society in terms of responsibilities and roles. Smulyan (2004, p. 227) asserts that often women explore a number of career options like teaching which is structured in such a way that it demands the gendered self rather than other options which are more masculine because of the internalization of these normative experiences. This might be true for women choosing teaching as a career, as is the case of the participants in this study.

2.2.13. Feminization of the labour market

A shift in the role that women play, from that of homemaker to entering the open labour market, has been noticed since the Second World War in both developed and also developing countries (Cosslett et al., 1996; Whitehead & Kotze, 2003). This trend is referred to as the 'feminization' of the labour market (Kelleher, 2012). According to Schaefer and Lamm (1992) women worldwide currently enter historically male-only occupations and some women even display what is traditionally considered to be manly qualities such as physical strength and assertiveness. In many countries women workers are lured into the labour market because there is a demand for their services. However, in South Africa women are forced to join the workforce out of absolute economic need (Patel, Govender, Paruk & Ramgoo, 2006). Large numbers of women work to contribute to the family income despite the myth of the male breadwinner; the belief that males earn sufficient money to support their wives and children. It is important to mention that women do not only participate in paid employment out of necessity but also for personal satisfaction and improved self-worth (Whitehead & Kotze, 2003). Work has many positive benefits besides financial gain. Many

women have found a purpose to life, as work provides structure to their day, leaves them with a sense of achievement and an increased sense of self (Whitehead & Kotze, 2003). Women feel they make a worth-while contribution especially when their efforts are acknowledged and recognized. Many women define themselves in terms of their job and in this way create a holistic identity for themselves. Work creates opportunities for social contacts outside of the family and neighbourhood and opens a whole new world to women in which they can achieve. Work therefore, is potentially a protective factor that may improve the mental health and well-being of women.

Women in caring professions and the feminization of teaching

Feminists have a particular interest in the subject matter of caring, in particular literature as it pertains to women in caring professions, namely: teaching, nursing, social work and child and youth care (Ricks, 1992). According to Brodolini (2011) traditional care models have reinforced gender inequalities as care has always been viewed as a potential job for women. This has however, undermined women's rights and limited their opportunities and choices. In this regard Smulyan (2004) states that certain professions, for example teaching are structured to demand a traditional gendered self. The caring professions of teaching, nursing and later also social work were among a small number of avenues enabling non-white women to obtain secure employment with a possibility of career advancement (Lund, 2010). In Apartheid South-Africa these professions ranked as 'high-status' female professions from the limited range of occupations for which women were trained (Kotecho, 2006). Goosen and Klugman (1996) state that racially segregated schools, hence inferior schooling for non-whites (Coloureds, Blacks, Indians), lead to a restriction in training opportunities. Racism in both schooling and training, coupled with sexism which is inherent in society almost entirely wiped out opportunities for especially non-white women. Non-white women could basically only choose between teaching and nursing as these were the only professional careers accessible to them. While being educated and occupying these 'high-status' female professions, they were still treated as inferior. In addition job-reservations and influx control limited work opportunities for women since they could only work and live in certain areas while mainly occupying lower level positions (Goosen & Klugman, 1996).

Since the focus of my study is on female teachers it is pertinent to briefly look into the history of the feminization of the teaching profession. Kelleher (2012) explains that feminisation

relates to professions where the numbers of women are increasing. According to Houston (2009) in primitive societies there was no formal schooling structure and thus no professionally trained teachers; everyone in the village was a 'teacher' and the children learned through doing, while the curriculum was life and lived experiences. Formal education gradually became more important as civilization developed and the knowledge and skills base became more important. Teaching in almost every country can be traced back to issues related to urbanization as well as economic development, how culture defined masculinity, women's position in society and the value of children and childcare (Ertürk, 2015). Houston (2009) explains that teachers were initially male but during the nineteenth and early twentieth century, teaching became the only feasible occupation other than nursing and marriage for women. Mac Kinnon and Minns (2011) as well as Ertürk (2015) state that thousands of women worldwide entered teaching as it became one of the first skilled occupations that were widely available to women. In this way the workforce in education became feminized in countless societies, irrespective of the state of the country's level of development.

Kelleher (2012) notes that teaching became a starting place of economic empowerment for women in societies where educated women were repeatedly forbidden from entering most other forms of employment. There is this longstanding view that primary education is the most appropriate position for women teachers. An intense history existed that linked gender roles and women's responsibilities in the domestic sphere. However, since women could no longer be confined to this sphere exclusively, their role in the public was still very much an extension of this domestic role or influenced by it (Ertürk, 2015; Kelleher, 2012). This view portrays women as having an innate capacity for working with young children (Rots, Sabbe & Aelerman, 2002). Female teachers are thus predominantly concentrated in pre- and primary school education at lower positions while men are concentrated at the higher levels. Females comprise the majority in the lower level teaching positions; yet the decision-making rests with males who are usually in the minority. This reality is in line with and reflects the patriarchal culture evident in society (Mestry & Schmidt, 2012; OECD, 2004). Kelleher (2012) points out that for women who experienced difficulties in finding a balance between family obligations and work, teaching as a career is seen as a good option since the working hours and holidays are appealing to them in striking a balance between these home and work spheres.

2.2.14. Women in dual career families

Women's role conflict and role overload

According to Naidoo and Jano (2002) the work and home interface creates lots of challenges for women in dual career families because of role conflict, role overload and various other demands placed on their time. Female teachers are no exception since they have the same challenges as all other working women in terms of family responsibilities and cultural expectations (Zinn, 1997). Glynn et al. (2009) explain that one way in which universal experiences of multiple roles are presently being examined is by using the notion of role-overload. Role overload is described as the failure to satisfy all role expectations in spite of the legitimacy thereof, in the time that is available to an individual; it is the degree to which an individual feels overwhelmed by the sum of her responsibilities (Naidoo & Jano, 2002). Many women find themselves part of dual-career families. According to Theunissen et al. (2003) dual career families are described as the family in which both wife and husband as heads of a household, follow a career while at the same time maintain a family life jointly. The majority of women participants of the current study are part of dual-career families. Knowles et al. (2009) point out that since the place of women in society has changed; their lives are no longer restricted to the home. Family and work have become the two most important spheres of influence for most part of women's adult life (Whitehead & Kotze, 2003). In this regard Theunissen et al. (2003) state that family and work are inseparable and a reciprocal relationship exists between these two domains. Family and work will always have an influence on one another. Therefore, those individuals, who are caught in the middle, meaning, those who find it difficult to strike a balance between the two spheres, find themselves in a challenging position. Theunissen et al. (2003) further contend that although dual career couples through being employed improve their standard of living as well as their self-esteems, they might experience numerous problematic issues including an increase in the health risks for employed spouses, low morale coupled with reduced life satisfaction, absenteeism from work and an inability to strike a balance between home and work responsibilities

The mental health of women in dual career families

Knowles et al. (2009) state that although many women achieve professional recognition and success in their work many find it difficult to bring together their multiple roles, commitments and career interruptions. This might result in negative consequences for their

well-being and mental health. Glynn et al. (2009) argue that role overload is sturdily associated with women's mental health and point out that those individuals who reported increased feelings of role overload experienced poorer mental health. The increase in the number of families where both spouses are working makes traditional approaches to divisions of chores between male and female no longer workable. Also, working women are often pressured to deal with job-related burdens that limit their performance in terms of their family roles (Theunissen et al., 2003). According to Friedrich (2010) women are expected to fulfil a number of roles simultaneously: wife, mother, sibling, homemaker, employee and sometimes caregiver to an elderly parent. Meeting all these multiple demands are potentially harmful to women in terms of their well-being and mental health. McLellan and Uys (2006) confirm that a record rise in the employment of married women, motivated by the feminist movement of the early 1960's, has had extensive economic, social but also psychological implications for women and their direct families. Mc Donough and Walters (2001) argue that the division of labour according to gender leads to discrepancies in women's exposure to stress in comparison to that of men. Consequently, women experience more stress and poor health.

Naidoo and Jano (2002) found that the 'problem' of the dual-earner couples is seen as a woman's problem. Whilst the dual-career life style offers women the opportunity of pursuing both a career and a family life, it also presents with tensions and challenges related to how these roles become integrated and balanced in the lives of women. Women often lack the time to perform the errands that accompany all their multiple roles. Therefore, most women work a double or second shift in one workday as a compromise to get to all these roles (Naidoo & Jano, 2002). An inability to balance these roles skilfully results in major role-conflict with negative consequences reflected in the domestic domain and also in the organizations where these women are employed. Abdul and Roshan (2010) state that role-conflict has been reported to relate to various outcomes including depression, job-dissatisfaction, life and family dissatisfaction and the intention to resign from work.

A South African study by Knowles et al. (2009), conducted with a group of female teachers found that these women are faced by conflicting and complementary dimensions of their multiple roles of being mothers at home and professionals (mother-teacher). These women set high expectations for themselves and as mother-teacher and they are worried about failing themselves and others. Another South African study done by Steyn and Kamper (2006) state

that although the home-work interface is a major source of stress for both men and women; it is the women who reported 'home' as a significant source of stress. Women experience the same kind of work pressure as men. However, they experience the highest levels of conflict between family/domestic pressure and work. Simultaneous demands of work and home may cause the individual to experience interference between the two roles that might result in prolonged conflict. This might lead to stress that undermines the woman's sense of well-being (Mostert, 2009). Similarly, Schaefer and Lamm (1992) as well as Mostert (2009) state that as women have become more and more involved in the public domain and paid employment, some of them have been largely unable to get their husbands to play a more significant role in childcare responsibilities and household duties. Patel, Govender, Paruk and Ramgoon (2006) contend that although over the last couple of years a shift in the status of women and legislation has supported women's involvement in the work place, society continues to give women the message that they should lessen their involvement at work in order to minimize the impact their jobs have on their families. Abdul and Roshan (2010) note that there is a lack of empathy for those women whose status has changed due to work, and demands placed on them and expectations remain more or less the same. Striking a balance between paid and unpaid employment as well as their own personal needs, have become increasingly challenging for dual career women. Exceptional coping capacities are needed to ensure that they get to all their responsibilities (Abdul & Roshan, 2010; McLellan & Uys, 2009; Naidoo & Jano, 2002; Whitehead & Kotze, 2003). Knowles et al. (2009) claim that talented and educated women tied down by family responsibilities often face challenges of self-esteem and identity when they try to excel in their professional spheres. Conversely, men express a greater interest in a more balanced commitment to their work role (Goosen & Klugman, 1996). Women in the teaching profession are no exception.

2.2.15. Teacher identity, teaching as a profession and teacher training

According to Canrinus (2011) it is difficult to offer a clear cut definition of identity since it is a multi-disciplinary concept. Identity refers to the way people define themselves or make sense of who they are. On the one hand it's about personal character and on the other hand it consists of membership to a specific social group (Francis & Le Roux, 2011). Thomas and Beauchamp (2011) argue that the development of an identity is a process of meaning-making that entails a reinterpretation of one's values and experiences, while being influenced by personal, social and cognitive factors. Smit and Fritz (2008, p. 2) state that "when one has an

identity one is situated". Identity construction is not passive or something that is a given but rather, an ongoing and dynamic process (Francis & le Roux, 2011). In terms of a work identity, the perception of the self must be understood in close connection between the personal and professional self, this connection confirms that there are intricate and complex dimensions to the development of any identity (Thomas & Beauchamp, 2011). Anspal, Eisenschmidt and Löffström (2012) explain that the identity of a teacher is influenced by a number of factors. In this regard, Day, Sammons, Stobart, Kington and Gu (2007) state that a teacher's identity is a construction of competing interactions between personal, professional and situational factors. Factors outside of school that influence a teacher's personal identity include their personal traits and primary reasons for becoming a teacher, amount of experience in education, educational beliefs as well as features of their appointments (Anspal et. al., 2012; Smit & Fritz, 2008). Professional identity is influenced by a variety of work-related factors such as educational policies and social trends, the involvement in a range of complex interactions with school administrators, school managers, supervisors, colleagues, learners and the community. Bullough (2008) argues that to be a teacher means standing for a vision of a good life and a good society. According to Rots, Sabbe and Aelterman (2002) teaching is presented as a kind of calling and it is expected of teachers to work very hard for the love and sake of the learners. According to Lumpkin (2008) with the establishment of public schools in the United States during the 18th and 19th centuries one of the stated missions of the Department responsible for Education was to highlight the importance of teaching moral virtues. Teachers were expected to be morally upright while displaying good character, they had to teach learners to be respectful, responsible and disciplined. Currently, these expectations remain in essence unchanged within the schooling system (Lumpkin, 2008).

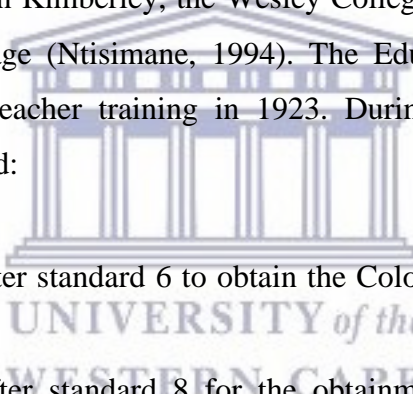
Teacher training for non-whites

Ntsimane (1994) states that historically the development in the school system for the Coloureds in the Republic of South-Africa could be divided into two important periods; this is 1910 to 1963 and 1964 to 1984. During the period of 1910 to 1963 education for Coloureds was provided for by the central Department of Coloured Affairs with the adoption of the Coloured Persons Education Act, 1963 (Act no. 47 of 1963) by the Parliament. From 1984 onwards there were two important changes with regards to the provision of Coloured education, this was the establishment of the 1969 Coloured Person Representative Council

and the establishment of the Department of Education and Culture in 1984 (Behr as cited in Ntsimane, 1994).

With regards to the training for non-white teachers in South Africa it is important to mention that teacher training was initially conducted by the church missions as a continuation of secondary education rather than post-matric training. Missionaries adopted a pupil-teacher system (i.e. a monitor system similar to the schools of Bell and Lancaster in England) and schools served as centres of apprenticeship from which teacher colleges eventually developed. Eventually pupil-teacher training was phased out for non-whites and replaced by colleges of education that were responsible for teacher training, taking into consideration the language used by applicants in terms of racial groups (Wolhunter, 2006).

By 1922 there were four training colleges for Coloured teacher training namely, Zonnebloem in Cape Town, Perseverance in Kimberley, the Wesley College in Salt River and the Dower Memorial College in Uitenhage (Ntsimane, 1994). The Education Department published regulations with regards to teacher training in 1923. During this time three courses of teachers training were provided:

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- A three-year course after standard 6 to obtain the Coloured Primary Teachers Lower Certificates;
 - A two year course after standard 8 for the obtainment of the Coloured Primary Teacher' Higher Certificate;
 - A one year course for specialist teachers in infant schools. This course was open for enrolment only by female teachers in possession of the Coloured Primary Teachers' Certificate.

All these courses were introduced in the years 1924-1929 (Behr as cited in Ntsimane, 1984)

In the first year of the Coloured Primary Teachers' Certificate course the focus was on improving the students' academic background with emphasis on the two official languages. Attention was also given to manual and industrial training as well as the instruction in elementary science and physiology along with hygiene. Regulations for the training of Coloured teachers were amended in 1936 and yet again in 1942; this time around the

possession of a junior Certificate (standard 8) was put forward as the minimum entry requirement (Ntsimane, 1984).

In 1943 a post-senior certificate training course for primary school teachers were underway and by 1957 all teacher training courses initially developed for Coloureds under the guardianship of the Cape Education Department were revised. All post senior certificates courses were now equivalent to those for Whites (Behr as cited in Ntsimane, 1984)

In 1963 Coloured Education was taken over by central government and three courses for teacher training were offered at 8 training schools and 2 training colleges. Training schools offered a 2 year primary teachers course after standard 8 for teaching in lower primary classes whereas training colleges offered a 2 year, after standard 10 primary teachers course of teaching in higher primary classes. Additionally a 1 year specialisation course was offered for higher primary teachers (Ntsimane, 1994). Regarding secondary school teachers' training, no facilities were initially made available. However, Coloured students who wanted to peruse this training could enrol either at the University of Cape Town or the University of South Africa. In 1961 The University College of the Western Cape was establish in Bellville-South, Cape Town as a tertiary institution for Coloured people. With the establishment of this institution the message was made clear that Coloured people must be kept apart from White people and that they will never acquire full citizenship in their birthplace (Van der Ross cited in Hatting & Bredenkamp, 1984). With the opening of the University College of the Western Cape training for secondary school teachers was instituted. Mda (2010) points out that throughout the Apartheid era non-white universities had constricted curricula and hardly any reputed or prestigious academics. The discrimination and oppressive laws in the country included the discouragement of critical and independent thinking and placed limitations on non-whites to succeed. This led to high political activism in all non-white universities, with the aim of challenging inequalities. Wolhunter (2006) points out that one of the main causes of the socio-political turmoil which preceded 1994 was the differences in teachers' qualifications and training opportunities. After 1994 the number of colleges for non-whites diminished and eventually disappeared with the 24 South African universities as the sole providers of teacher training. All the participants of the present study's own schooling and initial teaching experiences were framed by the history of Apartheid in which 'difference' was interpreted in hierarchical terms and colour coded (Vandeyar, 2010; Walton, Nel, Hugo

& Muller, 2009). The racial segregation of schools prevented inter-race relations and interactions while ensuring that most Coloured teachers related to Coloured pupils in Coloured schools within Coloured group areas (Carrim, 2006 & Moloi, 2007). This is also true for most of the participants of this study who received sub-standard Apartheid schooling as well as teacher training. The study participants eventually became teachers, teaching in historically disadvantaged Special schools for children of colour and this experience came with its own challenges.

2.2.16. The Special School System

For the purpose of this study it is important to reflect on the establishment of Special Schools. Special Schools initially came about due to the influence of the eugenic movement which promoted the view that those of inferior intelligence and morals should be separated from the rest of society for their own good. But also in order to prevent passing on these alleged degenerate characteristics (Galloway, Armstrong & Tomlinson, 1994). In addition teachers in mainstream schools complained about limited resources coupled with large numbers of learners and found it difficult to perform as expected. They also demanded for action to be taken with regards to the behaviour of disruptive learners and those who failed to learn and progress (Galloway et al., 1994).

Oliver and Venter (2003) explain that learners with special needs are regarded as special in the sense that they require assistance and support to overcome their individual but also contextual and social difficulties. Prinsloo (2001, p.345) asserts that there is a range of special education needs and describes the various barriers to successful learning as follows:

- Permanent shortcomings in an individual's make-up which are inclusive of sensory and or physical disabilities, intellectual disabilities and multiple disabilities.
- Developmental problems which could manifest as a total delay in all or most of the developmental areas. A delay in one or more aspects of development such as intellectual development, motor, perceptual, language or not being school ready for new school candidates.
- Learning problems which are apparent in all school subjects, or certain school subjects that are associated with concepts such as underachievement. Those learners who perform poorly in school as well as disadvantaged learners. "Disadvantaged"

learners refer to those learners whose education has fallen behind due to social, economic and political circumstances.

- Circumstantial problems (low socio-economic status, culturally deprived learners, marginalised, underprivileged and low achieving) which prevent learners from a fair chance to make a success of their school career.

Apartheid and a separate Special School system

Special education was not a priority for the governments in the majority of Southern African countries (Chitiyo and Chitiyo, 2007). Du Plessis (2001) points out that one important element that differentiated the development and provision of special education services in South Africa from most other countries was the extent to which it was influenced by philosophical and political underpinnings. Donohue and Bornman (2014) state that the institutionalisation of discriminatory practices in South Africa coupled with racially embedded attitudes resulted in severe disparities in the delivery of education in a disjointed and inequitable South African society.

Du Plessis (2001) states that the first schools in South Africa were established during the era of Dutch colonisation (1652-1795) with separate schools for White and slave children. After 1806 a more formalised secular education system was introduced. With the formation of The Union of South Africa in 1910 free, compulsory state schooling was made available for Whites, however not for Coloured children (Du Plessis, 2001). Du Plessis (2001) reflects on the White-Black paradox that has led to severe inequality in the services that were provided to the different population groupings.

Disabled children were not initially included in formal schooling but from the 1900's the Department of Education got involved in special education when Act 29 of 1928 – the Vocational Education and Special Education Act was promulgated. However, during colonial times the basis for compulsory specialised education was already laid for White disabled children in separate schools through the adoption of a clinical approach to education. Special education programmes for non-white children with disabilities in South Africa have a long history of being neglected.

The erection of Special state schools were provided for by the Coloured Education Act, 1963 (Act no.47 of 1963). However, church organisations established facilities for special education for Coloured learners with physical and neurological problems as early as 1863 (Ntsimane, 1994) with The Roman Catholic Church establishing the first school for the deaf in Cape Town during this time. Schools for disabled non-white children was thus initially established, funded and managed by churches and humanitarian organizations in South Africa and most other Southern African countries (Nkadinde, 1997).

Du Plessis (2001) points out that with the National Party coming into power in 1948 a strong emphasis on White supremacy and separate development for racial groupings was promoted. Walton et al. (2009) contend that under Apartheid learners were not only schooled separately according to race, but also separated in terms of disabilities and impairments. During this time special education for White learners was quantitatively and qualitatively enhanced and while noteworthy strides were made in the area of special education services for White learners the provision for disabled learners from other racial groupings developed relatively slowly resulting in extreme discrepancy in the quality and quantity of these provisions (Du Plessis, 2001).

Table 2.1: A list Indicating Special Schools for Handicapped Coloured Learners during the Fourth Term of 1968 (Behr as cited in Ntsimane, 1994)

Type of handicap	Name of School	Average enrolment
Blindness	Athlone School – Bellville	148
Deafness	School for the Coloured Deaf Worcester	239
Deafness	Dominican, Wittebome	318
Epilepsy	School for Coloured Epileptics	49

This list is an indication that in 1968 the establishment of Special School for Coloured learners was growing steadily.

Du Toit (as cited in Du Plessis, 2001, p. 57) summarized the state of affairs with regards to special education in South Africa just before the end of Apartheid as follows:

- A fragmented specialised education system that is based on discrimination through ethnic separation based on skin colour and race.
- The replication as well as the unequal utilisation and allocation of services, professionals and facilities.
- Separate education departments for both regular and special education for Whites, with each having its own system of educational support, management and control.
- Children with different categories of disabilities were housed in separate schools while those learners with disabilities were directed out of the mainstream schools into schools that accommodated these specific disabilities.
- Inadequate educational support services that were unfairly and unreasonably distributed across different educational departments with the more privileged segments of society receiving the best services whereas the disadvantaged segments had no, or limited access to support.
- A shortage of adequately trained professionals to fill positions in the area of special education especially with regards to non-whites.
- A general discrepancy in per capita expenditure across the different education departments, even more exaggerated in the case of special education. According to the National Education Policy Investigation (NEPI, 1992) in 1987 African children constituted in the region of 20 percent of the special school population but only received 12 percent of the total school expenditure.
- Disproportionate access to special education with free and compulsory education obligatory for Whites children but not for non-white children.
- Criteria for the admission and discharged of learners varied considerably.
- Extreme inconsistencies in the provision of special education for different racial groupings while the provision of services at pre-school level were almost absent for Coloured and Black children with disabilities.
- Severe inequalities in terms of the provision of special education services in rural and urban areas.
- An inadequately trained non-white teacher corps in the field of special education.
- Insufficient materials and equipment in special schools. Schools for White learners with disabilities were well-funded in comparison to those special schools for non-white disabled learners (Donohue & Bornman, 2014).

Du Plessis (2001) speaks out against the unacceptable quality of education during the Apartheid era and point out that effort to upgrade the quality of education for Coloureds and Blacks in order to bridge the existing gaps were unsuccessful. However, the advent of the new democratic South Africa brought hope for the future in terms of new education policies that would better the schooling system for all. Vast discrepancies are however still evident in all historically disadvantaged schools including Special Schools with negative consequence for both teachers and learners.

2.2.17. Reform in education in a democratic South Africa

One of the biggest challenges of democratic South Africa is to overcome the pre-Apartheid and Apartheid eras, segregationist social and education policies (Moloi, 2007; Mda, 2010). Strydom, Nortjé, Beukes, Esterhuyse and van der Westhuizen (2012) state that after the 1994 elections a new culture of teaching and learning had to be designed in order to eliminate racism and other factors of social inequalities in education. All the education departments became one under the Department of National Education with nine provincial departments. Teachers were now employed by one employer; this marked a symbolic end to a long history of a divided schooling system in South Africa (Mda, 2010; Jeena, 1998). Vally (1999) argues that although various policies have been unveiled and legislation ratified to hasten desegregation the long shadow of apartheid ideology continues to cast its Stygian gloom (extreme darkness). Desegregation thus failed to address the material needs of the majority of learners and attempts to change the radicalised patterns of schooling remained unsuccessful. Ocampo (2004) and Vally (1999) note that although integration has occurred in the schooling system, schools are still under de facto segregation in terms of proximity, high school fees, and exclusionary language and admission policies. Mda (2010) argues that one national education department just like one nation, does not necessarily address inequalities and differences. South Africa consists of two nations that is, the rich and poor or the haves and have-nots and in the same way the education system is divided into two (Mda, 2010). Still there are more privileged schools with better resources and better results, with the gap only growing wider. Ocampo (2004) claims that the government attempts to address inequalities in historically disadvantaged schools through a funding plan. However, funds are still not enough to operate schools effectively. Despite policies to equalize education among races there seems to exist many racially neutral policies to funding that disproportionately and negatively affect non-whites (Ocampo, 2004). Jeena (1998) asserts that the change in

structure does not automatically end history; rather it marks the beginning of an extended process of undoing, modification and reconstruction. Historically disadvantaged schools therefore remain disadvantaged in post-Apartheid South Africa while the inequalities between White and non-white schools continue to exist. Inequalities in the school system hamper both teaching and learning.

Pottas (2005) states that for many years education systems across the world provided special education and related services to learners with special needs. However, reform in education has led to a move away from the segregation of learners with disabilities in Special Schools, and South Africa is no exception. The new South African Constitution explicitly includes a section on the rights of people with disabilities and the subsequent Department of Education White Paper 6 (2001) outlines a “new policy for a single, undivided education system for all learners including those with disabilities, in the hopes that inclusive education would provide a cornerstone of an integrated and caring society” (Donohue & Bornman, 2014, p. 2).

The effects of educational reform on Special Schools

Reform in education in a post-Apartheid South Africa has thus put forward a commitment to develop a single inclusive system of education. This inclusive system was to have the capacity to facilitate learning and meet the needs of all learners including those with disabilities in mainstream classrooms (Engelbrecht, Forlin, Eloff & Swart, 2001). Oliver and Venter (2003) state that the expectation was that specialised assistance will be made available to mainstream education in order for teachers to be knowledgeable about the abilities and circumstances in which learners with special needs learn best. However, the separate general and special education training programmes have not provided teachers in the general stream with the necessary training and experience to develop the necessary skills and dispositions to handle diversity (Paulse, 2005).

Education White Paper 6 (2001) looks at the importance of improving the quality of existing Special Schools and their phased conversion to Special School Resource Centres that will provide the necessary professional support to neighbouring schools. Currently, South Africa’s inclusive education model relies heavily on resource centres to offer support to full service schools. According to the Education (2010) (Guidelines for full service/inclusive schools) Full service schools were firstly introduced in Education White Paper 6 (2001) to place emphasis on the significant role mainstream schools play in developing an inclusive school

system that provides quality education to all learners through provision of the full range of learning needs in a fair or equitable manner. Clearly Special Schools as resource Centres cannot provide support unless these centres themselves function well and offer support and quality education to their own learners (Department of Education, 2007, p. 1). Additional tasks and responsibilities cause occupational stress.

2.2.18. The mental health of teachers

Thangarajathi and Tamilselvi (2009, p. 1) state that school teachers are the pillars that upholds the objectives of progress in education. Therefore, their role in the development, prosperity and growth of a nation is indisputable. The Wits Education Policy Unit (2005) claims that internationally there is a growing acknowledgement that teachers are the most important factor in teaching and learning, which places them in a position where they are key agents in the quality of the education system. Teachers mould the young impressionable minds of future society and influence the next generation toward successful achievement of the national goals of a country. All these positive virtues and the way society holds teachers in high regard by entrusting their children to them, promotes the status and the self-esteem of teachers and therefore enhances their positive mental health. However, teachers can be placed under tremendous pressure if all these expectations are not met and this can in turn hamper their well-being and mental health. Gu and Day (2007) state that teaching is a demanding job especially in an emerging age of diversity and sustainability. Gu and Day (2007) as well as Jackson and Rothmann (2006) posit that teachers are expected to respond to greater pressures and comply with multiple reforms and various modernizations within the school system. Teaching is recognized as one of the most stressful and emotionally taxing professions of the 21st century. Universal findings indicate that teachers experience higher levels of stress than any other professional grouping (Gu & Day, 2007; Kalyva, 2013; Lambert, Mc Carthy, O'Donnell & Wang, 2009; Haberman, 2004; Oliver & Venter, 2003; Steyn & Kamper, 2006). A vast body of evidence from First-World countries has indicated an alarming trend of increasing incidence of mental health problems in teachers (Van der Bijl & Oosthuizen, 2007).

This study investigated how both the positive and negative factors of teaching in Special Schools influenced the subjective well-being and hence mental health of female teachers. A discussion on the specific findings follows in chapter 7.

Occupational stress in Special schools

According to Strydom et al. (2012) there is a dearth of adequate literature and data on Special Schools both locally and internationally. It is argued that the relatively low satisfaction of teachers in mainstream schools could be generalised to teachers working in the Special Schools system. According to Hamama, Ronen, Shachar and Rosenbaum (2013) special education settings may carry harmful stressors that lead to high levels of stress and burn-out in teachers. Hamama et al. (2013) explain that student-teacher encounters in Special School settings result in ongoing emotional overload for subject teachers. These researchers caution that the intensive nature of a teachers' daily routine may possibly impair his/her sense of well-being on a physical, emotional and behavioural level. According to Wisniewski and Gargiulo (1997) two organizational working conditions have primarily emerged as major sources of stress amongst Special School teachers. These are role conflict and role ambiguity. Role conflict occurs when the organization provides information about teachers' roles and responsibilities that are in conflict with the realities of their daily professional lives. Role ambiguity transpires when a teacher has insufficient information regarding her/his job that would enable her/ him to adequately perform his/her professional responsibility adequately (Wisniewski & Gargiulo, 1997). One should however, bear in mind that there are different circumstances that affect teaching experiences and that it is therefore unwise to make generalizations (Williams & Gersch, 2004). Inclusive education with its various challenges poses problems to Special School teachers that might result in occupational stress.

Chitiyo and Chitiyo (2007) point out that the shortage of qualified professionals in the area of special education is a major threat to the provision of special education services in Southern Africa. This is a problem since in many Special Schools teachers lack specialized training in their specific special education stream. There is an expectation that through their schools Special School status, these teachers must provide a specialized service to neighbouring mainstream schools. However, such an expectation has the potential to increase teacher stress, hence impacting negatively on their mental health and well-being. Jeena (1998) points out that any kind of change within an organisation will inevitably impact on the stress-levels and burnout of individuals and their mental health status is often not considered when changes are suggested.

Taking all this information into account one of the objectives of this study was to provide a comprehensive description of the experience of Coloured female teachers working in historically disadvantaged Special Schools of the Cape Metropole particularly with regards to their mental health.

2.3. Summary

This chapter defined the key concepts of the study. It also plotted the research terrain or conceptual scope and systemized the relationships among the different concepts. Concepts discussed in this chapter included: health, mental health and positive psychology, women's health, mental health and overall well-being. I also discussed the issue that the health of minority groups of women is understudied. Moreover, I looked into the social determinants of women's health and mental health, reflected on Apartheid and Coloured identity. I also discussed the various dilemmas connected to being Coloured, the mental health of Coloured women and identity formation in post-Apartheid South Africa. Moreover, attention was given to feminist perspectives on the world of work, work and economic participation, gendered division of labour, women and caring professions including the feminization of teaching. I also discussed the challenges of women in dual career families, role-conflict and role-overload and the mental health of women in dual career families. A discussion on teacher identity, teaching as a profession as well as teacher training for non-whites and the establishment of Special Schools followed. Apartheid education and how it informed separate Special Schools and the challenges around the reform of the education system in a democratic South Africa were reflected upon. The chapter ends with a discussion on the mental health of teachers and occupational stress experienced in Special Schools.

The next chapter focuses on the theoretical frameworks for the study.

CHAPTER 3

THEORETICAL FRAMEWORK

3. Introduction

This chapter provides an overview of the literature which forms the theoretical foundation of this study. It aims to provide the reader with sufficient understanding of useful theoretical concepts and descriptions of issues that pertain and are of critical importance to this study. For most parts of the twentieth century it was customary for researchers of the Chicago School of Sociology to do their literature reviews prior to entering the field, and subsequently they used theory to provide them with guidance in their research. Royeen (1997) states that theory is an integral part of the scientific process and that it allows for the organisation and conceptualisation of known or potential relationships.

3.1. Theoretical frameworks that are relevant to this study

Merriam (2001, p. 45) described a theoretical framework as “the structure, the scaffolding, the frame of your study”. The social science theories which provide a frame of reference or explication for understanding phenomena and perceptions of reality in this study are the feminist theoretical perspective, the Social Identity Theory, Keyes Mental Health Continuum, the Integrative Model and Mockler’s model for conceptualizing teachers’ professional identity. A discussion of each of these theories follows.

3.1.1. Feminist theoretical perspective

Feminist theory is mainly women-centred as it provides a lens for the study of the experiences of women in society, specifically of women’s status and position, it is based on the premise that women’s experiences emerge from social, political and economic structures (Freeman, 1990). Feminist theory is the act of applying feminist principles to research, it implies that women will have diverse reactions and experiences to men and it seeks to gain a feminist perspective to avoid gender-bias in the results. It tries to evaluate how gender affects politics, history and literature and was established to provide manifold narratives of women beyond typical views (Crofts, Hungria, Monfries & Wood, 2011).

Grosz (2009) argues that feminist theory is different from previous models in that it attends to new ways of thinking and understanding what is more relevant to women while looking at their interest. Feminist theory has impacted on both individual and collective lives as well as on the way in which knowledge about individuals and society is used and developed (Freeman, 1990). It is directed towards bringing about a future, better and different from the present. It is also about elaborating or revealing the virtual forces that underlie patriarchy, racist, militaristic and homophobic reality, forces that enable the present and actual to change (Grosz, 2009). Meintjes (2006, p.131) states that “feminism is the struggle for equality of women against the multiple forms in which the category “woman” is constructed in subordination”. Enns (2010) claims that feminist practice emphasises how the personal becomes political, meaning how personal lives are shaped by social context and culture. This is true for the participants of the present study who were classified as Coloured under the Population Registration Act of 1950. This classification shaped the lives of Coloured people in various ways with numerous consequences for their mental health and well-being. This study specifically focuses on the mental health of Coloured females teaching in historically disadvantaged Special Schools.

Humm (1992, p. 1) points out that feminism depends on the argument that “women can consciously and collectively change their social place...a belief in sexual equality combined with a commitment to eradicate sexist domination and to transform society”. Feminist research literature points out that there is no solo or universally accepted version of feminism hence no single definition for ‘feminist methodology’ because feminism as a theory and as a movement is characterised by complexity and diversity. There is however evidence of a variety of methods used by feminist scholars following the ‘canon’ that there is more than one ‘correct’ way of researching questions (Burgess-Proctor, 2006; Chatzifotiou, 2000; Freeman, 1990; Westmarland, 2001). However, Ironston-Catterall et al. (1995) state that feminist methodology is distinct in that there are numerous ‘rules of the game’ or explicit comments which guide feminist research; namely: epistemological, political and gender comments. Although, the debate over what constitutes a feminist method continues, there is a general consensus that feminist methodology focuses on uncovering the social relations which deny the lived realities of oppressed and marginalised groups, in particular women (Ironston-Catterall et al., 1995). Lyons (2006) states that there is a consistency in feminist literature in that social change is central to all feminist research since its ultimate purpose is

to improve the lives of women through the creation of new relationships, improved laws and better institutions. Ironston-Catterall et al. (1995) points out that the commitment to reflect on the lived experiences of women and thereby change their lives comes from successive generations (or waves) of feminism. A discussion of a few key aspects of feminist theory pertaining to this study, namely; feminism and heterogeneity among women, standpoint theory and situated knowledge, locational feminism and diverse identities follows.

3.1.1.1. Feminism and heterogeneity among women

Grosz (2009, p.103) states that: “Difference is the incommensurable coexistence of different groups and this entails different interest, perspectives, experiences as well as different forms of knowing and understanding the world”. De Beauvoir (1949) presents an apt breakdown of the situation of women in relation to their social, historical and cultural contexts as well as of the economic conditions that define their existence. De Beauvoir (1949) describes women in relation to men. The distinction that de Beauvoir (1949) makes between man as ‘Subject’ and woman as the ‘Other’ is key to her understanding of female oppression and male domination. Historically, feminism relied on the postulation that all women are the same. One factor that may have contributed to the notion of sameness among women is the fact that people are categorised according to sex, so it seems obvious that women form a natural grouping and as a result have a common gender identity (Wesselius, 1998). With the growing awareness that there are many feminisms, the notion that there is only one way to be a woman was rejected hereby recognising that there are as many different women experiences as there are types of women. Women are not all the same and their differences can’t be seen as insignificant since it is intricately intertwined with their identities as women (Wesselius, 1998). Many feminists are starting to realise that categories such as race, class, and sexual orientation complicate the notion of a common gender identity (Wesselius, 1998). It is important to take into consideration how women’s different backgrounds related to their race, culture and sexual orientation, influence their day to day lived experiences and personhood.

The recognition of difference among women has resulted in the evolution of feminist theory from a homogenous framing of women’s experiences to the diversity in orientations. Davis (2008) states that in recent years the difference among women has become the leading subject of feminist theories since it largely touches on the pressing problem facing contemporary feminism which is the painful legacy of exclusion.

Lorde (1980) contends that, White women primarily focus on their personal oppressions as women while disregarding differences in womanhood in terms of race, sexual preference as well as class and age. It is a façade concerning an oneness of experience cloaked by the word “sisterhood” that does not exist. In line with various scholars (e.g. Davis, 2008; Grosz, 2009; Lorde, 1980; Wesselius, 1998; Yuval-Davis, 2006) there should be an open acknowledgement of the differences that exist amongst women since difference matters as much to one’s identity as it matters to one’s gender. Lorde (1980, p.122) claims that it is not necessarily the differences that separates women, but the unwillingness to appreciate those differences and to deal with the misshaping that has resulted from ignoring and mislabelling those differences. Barber and Allen (1992) warn that there is no woman’s voice or story that is representative of a whole, there are however multiple voices that may speak collectively, but often they have to speak individually.

Ortega (2006) reflects on White women’s ignorance and arrogant beliefs that they have a clear understanding of the various struggles that women of colour encounter. Agboola (2014) argues that White feminists and women of colour have to date not bridged the split between being a minority, by virtue of being a woman and being a double minority meaning a person of colour in addition to being a woman. Agboola (2014) states that for ages women have been struggling with similar issues yet the racial/ethnic divide remains. However, for a long time White women believed that they spoke for all women thereby excluding women of colour (Agboola, 2014).

The present study acknowledges the differences amongst women and the unique circumstances that accompany their womanhood. This was also my motivation for undertaking this study since it allowed me to give a voice to a number or group of ‘different’ women, in this instance, South African Coloured women. Barber and Allen (1992) posit that feminist practice debunked and changed the myth of women being one massive, unified group. In this study Coloured women are positioned in the centre where their individual stories and voices are heard but also valued.

3.1.1.2. Standpoint theory and situated knowledge

Standpoint theory was developed as a way for feminists “...to understand and explain the social world from the vantage point of women’s lives” (Ho & Schraner, 2004, p.3).

Standpoint theorists are of the opinion that scientific and social knowledge mainly reflects the human experiences of men (Ho & Schraner, 2004). Sprague (2001, p.529) claims that unique standpoints are shaped by contrasting positions in social relations of both domination and oppression. Patriarchal oppression is not limited to women of one race or of one particular ethnic group, women in one class, women of one age group or sexual preference, women who live in one part of the country, women of any one religion, or women with certain physical abilities or disabilities. Yet, while oppression of women knows no such limitations, we cannot, therefore, conclude that the oppression of all women is identical (Cole, 1986, p.1).

Walby (2001) explains that standpoint theory is based on the presumption of a gap between the knowledge of the oppressed (women) and that of the oppressor (men), in which the oppressed (women) develop personal practices in order to develop better knowledge, this is called feminist knowledge. Krane (2001) states that standpoint theory assumes that those individuals that form part of oppressed and marginalised social groups develop both an understanding of how the world operates from the perspective of the oppressor groups as well as the realities faced as members of an oppressed group. Therefore, to understand these experiences it is necessary to begin an analysis from the perspective or situation of a specific group. In this study there is an agreement with particular aspects of contemporary feminist standpoints.

Ho and Schraner (2004) argue that standpoint theory projects have always included concerns around difference and diversity as in the case of this particular study. This is referred to as situated knowledge since knowledge comes from or is located within a specific group of women. This means that to be objective in terms of the different experiences of women we need to listen to how specific groups of women experience the world. Haraway (1988, p.581) states that “feminist objectivity means quite simply situated knowledge”. Situated knowledge is standpoint theory’s most noteworthy contribution to epistemological debates within both natural and social sciences. At the centre of standpoint epistemology is the claim that it represents the world from a specific socially situated perspective (Doucet & Mauthner, 2006). Standpoint theory begins with the assumption that all knowledge claims are socially situated and that it reflects the values, experiences and activities of specific knowers while its argument rests on the claim that material life and human activity structures and constraints influence how we see and understand the world (Ho & Schraner, 2004; Krane, 2001). Krane

(2001) purports that there are multiple truths that stems from the different socio-political situations that are faced by different social groups. Standpoint theory believes that individuals develop different perspectives based on their position or location in society and therefore women have a distinct standpoint due to the power differential between males and females (Krane, 2001). Harding (1987) argues that the lives of marginalised groups such as women, especially those of colour provide a privileged vantage point that challenges the mainstream understandings of both nature and society including the material conditions of women's activities and lives and therefore it enhances a unique understanding of the world. However, all standpoints are partial and a person can have several standpoints at one time. Ho and Schraner (2004) reiterate that there is no one feminist standpoint but multiple standpoints just as there is no undifferentiated category of women.

3.1.1.3. Locational feminism and diverse social identities

Ho and Schraner (2004) argue that the value of feminist knowledge lies in its foundation: women's' social location, known as locational feminism, which resonates with the focus of the present study, namely the mental health of female Coloured teachers working in previously disadvantaged Special Schools. Friedman (2001) also, echoes the focus of the present study by contending that she does not refer to a re-singularisation or a return to a notion of a universal feminist subjectivity based on the assumption of female homogeneity. But, rather a feminism that remains conscious of other systems of stratification while being vigilant to the conditions and effects of such differences. Friedman concurs with other feminist theories and accepts that gender can never be fully understood as separate from other constitutive elements of human identity and social order.

Friedman (2001) points out that no single register of social organisation or single communal identity is able to adequately define power relations or individual life as negotiated within them whether this relates to gender, class, race or social origin. The way in which factors such as race, class and sexual orientation intercede with gender, vice versa, are in themselves very important spaces for theoretical reflection along with coalitional activism. By feminism in the singular Friedman means locational feminism. Friedman (2001, p.3) argues that "locational feminism is one that acknowledges the historical and geographical specific forms in which feminism emerges, takes root, changes, travels, and transplants in different spacio /temporal contexts". Friedman (2001) explains that this refers to a type of feminism that is

simultaneously situated in a specific setting or global space while being in constant motion through time and space. Friedman (2001) puts feminism in motion into time and space rather than to come up with a fixed definition.

I have adopted the stance of the locational feminists since it allows for a bird's eye view of the different experiences of women. Locational feminism also allows for vigilance and empathy in a manner that does not dismiss or deride the different manifestations of feminism. Enns (2010) states that locational feminisms have deepened feminist thinking by placing emphasis on diversity, complexity as well as intersectionalities between the social identities of people. Locational feminism provides a framework that acknowledges that feminism is not a homogenous concept but that it has many denotations; it provided me with a better understanding of feminism as a concept. Another important dimension of locational feminism is that it is able to enlighten social identity analysis by explaining the significance of a woman's social identity in order to understand her life challenges as well as her sources of support and empowerment along with their implication for change at a personal, interpersonal but also institutional level (Enns, 2010).

I respect the fact that locational feminism is not rigid or inflexible and that it does not suggest any single cause of or solution for oppression but points out the numerous, interactive vehicles that are oppressive or can advance change (Enns, 2010). This therefore, expands the understanding of a broad range of social justice issues while moving beyond 'either' 'or' thinking when reflecting on the dynamics of disadvantage or privilege. Locational feminism acknowledges that all 'feminisms' are political practices informed by theories of gender and social justice while it recognises that the given social order privileges are masculine and therefore distributes power inequitably according to gender. Furthermore, it advocates for a form of gender equity (Friedman, 2001).

According to Enns (2010) locational perspectives increase modern understandings of human experiences of privilege and oppression as well as opportunity and distress. The following locational feminism articulate how issues of gender and social identities interact with race and ethnicity (women of colour feminism), cultural and economic disparities (transitional and postcolonial feminism), historical and contextual factors (post-modern feminism), sexual orientation (lesbian and queer theory) and generational changes (third wave feminism).

Enns (2010, p.336) contends that in spite of their numerous differences locational feminisms emphasise common themes including:

- rejecting narrow definitions of gender issues,
- highlighting the socially constructed and changeable nature of all social identities.
- decentering and restructuring dominant forms of knowledge,
- explaining forms of oppression, strengths and survival skills that support decolonization,
- acknowledging the messy and intricate nature of constructing healthy identities and
- stressing the importance of embedding all theoretical understanding in the concrete realities of individuals' lives.

Enns (2010) also contends that as feminist therapy has evolved; it has increasingly become characterized by the integration of multiculturalism and the honouring of various social identities of individuals specifically with regards to their race/ethnicity, age, and ability, socio-economic class, religious beliefs systems, sexual orientation, culture, and other social roles or social locations. Locational feminists have thus deepened feminist thinking by exploring shifting identities as well as “the interlocking oppressions and privileges associated with multi-dimensional and complex social identities associated with race, ethnicity, gender, sexual orientation, age, culture, disability and other social statuses” while calling for flexible approaches that are able to address the differences among individuals and groups (Enns, 2010, p.333). It furthermore critiques feminism that is based on generalisations regarding the lives of middle class women while moving both the experiences and perspectives of diverse groups of individuals, like those in this study from the margin to the centre of exploration.

3.1.2. Social Identity Theory

The Social Identity Theory (SIT) was another perspective used to partly assist me in discussing the findings of the present study. The SIT as a theoretical framework assisted me in analysing and clarifying the relevance of the research participants' social identities in order to understand their mental health and well-being. This included their life challenges and sources of empowerment or support and the implications of these on a personal, interpersonal and institutional level. Furthermore, social identity analysis informed by locational feminism provided me with an opportunity to assess participants' multiple social identities and

therefore allows for the exploration of participants' developmental attitudes towards marginalised or privileged identities (Enns, 2010).

According to Foster (as cited in Ratele, 2006) and Hogg, Terry and White (1995) SIT originated from earlier works by Henry Tajfel who focused on social factors but also on perceptions along with cognitive and social beliefs surrounding dimensions of racism and prejudice including discrimination. This perspective was later fully developed and formulated in association with John Turner and colleagues at the University of Bristol. Social Identity Theory examines the interaction process of forming individual and group identity and how social identification interacts with the development of self-concept, resulting in self-esteem (Hogg & Mullin, 1999). I therefore view this theory as appropriate for my study in ascertaining how participants' view themselves as individuals but also as part of specific social groups and how these different aspects of the self, influence their mental health and well-being.

Foster (as cited in Ratele, 2006) as well as Reicher, Spears and Haslam (2010) state that over the past 30 years SIT has also provided an understanding for many other occurrences including; group dynamics, crowd violence, stereotyping, compliance and social influence, speech accommodation, work organizations and organisational behaviour plus gender-issues and the self. The power of this theory is therefore in its wide scope of application (Reicher et al., 2010). Hogg et al. (1995, p.259) state that SIT is a social psychological theory that focuses on intergroup relations, group processes as well as the social self. The social identity approach aims to address how psychological processes act together with both political and social practices in explaining human social behaviour or action (Reicher et al., 2010). In this regard Brewer (2001) explains that SIT offers a link between the psychologies of a person in terms of the representation of the self and the structure and processes of the various social groups within which the self is embedded.

The objectives of the present study is in line with the objective of SIT since it suggests that one needs to do more than just study the psychology of individuals; but that one should be aware that individuals are members of very specific groups and that these different memberships, as a consequence, affect the behaviour and general functioning of individuals. At a conceptual level SIT assisted in changing the understanding of identity in psychology by

explaining that social identity connects people to the social world, social identity is thus the hinge between the individual and society (Reicher, et al., 2010). According to Bellanca (2012) this also applies to employees within organisations, and therefore, also applies to the present study, since the study focuses on Coloured females teaching in historically disadvantaged Special Schools.

The SIT assisted me in analysing and clarifying participants' self reports on how their social identities influence their mental health and well-being. Furthermore, it helped me to develop an understanding of participants' life experiences including their challenges, sources of empowerment as well as support and the implications of these on personal, interpersonal and institutional levels (Hardiman & Jackson, 1997). Individuals develop social identities by belonging to different groups through self-categorisation. According to Reicher et al. (2010) 'social identity' defines who we are as a function of both our similarities and differences with other people. Social identity is shared with others and, therefore, it provides a basis for shared social action. The meanings associated with our social identities are products of our collective history and present circumstance.

Locational feminism informs social identity analysis since it reflects the interconnectedness and complex multiple aspects of personal identity that are influenced by various social statuses along with sources of disadvantage and privilege (Enns, 2010). It explores the intertwined oppressions and privileges that are linked to the multi-dimensional and complex social identities that are associated with race, ethnicity, gender, sexual orientation, age, culture, disability and other social statuses (Enns, 2010, p.333).

Foster (as cited in Ratele, 2006) states that the essential principles and processes of SIT can be explained in terms of interrelated components or pillars. These components/pillars consist of three individual propositions (self-concept, categorisation and social comparison); three social principals (status hierarchy, legitimacy vs. illegitimacy of social hierarchy, permeability of group boundaries and status security) and a third pillar that is referred to as a further central assumption. SIT makes an explicit effort to overcome the problem of individual-social dualism by covering both individual and social components. SIT principles and processes, as described by Foster (as cited in Ratele, 2006) follow:

3.1.2.1. Pillar one: Individual propositions

Social Identity Theory consists of three individual propositions, they are:

(i) Self-concept

According to Hogg and Abrams (1988, p.3) SIT focuses on “the group in the individual” whereas Burn, Aboud and Moyles (2000) as well as Turner (1999) explain that social identity is that part of a person’s self-concept, which develops from her/his membership to some social group, along with the value connotations and emotional significance that she/he attaches to that specific membership. Separately from the self the individual has multiple social identities, both given and derived from perceived membership to different social groups (Hogg & Vaughan, 2002).

Bronfenbrenner’s (1979) ecological systems model is helpful in explaining the diverse social layers and social groups to which individuals might possibly belong to. On a more basic level groups can be joined together by shared experiences. For example, those created through family and friendship relationships while on a broader scale, groups can also be formed at an institutional level, such as teaching at a specific type of school, as in the case of the present study or belonging to activity groups or a specific church. An even wider scope includes membership to a nationality, example, being South African, or belonging to a racial group (such as being Coloured) or in terms of religion being a Christian (16 of the 17 participants of this study were Christians).

The self is regarded as the sum of two sub-systems. Therefore, social identity is simultaneously individual and social since the focus is on two important aspects, namely, personal identity and social identity (Reicher et al., 2010). The social is regarded as a component of the self and not outside of the self, as explained in mainstream views according to Foster (as cited in Ratele, 2006). The personal self comprises of aspects that are unique to the individual and is inclusive of personal characteristics, likes and dislikes, and other aspects pertaining to the self while social identities refer to those aspects of an individual that are defined in terms of the individual’s various group memberships. For example, being a woman, a teacher, a mother and a spouse and in the case of this study, being a Coloured female teacher. Stets and Burke (2003) makes it clear that there is a complementary relationship between the self and society and argues that since the self emerges in, and is a

reflection of society, the sociological approach to understanding the self and its multiple identities means that one must have an understanding for the society in which the self operates, while being mindful that the self is always acting in a social context in which the self exists.

(ii) Categorisation

Social Identity Theory views social categorisation as an active technique concerning information processing (Foster as cited in Ratele, 2006). According to Tajfel and Turner (1979) as well as Turner, Hogg, Oakes, Reicher and Wetherell (1987) self-categorisation is a process whereby people define themselves and others in terms of shared category memberships or different social groups. Tajfel and Turner (1979) conceptualise a group as a collection of persons who see themselves as affiliates of the same social category, people who share some emotional attachment who have achieved some degree of social consensus regarding the evaluation of their membership to the group. Membership together with the value that is placed on it is termed social identity (Trepte, 2006).

Social categorisation separates the world into wide-ranging categories and groups that assist individuals to identify themselves within specific systems (Turner, 1982). People thus see themselves as members of social groups where the use of a group label maximizes the similarities between themselves and those belonging to the same group while heightening the group's differences from outsider/ or those belonging to other groups. However, Cox and Gallois (1996) contend that self-categorisation goes beyond self-labelling by extending an invitation to individuals to adopt not only behaviours and characteristics; but also values associated with a group. In this regard different studies (Hardiman & Jackson, 1997; Hogg et al., 1995) refer to 'out/target-groups' and 'in/agent-groups' while other studies (Chow & Crawford, 2004; Hogg et al., 1995; Turner, 1999) explain that social categorisation draws attention to group members' perceived intragroup similarities and defining features such as race (or ethnicity), nationality and gender amongst many others, while accentuating or exaggerating intergroup difference (Foster as cited in Ratele, 2006). Social identification builds on social categorisation and is a process whereby individuals define themselves in terms of the categories that they share with other people (Deaux, 2001). The idea is that a social category into which an individual falls and the value that one attaches to it, offers an

explanation of who one is in terms of the defining characteristics of that category; a type of self-definition that forms part of the person's self-concept (Hogg et al., 1995).

Through social-identification people become part of specific groups and as a result define themselves in terms of the group that they belong to, such as Coloured (race), female (sex) and Special School teacher (occupation). The social identity thus becomes somewhat more prominent than the personal identity, a process referred to as depersonalisation whereby people see themselves as less different individuals and more similar representatives of their specific in-group category (Foster as cited in Ratele, 2006). They thus operate in terms of a shared or collective conception of the self. Personal and social identities are viewed as endpoints of a continuum where the self is seen as moving along the continuum according to varying social conditions, the individual becomes less of an individual person and more of a social person due to her/his membership to a specific group and as a result of social categorisation (Foster as cited in Ratele, 2006). The essence of the theory is that “interpersonal and inter-group actions are governed by different psychological processes, as they are motivated by different parts of the self-concept”, (Foster as cited in Ratele, 2006, p.45).

The perceived similarities between in-group members leads to an increase in consensual behaviour in terms of the values and norms that define the specific group but also produces joint expectations of agreement between the in-group members (Turner, 1999). Ely (1994) states that identification with the group means an emotional investment in both the successes and failures of the group while positive, negative, or ambivalent feelings towards the group and its members, depends on whether group membership bodes well or poorly for an individuals' well-being. Group membership thus becomes part of the individual's conceptualisation of the self while the sense of self attaches to the fate of the group (Reicher et al., 2010). Human groups are thus perceived and characterised by an evaluative component which is either positive or negative, while there might be an emotional component exhibited through feelings of liking or hatred (Foster as cited in Ratele, 2006).

(iii) Social comparison

According to Trepte (2006) social comparison is triggered by social categorisation. Social comparison explains how decisions are made by members of a group as in the case of the

Coloured people of South Africa. To compare the self with others is a basic psychological mechanism that influences people's judgements, experiences as well as their behaviour (Corcoran, Crusius & Mussweiler, 2011). Suls, and Wheeler (2002) highlight that comparing the self with others, whether it is intentional or unintentional, remains a pervasive social phenomenon. Social comparison is ubiquitous processes that influences how people perceive themselves, how they feel and behave but also what they are motivated to do (Mussweiler & Epstude, 2009). During the process of social comparison the opinions of others become important. Verification according to Stets and Burke (2014) facilitates people's feelings of self-worth but also their feelings of inclusion, belonging and acceptance.

Social comparison can take place on two levels, this is on an intra-group and inter- group level (Foster as cited in Ratele, 2006). Festinger (1954) however, states that individuals are more likely to engage in comparisons with those similar to themselves as to others too divergent of themselves. People thus employ lateral comparisons with others in order to get an accurate evaluation of their opinions and abilities especially if there are no objective standards they can refer to (Festinger, 1954). This refers to intra-group social comparison (Trepte, 2006). Communicating with others in your own group is mainly about reaching agreement in the group. The demand to achieve uniformity of opinion is based on two reasons: firstly, it is vital that all of the members of the group embrace similar opinions; this is also referred to as group locomotion. Secondly, there is a need for agreement on social realities, since this would confirm the correctness of one's personal preferences and opinions (Festinger as cited in Corcoran et al., 2011). It is said that members of a group continuously concern themselves with their status since they are in need of approval from others; this can be linked to the need to belong (Baumeister & Leary, 1995; Stets & Burke, 2014). According to Aronson, Wilson and Akert (2002) the reason why individuals compare themselves with others stems from the belief that you learn about the worth of your abilities by comparing yourself to other members of the group. In order to do so an individual must continually process information about how group members present themselves and adjust his or her own self-presentation accordingly. Olbrecht and Bornmann (2010) contend that each individual wants to be good, if not better, than the average group member on a given rated dimension.

In order for people to define their place in society they also evaluate their social categorisations in comparison with other groups different from their own group. Here,

comparison mainly takes place in terms of characteristics, members and benefits (Trepte, 2006). An example hereof is when Coloured South Africans compare themselves to White or Black South Africans and vice versa. In this case social comparisons are made on an inter-group level when humans evaluate their respective groups with those of others. Social comparison allows individuals to formulate an idea of the superiority or inferiority of their specific groups but allows them to judge how reasonable and adequate belonging to a particular group is (Trepte, 2006). Social comparison is aimed at the enhancement of self-esteem (Cox & Gallois 1996; Hogg & Abrams, 1996, 1999).

As mentioned previously, the terms used for social identity groups are 'in/agent-groups' or 'out/target-groups' (Hardiman & Jackson, 1997; Hogg & Vaughan, 2002; Turner, 1999). Social comparison mostly takes place with groups that are similar to our own, the closer the other groups are to our own group in terms of the dimensions on which we compete, the more relevant the social comparison and the need for a positive outcome is. Social comparison also takes place between more extreme group categories. Hardiman and Jackson (1997, p.20) explain that "out/target groups are members of social identity groups that are disenfranchised, exploited and victimised in a variety of ways by the oppressor and the oppressor's system or institution". Turner (1999) explains that agent/in-groups oppress or discriminate against out/target-groups with the aim of enhancing their own (the former's) self-esteem and pride. The in/agent- group's culture gets imposed while they have the power and authority to name and define reality while determining what is normal, correct and real. Alternatively, the out/target group's culture, language as well as histories are misconstrued, discounted or eradicated (Hardiman & Jackson, 1997). Social comparison outcomes largely determine the individual's social-identity and self-esteem in terms of a negative or positive sense of self (Trepte, 2006).

3.1.2.2. Pillar two: Social components

The three social components/ legs of SIT as described by Foster (as cited in Ratele, 2006) are status hierarchy, legitimacy vs. illegitimacy, and permeability of group boundaries and status security. They are described below:

(i) Status hierarchy

Society is known by various groups that are arranged in terms of hierarchies according to power, status, importance, wealth, privileges, and life opportunities that are afforded to some groups rather than others (Foster as cited in Ratele, 2006). Social identities are said to be drawn from these different groupings (Foster as cited in Ratele, 2006). In the light of this statement South Africa's Apartheid rule afforded White people in South Africa superior status over other groupings namely Blacks, Indians and Coloureds. White South Africans thus, found themselves in a privileged position whereas non-whites were placed in a compromised and disadvantaged position.

(ii) Legitimacy vs. illegitimacy of the status hierarchy

This social leg of SIT refers to the status hierarchy system and perceptions regarding the fairness or unfairness thereof. Legitimacy intertwines with stability. In situations where people see possibilities for change (instability) and where existing group relations are unfair (illegitimate), cognitive alternatives will be readily available. Alternatively, where the group system of stratification is viewed as fixed, just and stable; there will be no cognitive alternatives and no possibilities for change in social identities (Foster as cited in Ratele, 2006).

(iii) Permeability of group boundaries and status security

There are varying degrees in society that allow individuals to shift across boundaries that separate categories; this process is referred to as social mobility (Foster as cited in Ratele, 2006). In those societies where upward mobility is seen as a possibility, boundaries are seen as permeable (Foster as cited in Ratele, 2006). In the light of this statement South Africa's Apartheid rule made it nearly impossible for people to cross the racial divides except for those Coloured people who opted for the opportunity to pass for 'White' when it arose.

3.1.2.3. Pillar three: Key assumption: Positive Social Identity

This pillar relates to obtaining a positive social identity. According to Foster (as cited in Ratele, 2006) the main motivational assumption that joins together the individual and the social aspect of SIT is that all individuals strive for a favourable self-image or positive self-concept but more specifically a positive sense of social identity. The self-concept has two parts namely; the personal identity and a number of social or contextual identities (Lloyd,

Roodt & Odendaal, 2011). Since social identity stems from one's group membership; individuals who form part of a low-status group will largely have a negative social identity and therefore have the urge or inclination to do something about it to improve their group-based sense of self-concept. The sense of a positive or negative self-concept emanates from the process of social comparison with other groups when status differences between groups become significant (Ely, 1994; Foster as cited in Ratele, 2006). This happens in the case where people draw comparisons that favour their own groups over other groups and show a preference for in-group over out-group interactions (Ely, 1994; Foster, 2006).

How an individual reacts to a negative social identity is dependent on the availability of cognitive alternatives. If there is no perceived alternatives (secure identity), SIT foretells that individuals might adopt an individualistic strategy in order to achieve a more positive self-concept. The process of social mobility enables individuals to move from a low-status group to a higher status group using various vehicles such as: obtaining qualifications, achieving through hard work, opting for promotions and looking for improved job opportunities. This is however an individualistic strategy through which the individual alone, benefits while the existing group status hierarchy is left unchanged (Foster as cited in Ratele, 2006). Often group boundaries are impermeable and the system of stratification does not allow for social mobility. This was the situation for most non-whites in Apartheid South Africa who had difficulty obtaining educational opportunities, while job-reservation laws excluded entry to jobs with a higher status, and race groups were unable to move out of designated 'group areas' (Foster as cited in Ratele, 2006). In the case where social mobility is impossible and there are only a few cognitive alternatives, psychological mobility usually occurs (Foster as cited in Ratele, 2006). This gets expressed through the inclination to prefer the standards and values of a higher status out-group. In Apartheid South Africa this became evident through, for example, some Coloured people 'passing for white' or wishing to 'pass for white' (Hammett, 2007; Marais, 2012).

Foster as cited in Ratele (2006) states that where lower status groups experience their existing social order as illegitimate and unstable; they often opt for social change rather than social mobility. Social change refers to collective efforts aimed at revolutionising the existing social system. These strategies are grouped into two categories. The first are strategies that are aimed at altering negative social identities into more positive images, these are referred to as

social creativity. Examples hereof is that of the black conscious movement with their slogan ‘black is beautiful’. This slogan was used to inculcate a sense of pride and self-acceptance amongst Blacks during the Apartheid era, while feminists are actively working towards providing a more positive view of women (Foster as cited in Ratele, 2006). The second strategy is referred to as social action which is utilised by SIT to describe radical strategies that are set out to overthrow, transform, or disrupt the existing order. This might include picketing, protests, strikes, campaigns, marches, boycotts, etc. All of these actions were frequently used by the marginalised Black majority in Apartheid South Africa.

In the case where higher status groups start viewing the social order as illegitimate, they will employ various strategies in order to maintain a positive sense of identity. These groups may make use of different tactics such as defending the system; this is precisely what some White people did during Apartheid when they claimed that outsiders did not have a full understanding of the complex nature of the South African society. An additional tactic was increasing discrimination by blaming the victims for the social ills in the system. For example some members of the privileged White group, during the Apartheid era in South Africa, considered non-whites as undeserving of better life opportunities since they were considered lazy and incompetent of meeting the demands of the modern world.

In conclusion, SIT suggests a variety of inter-group strategies, which are dependent on the specific circumstances of group arrangements, along with comparisons, perceived legitimacy, spaces and tactics to scheme or alter situations. SIT views the actions of individuals as being dependent on large-scale group configurations including status, power and ideologies. SIT states that both personal and social phenomena are ruled by different psychological processes (Foster as cited in Ratele, 2006).

3.1.3. Integrative Model

This study is also informed by the integrative theoretical model especially since it relates to the study of developmental outcomes for minority groups (in this instance the Coloured female teacher) (Coll et al., 1996). The integrative model is anchored within social stratification theory and makes provision for minority groups of people, such as people of colour. This model is an extension of an ‘ecological’ and ‘interactionist’ approach to development and maintains that development is not solely influenced by one’s immediate

associational group, that is micro or family system; but also by the institutions or larger environment groups (macro-system) with which both the individual and family interacts (Coll & Szalacha, 2004). This model is also in line with the social identity analysis informed by locational feminists that provide feminist therapists with a chance to place their clients concerns within a holistic, ecological framework (Enns, 2010).

What makes the integrative model unique is that it draws from both mainstream developmental frameworks as well as models specific to minority groups (e.g. people of colour), to explain how ecological factors such as social position (e.g. racism, oppression, discrimination, segregation, prejudice, lack of quality education) as well as culture and media, affects developmental context (Coll & Szalacha 2004, p.2). Coll and Szalacha (2004) argue that the experiences of minority groups or out- groups cannot be understood clearly without taking into consideration the unique conditions as catalogued above. Chavez and Guido-DiBrito (1999) argue that members of racially oppressed groups respond to race-related stress (for example, marginalisation, oppression and discrimination) by internalising it into their overall identity and self-consciousness. These experiences are ‘non-shared’ with mainstream populations that impact on the minority group’s environment, resources and thus developmental outcomes (Coll et al., 1996; Coll & Szalacha, 2004). Members of stigmatised groups are known to experience psychological marginality (Zucker, 2004). Since the integrative model focuses on the influential context that shape the lived realities of individuals of minority groups and their families, the present study aims to explore how the participant’s home, workplace and community contexts played a meaningful role in their subjective well-being, hence their mental health.

3.1.4. Keyes’ Mental Health Continuum

In order to provide an appropriate answer for research question one, Keyes’ (2002, 2005, 2007) Mental Health Continuum Model was used. This model which assesses emotional, psychological and social well-being was adjusted for use in this qualitative study. Most research studies that assess well-being or mental health are built on scales that do not allow for comments and personal descriptions or self-report of participants while neglecting different cultural backgrounds and cultural conceptions of well-being (DelleFave, Brdar, Freire, Vella-Brodrick & Wissing, 2011). Since I wanted to highlight participants’ own perspectives about their well-being and mental health, I decided to give them a ‘voice’

through the use of semi-structured interviews. Next follows a detailed discussion of the aspects that are included in Keyes' Mental Health Continuum. However, firstly the terms 'well-being' and 'subjective well-being' are discussed.

3.1.4.1. Well-being

It is important to note that no person can detach her/ his well-being from the world of which she/he is part. According to Dodge, Daly, Huyton and Sanders (2012) a proper definition for well-being remains unresolved and blurred. However, Mitchell, Vella-Brodrick and Klein (2010) describe well-being as a multifaceted construct concerned with optimal experience and functioning. Conversely, Myers and Diener (1995) contend that feelings of well-being can be defined as positive feelings coupled with general satisfaction of life in a variety of aspects including family, work etc. Well-being is said to be an individual concern and therefore a subjective construct (Jackson, 2013). What well-being means at any point in time depends on the weight that is given to it at that specific time by the speaker, writer, listener or reader taking into consideration different philosophical traditions, world views and systems of knowledge (Jackson, 2013, p.3). Eckersley (2007) argues that well-being is obtained through being connected, occupied and involved in a web of relationships and interests. The various sources of well-being are interrelated, while the relationships between sources and well-being are often reciprocal, it is said that one source can partly compensate for the lack of another. According to the Sustainable Development Research Network (SDRN, 2005) well-being is more than the absence of ill health or pathology. According to SDRN (2005) well-being is said to have both subjective (self-assessed) and objective (ascribed) elements, and that it can be measured at the level of both the individual and society, while it accounts for dimensions of life satisfaction that is hard to or cannot be defined or explained, the concept of well-being is thus intricate.

In order to assist with a thorough understanding of well-being and the contribution it makes to mental health the American Psychological Association (1998) called for the establishment of Positive Psychology (Mitchell et al., 2010). Gilman, Huebner and Furlong (2009, p.3) argue that positive psychology is the study of what goes 'right' in life, beginning at birth, right through to death and all stops in between. It is about taking seriously those things in life that make life worth living.

The field of positive psychology at the subjective level is about valued experiences: well-being, contentment, and satisfaction (in the past), hope and optimism (for the future), and flow and happiness (in the present). At the individual level it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom (Seligman & Csikszentmihalyi, 2000, p.5).

This is inclusive of an individual's positive characteristics and psychological strengths. The aim is to develop an understanding for and to foster the factors that enable individuals, communities as well as societies to thrive while complementing both theories and models of individual, community, and organisational deficits with theories and models of assets (Kobau et al., 2011).

3.1.4.2. Subjective well-being

According to Keyes (2002, 2005, 2007) individuals' mental health can be ascertained in terms of their subjective well-being from the descriptions of their evaluation of satisfaction with various aspects of their lives. Diener (2009) is in agreement with this contention that subjective well-being is how a person evaluates his or her life. Individuals get to determine, according to their own standards what it is that they experience as 'good in life' (Diener, 1984). It is said that an individuals' subjective definition about the quality of her/his life is a democratic process considering that each individual has the right to state whether or not life is precious. Therefore, to understand an individual's experiential quality of well-being, it is advised to directly examine how an individual feels about life in the context of her or his personal standards as is the case in this study. Diener, Suh, Lucas and Smith (1999) explain that subjective well-being is a broad grouping of phenomena that are inclusive of the individuals' emotional responses, domain satisfactions as well as global judgements of life satisfaction or how the individual internally reacts to different life experiences, events and situations. The socio-cultural environment that an individual inhabits influences her or his sense of well-being, appreciation and subjectivities (Diener & Suh, 1997). Manolis and Roberts (2012) describe subjective well-being in terms of happiness or the overall cognitive and affective evaluations of an individuals' life.

A person's evaluation of satisfaction with life (affectively in terms of moods and emotions) is a reaction to what is happening in that person's life (Roberts & Clement, 2007). However, there are many aspects of life that contribute to a person's overall satisfaction with life. Roberts and Clement (2007) contend that the self and where you live, your health, family and friends, enjoyment and fun, as well as money and your job contribute to your overall life satisfaction. Yilmaz and Arslan (2013) assert that in order for subjective well-being to be high, there should be a preponderance of positive emotions over negative emotions and individuals' cognitive judgements of the quality of their lives should be positive. Diener et al. (1999) are of the view that subjective well-being should not be evaluated on a single aspect or domain but rather on a global assessment or overall evaluation of different aspects or domains of life.

Global assessments of different aspects of life are inclusive of self-reflections concerning the whole lifespan starting in childhood right through to adulthood. In terms of understanding how children evaluate their overall life satisfaction, we may have to rely on Bronfenbrenner's (1979) ecological model that states that the well-being or life satisfaction of children is regulated at the micro level of social interaction, this is the family. The family plays a major role in the upbringing of children as individuals and therefore play a major role in their development into adults. The family thus majorly contribute to the well-being of children and how children experience the world. Family forms the basic daily network for children and a child emotionally reacts to what is happening within the parameters of the protection, care, proximity and responsiveness of the parents/caregiver with who the child shares an important emotional bond or attachment relationship (Hazan & Shaver, 1994). It is pointed out by Lahikainen, Tolonen and Kraav (2008) that parents are the primary source and resource for their children's subjective well-being and is there to help them with the threats and insecurities inherent in their daily lives. The child's state of subjective well-being thus depends on how supportive the parents are, the quality time spent with the child as well as parental interest and the amount of attention given to the child. The primary resources for regulating a child's subjective well-being are in actual fact within the domain of the parent-child relationship. Fraley (2010) however, points out whatever happens in the environment outside of the family also has an effect on the child's well-being. For this reason children's subjective well-being can be seen as being produced, reproduced and maintained not only by

their search for protection and closeness to their parents but also through getting to know their immediate environment. Furthermore, they need to learn to cope with threats but also solve problems and challenges on their own (Lahikainen et al., 2008). Subjective well-being is therefore conceived as socially interactive, communicative and contextual (Lahikainen et al., 2008).

This study may proceed from the hypothesis that subjective well-being (happiness or life satisfaction) is a function of a broad set of indicators. Subjective well-being can be assessed by using Laftman's (2010) proposition that a good indication as to the state of a person's satisfaction with life or overall subjective well-being can be assessed from the person's reports on experiences of a range of aspects of living. Lahikainen et al. (2008) contend that various aspects of life including economic resources and social relations (social support and family dynamics) as well as safety and security, are all linked to peoples' psychological and physical well-being as indicators of their states of satisfaction with life. Laftman (2010) agrees that the indicators of living conditions that can assist with the assessment of life satisfaction or subjective well-being could be social support, health and material resources. By using Keyes' Mental Health Continuum in the present study, the analysis of the participants' life experiences is expected to yield indications of their mental health in terms of three categories of subjective well-being which are Emotional, Psychological and Social well-being. These categories of well-being are discussed next.

a) Emotional well-being:

Keyes (2002) posits that the emotional well-being dimension is a dimension of Diener's (1984) subjective well-being. According to Yilmaz and Arslan (2013, p.2) human beings are born with certain emotions that develop throughout the lifespan. Emotions are described as "internal states of arousal that are subjected to interpreted processes"; they are cognitive appraisals of an event that is relevant to the self as it affects the thought processes of individuals. Emotions focus our attention on significant events, tell us about the nature of those events and direct our behaviour (Turniansky & Hare, 1998, p.19). Emotional expressions or utterances remain complex and a complete understanding of emotion must include an understanding of emotional reactions to life events. People have different emotional reactions and unique emotional characteristics. Yu (2009) asserts that emotions are experienced with different levels of intensity and arousal. Emotions can change drastically,

even reverse themselves and change back; it is thus intertwined and often ambivalent or contradictory (Ellis, 1991). People tend to feel different emotions simultaneously. It is possible to experience positive and negative emotions at the same time or being in a neutral state (Machado et al., 2015). This raises the possibility that any pair of opposite-valence can co-occur and these include happiness and sadness. People may report mixed emotions of happiness and sadness even when they merely vacillated between the two mentioned emotions (Larsen & McGraw, 2014; Schimmack, 2001). The total amount of good feelings an individual experiences over a period of time does not signify the total amount of bad feelings the individual experiences (Myers & Diener, 1995).

Various authors (Chin & Rickard, 2014; Singh & Jha, 2008) state that emotional well-being can be explained in terms of positive and negative affects. Fredrickson and Losada (2005) point out that positive affects represents pleasure and negative affects represents the unpleasant. Keyes (2009) however, is of the impression that emotional well-being consists of an individual's perceptions of avowed happiness, satisfaction with life and the ability to balance positive and negative affects. These related but distinct dimensions are described below:



i) Positive affect

Singh and Jha (2008) argue that over the last couple of years there has been an increase in investigating happiness and other positive emotions rather than focussing on the traditional negative emotions and dysfunctional forces. However, for the purpose of this study, I focused on both positive and negative affective emotional experiences. Positive affect refers to a wide range of emotions categorised by cheerfulness, happiness, contentment, being satisfied, in good spirits and full of life, trust, interested, hope and pride (Keyes, 2005, 2007; Keyes, Myers & Kendler, 2010; Yilmaz & Arslan, 2013).

ii) Negative affect

Regarding negative affect Scholl (2007, p.1.) explains that “individuals develop emotional memories associated with people, organisations, events, and objects which are part of their experiences”. Negative affect is categorised by experiences such as: a sense of sadness or grief, anxiety, guilt, frustration, depression, stress burnout and failure during various times in life (Scholl, 2007; Yilmaz & Arslan, 2013). Yilmaz and Arslan (2013) argue that in order for

individuals to handle their problems and cope with negative emotions they should firstly be aware of their emotions and what feelings these problems evoke within them. Yilmaz and Arslan (2013) influenced my rationale for focussing both positive and negative affective experiences of participants. In terms of negative thinking it provided me as researcher with the opportunity to understand what negative affects participants experienced as well as how they cope with various negative life situations, and the strategies they adopt to transform negative emotions into more positive ones to create change within themselves and their environments (Folkman & Moskowitz, 2000).

Quality of life is another important constituent of emotional well-being according to Keyes (2005). The term 'quality of life' has various meanings for different people and groups. It is a multidimensional and confusing concept and there is thus no singular definition. It is said that each researcher decides and names the different components of which it is comprised in an attempt to define the quality of life (Mohamadabadi, Abbad & Abbad, 2013).

b) Psychological well-being

Psychological well-being is another component of well-being. Keyes, Shmotkin and Ryff (2002) explain that the tradition of psychological well-being draws to a great extent on formulations of human development and the existential challenges of life. It is about lives being on track and a combination of feeling good and functioning effectively (Huppert, 2009). Winefield, Gill, Taylor and Pilkington (2012) point out that psychological well-being is frequently conceptualised as a combination of positive affective states with reference to happiness and functioning with optimal effectiveness in both individual and social life. Individuals describe themselves in relation to various aspects of their life with cognitive judgements on personal self-attributes. Psychological well-being is the presence of more positively than negatively perceived self-attributes in individuals' descriptions of their life experiences. In order to determine what it is psychologically healthy Ryff (1989) and Ryff and Keyes (1995) suggest a multidimensional model with six psychological dimensions, each with different challenges that individuals encounter as they attempt to function positively, that is; becoming a better person and realising one's potential. The six psychological dimensions of well-being are:

- i) *Self-acceptance* which refers to a state where individuals attempt to have a positive attitude towards multiple aspects of the self while acknowledging both their strengths and limitations. This includes positive evaluations of oneself and one's past life.
- ii) *Positive relations* refer to the individual's efforts to seek but also to cultivate and maintain warm, intimate and trusting relationships with others.
- iii) *Environmental mastery* is about the individual's capability to manage complex everyday affairs and to control a range of external activities by making use of surrounding opportunities and by creating context according to personal needs.
- iv) *Autonomy* is about seeking a sense of self-determination and personal authority or independence according to one's own socially accepted standards that sometimes compel obedience and compliance in society.
- v) *Personal growth* is about an individual's continuous pursuit of existing skills by making the most of their talents and capabilities, by seeking opportunities for personal development and remaining open to experiences while identifying challenges in a variety of circumstances.
- vi) *Purpose in life* refers to endeavours of having a sense of direction in life through setting goals and finding meaning in one's efforts and challenges. Those with high purpose in life see their daily lives as fulfilling.

According to Winefield et al. (2012) people with a high level of psychological well-being are reported to feel capable, happy, well-supported and satisfied with life.

c) **Social well-being**

According to Lamers (2012) and Keyes (1998) well-being is not only a private phenomenon since individuals are embedded in social structures and communities in which they face various social engagements, tasks and challenges. Westerhof and Keyes (2010, p.3) argue that "social well-being provides the subjective evaluation of optimal functioning of a community". It reflects a distinct component of well-being, therefore, in order to fully understand optimal human functioning, social aspects of well-being should be considered. Keyes (1998) developed five operational dimensions of social well-being that represents the challenges that individuals face as members of society, groups, institutions, and communities. They are:

- i) *Social coherence* which is the perception of the quality, organisation as well as the operation of the social world as it includes a concern for knowing about the world. It involves appraisals of society as meaningful, logical, discernible, predictable and sensible.
- ii) *Social acceptance* is about an individual's functioning in a public arena that consists mainly of strangers. It is about having a positive attitude towards others while trusting them and believing that people are capable of kindness and that they can be diligent and hardworking. Those who are socially accepting hold favourable views of human nature while feeling comfortable with others by accepting and acknowledging human differences in society.
- iii) *Social actualisation* is the evaluation of the potential and the trajectory of society. It refers to the belief that individuals, groups, community and societies have the potential to grow and evolve positively through its institutions.
- iv) *Social contribution* is about the individual's perceived evaluation of whether her activities contribute to and are of value to society.
- v) *Social integration* is about one's relationship to society and a sense of belonging to your community while feeling integrated and having a relationship or something in common with others in the society at large.

In summary, when considering Keyes' model of well-being, Westerhof and Keyes (2010) state that the three main components of the model (emotional, social and psychological) can be seen as subjective evaluations, with respect to the central elements of the World Health Organization's (WHO cited in Gimour, 2014) definition of positive mental health. Positive mental health is described as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stressors in life, can work productively and fruitfully, and is able to make a contribution to his or her community". Emotional well-being matches the core component of well-being in this definition whereas psychological well-being is the subjective evaluation of individual functioning and social well-being refers to optimal functioning as part of the community.

3.1.5. Mockler's model for conceptualising teacher professional identity

According to Thoits (1991) almost all approaches in both psychiatry and clinical psychology view individuals' mental health as partially influenced by positive self-conceptions, high self-

esteem, and or the possession of valued social-identities. Mockler (2011, p.518) points out that teacher professional identity is formed and re-formed constantly over the course of a career while being mediated by the complex interplay of personal, professional and political dimensions of their lives. I am of the opinion that these dimensions in turn, impact on the mental health and well-being of teachers.

Mockler's (2011) framework for understanding teacher professional identity seeks to represent the process whereby teachers are 'formed' and how they come to understand themselves as teachers as well as the interplay between their motivations for entering the teaching profession, professional practice, their experiences as teachers and the interaction between their sense of moral purpose and their desire to do good (Mockler's, 2011, p.518). Mockler's model resonated with me as I saw its potential in assisting me to develop a better understanding of the development of teachers professional identities and how identity, ultimately influences their mental health and well-being. Mockler (2011, p.520) argues that "teachers' work and professional practice is constituted across and out of three key domains this is their personal experience, professional context and the external political environment through, and within which important aspects of their work is constituted". Each of these three domains has its own defining characteristics but overlaps and intertwines in the constitution of teacher's life and work.

I decided to use this framework in order to analyse research question three which was to explore teachers self-reports on personal and occupational-related factors that might possibly impact on their mental health. A discussion of the important elements of this model follows:

3.1.5.1. Personal experiences

Mockler (2011) explains that the area of personal experience relates mainly to those aspects of teachers' personal lives that are framed by race, gender and class that exist outside of the professional realm or work environment. Anspal, Eisenschmidt, Lofström (2012) as well as Smit and Fritz (2008) contend that a teacher's personal identity is influenced by factors outside of school such as personal attributes which include their primary reasons for becoming a teacher but also the conditions of their appointment. This refers to the type of school where they teach such as a mainstream or a Special School, whether the appointment is permanent or a contract position but also the post level of the appointment. Personal

attributes are of importance in this study, mainly because of the unique South African context in which participants grew up and the influence of Apartheid on the educational choices of people (particularly women) of colour. Mockler (2011) further states that a teacher's own personal schooling experiences are of particular importance but also their 'extra-curricular' activities such as their interests, hobbies, roles and the activities they engage in outside of their profession since this forms part of what motivates them and who they are outside of the world of work. Their specific family context is of critical importance and should therefore be considered. Family and experiences within the family moulds the individual as a person and therefore it has a direct influence on the mental health of the individual.

3.1.5.2. Professional Context

Mockler (2011) explains that this domain relates to those aspects of teacher experiences which are framed within an education context. This refers to teachers' career histories, professional learning and developmental experiences as well as the features of their particular school and system contexts. These dimensions make a particular impact upon their professional lives, hence their mental health and well-being. Teacher education, both initially and ongoing, is an imperative element within this domain. Teachers' professional contexts are also influenced by policy and social trends and involve a range of complex identifications with administrators, school managers, supervisors, peers and learners as well as theoretical issues and practical experiences in response to the shifting and changing educational landscapes (Smit & Fritz, 2008). The features of the particular school contexts in which teachers work (historically disadvantaged Special Schools in this study) are of importance because of the type of learners attending these schools. In the present study, these learners are mainly cognitively, mentally and physically challenged or a combination of all and therefore they are in need of a different approach in terms of teaching and learning. In addition Mockler (2011) mentions that aspects external to the school environment but internal to the professional world of teaching such as involvement in professional associations, unions and networks are of importance and impact on teachers' work; but also on their mental health and well-being.

3.1.5.3. Political climate

The political climate or politics plays a major role in education and influences both teaching and learning. Mockler (2011) explains that the political climate refers to the:

external political environment that comprises the discourses, attitudes and understandings that surround education that exists outside of the profession...the development of government policy which relates to teachers work and the way in which political ideology impacts upon their work as a result of government policy (Mockler, 2011, p. 521).

Mockler's view is reflected by the South African Department of Basic Education (D.B.E., 2001) statement that in South Africa the contextual inequalities emanating from the Apartheid policy, coupled with economic deprivation, has had a major impact on the provision of education for those learners traditionally seen as having special needs. Since 1994, with the introduction of new education legislation and policies based on the new South African Constitution, a framework that recognises the importance of diversity, human rights and equity for all learners was introduced (Engelbrecht, Forlin, Eloff and Swart, 2001). This resulted in numerous changes within the education system and teachers had to adapt to this reality (van Zyl & Pietersen, 1999).

3.2. Summary

In this chapter I provided an overview of the main theoretical foundations of the study. I discussed the importance of the feminist theoretical perspective as it pertains to this study. My objective was to look through a feminist lens into the world of the Coloured female teachers hereby giving participants a 'voice' which is echoed throughout the study.

This was followed by a discussion on Social Identity Theory (SIT). SIT, as a theoretical framework which assisted me in analysing and clarifying the relevance of the research participants' social identities in order to understand their mental health and well-being. This included their life challenges and sources of empowerment or support and the implications of these on a personal, interpersonal and institutional level.

A discussion of the Integrative Model followed. The Integrative Model draws from both mainstream developmental frameworks and models specific to minority groups such as

people of colour, and explains how ecological factors such as social position as well as culture and media, affects the developmental context (Coll & Szalacha, 2004, p.2).

In order to provide an appropriate answer for research question one, Keyes' (2002, 2005, 2007) The Mental Health Continuum Model was discussed. This model which assesses Emotional, Psychological and Social well-being was adjusted for use in this qualitative study. I concluded the discussion with Mocklers' Model for conceptualising teachers' professional identity. Mockler's (2011) framework for understanding teacher professional identity seeks to represent the process whereby teachers are 'formed' and how they come to understand themselves as teachers. Also of importance, is the interplay between their motivations for entering the teaching profession, professional practice, their experiences as teachers and the interaction between their sense of moral purpose and their desire to do good (Mockler's, 2011, p.518).

The next chapter will focus on the review of previous works of studies as related to the present study.



CHAPTER 4

REVIEW OF PREVIOUS STUDIES

4. Introduction

This chapter presents the review of related studies as it allowed for the analyses of previous studies as well as for the opportunity to establish where gaps existed in existing literature. This report or review of the previous studies enabled me as researcher to build on and improve upon knowledge in the present study.

Firstly, studies related to the mental health and well-being of teachers in mainstream and Special Schools both internationally and locally are reviewed. The influence of gender on teachers' mental health and well-being enjoys attention as far as possible. Emphasis is placed on similar but also different research tools to those used in the present study. Lastly, studies of racial groupings and teachers' mental health locally are reviewed.

4.1. A review of studies related to the present study

4.1.1. Review of literature related to teacher mental health and well-being

Mental health remains difficult to define; it is however often described as a state of well-being (Suresh & Taj, 2015). Well-being has been separated into two categories namely; hedonic and eudaimonic well-being. The hedonic dimension of well-being refers to an individual's subjective emotions including elements of happiness and pleasure and it is thereby characterised by the presence of positive emotions moods and absence of negative moods. The eudaimonic dimension of well-being is cognition-based with a focus on an individual's level of motivation to achieve their goals which contributes to positive feelings. Well-being is thus about feelings of contentment, originality, hope, creativity, happiness, achievement, self-actualisation and satisfaction (Ryan & Deci as cited in Hansen, Buitendach & Kanengoni, 2015; Singh & Singh, 2005).

There are numerous conditions and factors that can potentially affect the mental health of teachers. Galgotra (2013) reminds that traditionally the teaching profession enjoyed a high level of prestige and teachers were held in high regard while society took care of their needs.

However, as members of greater society, teachers nowadays face challenges with instability or maladjustment as part of the development of modern societies (Suresh & Taj, 2015) while various factors influence and affect their performance and job-satisfaction (Aliakbari, 2015). In South Africa teachers face unique and at times overwhelming challenges which are increasingly due to the socioeconomic disparities South African teachers find themselves in (Hansen et al., 2015).

Public education is essential in terms of human society and therefore one of the major pillars of sustainable development (Aliakbari, 2015). The primary concern of education in the twenty-first century is not only to see to the educational needs of the learners but also to produce mentally healthy and well-adjusted children and adolescents who flourish and live a rewarding and positive life while contributing positively to the world around them (Aliakbari, 2015; Hansen et al., 2015; Pachaiyappan & Raj, 2014). Teachers are the people who form the basis of an effective educational system, the ones who are expected to transfer skills and a positive outlook to learners. It is therefore imperative for teachers to be aware of their strengths and positive qualities and to possess good mental health in order to fulfil their role in the teaching and learning process (Galgotra, 2013; Hansen et al., 2015; Pachaiyappan & Raj, 2014). Teachers that are mentally stable and alert are therefore of importance since these teachers will have the ability to develop stability and alertness in their learners (Pachaiyappan & Raj, 2014). However, educational institutions worldwide are faced with imbalances due to an overload of demands while they struggle with an undersupply of response capabilities, this in turn is taxing on teachers and adds to the depletion of internal resources which is needed to perform their work (Hansen et al., 2015). Teachers' mental health has a direct effect on their performance at work hence the organisational climate (Galgotra, 2013). Research regarding teachers' mental health has therefore become imperative. This study aims to shed some light on the mental health of female teachers within the Special School system.

Van der Merwe, Myburgh and Poggenpoel (2015) point out that there is not much published research on the experiences of female teachers in the workplace. However, over the last couple of years there has been an increasing number of international and South African studies related to issues concerning female teachers' of which some, more specifically on mental health issues, are reviewed below.

4.1.1.1. International studies related to the mental health of teachers working in mainstream schools

In my search for international studies related to the mental health of teachers I found that the most recent studies on the mental health of teachers were conducted in India. In fact, seven of the eleven studies reviewed were conducted in India (Galgotra, 2013; Kalita, 2015; Mohana, 2013; Pachaiyappan & Raj, 2014; Prathima & Kulsum, 2013; Singh & Singh, 2005; Suresh & Taj, 2015). The rest of the reviewed studies were conducted in different parts of world. For example Borrelli, Benevene, Fiorilli, D'Amelio and Pozzi (2014) conducted a study in Italy; Aliakbari (2015) in Iran; Ilgan, Özü-Cengiz, Ata and Akram (2015) in Turkey and Cezar-Vaz, Bonow, de Almeida, Rocha and Borges (2015) conducted their study in Brazil.

Continuous monitoring and updating of information on the mental health of teachers are essential and were the basis for the above-mentioned. Continues monitoring is important since it creates awareness of the difficulties teachers are facing, it promotes positive mental health while it also assists in the implementation of a diverse range of interventions being implemented to address mental health challenges. There is however an increased need for research to be conducted with teachers coming from the non-western world or marginalised groups, hence my interest in research undertaken with South African Coloured female teachers who experienced institutionalised marginalisation during the Apartheid dispensation. I too am a member of the grouping under focus.

Below follows a review and discussion of these studies in terms of similarities and differences as they relate to teacher well-being and mental health. The studies were found to be divergent in aims and study results.

One quantitative study investigated the differences between the mental health of private and governmental high school teachers in the Jammu district of India in relation to sex, experience and job-satisfaction (Galgotra, 2013). The study included 250 teachers working in equal numbers in both government and private mainstream schools. Galtotra neglected to be specific about the exact number of females and males that took part in the study. The study used the Mental Health Inventory by H.P. Magotra (n.d) and the Job-satisfaction Scale for Teachers by Pramod and Mutha (n.d.). Data were statistically analysed and the results revealed that there was no significant difference between males and females with regard to

the mental health of high school teachers. It was however found that teaching experience and job-satisfaction had a significant effect on the mental health of high school teachers regardless of gender. Teachers with more teaching experience possessed better mental health than those who had less or low levels of teaching experience.

Kalita (2015) did a study on female teachers' mental health in the Kamrup district of Assam India. A number of 120 female participants were randomly selected from 20 primary schools. The main objective of the study was to examine the well-being and occupational stress for female teachers working in primary schools. Data was collected quantitatively through the use of the Well-being scale by Singh and Gupta (2001) and the Occupational Stress Scale by Satvinder Pal Kaur (2006) and statistically analysed. The study findings indicated that the majority of female teachers enjoyed a high level of overall well-being across the different domains of well-being: physical, mental, social, emotional and spiritual well-being. Findings additionally indicated that only a few females fell in the high stress level category while the majority of participants fell in the average and low stress category. Results also indicated that there exists a meaningful relationship between well-being and occupational stress in females teaching in primary schools. No significant differences were found between single and married female teachers related to the different domains of well-being, overall well-being and occupational stress.

Mohana (2013) conducted a study to establish what the effect of teaching and teaching experiences were on teachers' mental health. All teachers worked in the Cuddalore district, Tamil Nadu, India. A total of 640 teachers, teaching at different educational levels and various educational institutions participated in the study. These included 177 primary, 155 secondary, 198 higher secondary and 130 college teachers. Mohana's (2013) study was also a quantitative study and data was collected using the Mental Health Inventory which was previously standardised by Peter Becker (1989). The findings of Mohana's (2013) study indicated that the mental health of teachers were generally high while the mental health of participants belonging to different levels of teaching and who had different teaching experiences did not significantly differ in terms of their mental health.

Another study conducted in India was by Pachaiyappan and Raj (2014) who did a survey through random sampling with 130 secondary and higher secondary school teachers in and

around Chennai and the Tiruvannmalai District of Tamilnadu. The aim was to analyse the mental health of this cohort of teachers. The sample consisted of 69 secondary teachers and 61 teachers from higher secondary schools. Of the 130 participants who participated in the study 77 came from rural areas while 53 were from urban areas. The number of male participants was 63 while 67 females participated in the study. This study had various objectives including the comparison between the mental health of secondary and higher secondary school teachers, the assessment of the mental health of males and females, the difference in the mental health between urban and rural school teachers and the difference in mental health of school teachers with respect to their type of school managements. Pachaiyappan and Raj (2014) conducted a survey using the Mental Health Inventory (MHI) which was previously developed and standardised by Jagdish and Srivastava (1996). Pachaiyappan and Raj (2014) point out the most significant findings of their study which included, that the mental health of female teachers was better than that of their male counterparts. Furthermore, it was found that the mental health of higher secondary school teachers was better than those of secondary school teachers. The study also revealed that the mental health of those teachers working for the government was healthier than the mental health of teachers working in aided and private schools. Lastly, the findings indicated that based on locality and subjects taught; teachers' mental health did not vary considerably.

Still another Indian study conducted in Bangalore, investigated the relationship between 150 secondary school teachers' social intelligence and their mental health with the aim of ascertaining the effect of different levels of social intelligence on the mental health of participants (Prathima & Kulsum, 2013). The study sample included 63 males and 87 females. Prathima and Kulsum (2013) state that the profession of teaching necessitates the interaction with learners, colleagues and many others people while it also entails working in teams with various professionals. This requires that individuals have a high level of social intelligence. Social intelligence is about an individual's ability to react appropriately to the various social situations of daily life. Social intelligence relates to measures of self-insight and consciousness of one's own perceptions and patterns of reaction. It is about getting along with others, and having an awareness of various situations and the social dynamics that govern them as well as having knowledge of strategies and interaction styles that can assist individuals in achieving their objectives when dealing with others (Prathima & Kulsum, 2013). Data in Prathima and Kulsum's (2013) study was collected quantitatively. Two

measuring tools were used to collect data, a Mental Health Battery (MHB) which was previously validated by Singh and Gupta (1971) and later adapted and standardised by Prathima and Kulsum (2013), and the Social Intelligence Scale which was developed by the researchers'. The MHB test includes a set of 108 items with six dimensions namely: emotional stability, overall adjustment, autonomy, security-insecurity (SI) self-concept and intelligence. The Social Intelligence scale consisted of the areas of self-awareness, empathy, self-development, value orientation and emotional stability and included 77 items. Prathima and Kulsum's (2013) study indicated that there was a noteworthy positive relationship between the mental health and social intelligence of secondary school teachers. The higher the level of teachers' social intelligence, the higher the quality of mental health they possessed. The study indicated that male participants in this study enjoyed better mental health when compared to female teachers.

Singh and Singh (2005) assessed the mental health status of middle aged (45-55 years) females working as school teachers in the city of Varanasi, India. The objectives of the study were to determine the causes of psychosocial stress in the lives of participants while examining the work-family conflict that these middle age school teachers experience. The study additionally aimed to determine the level of somatic symptoms, anxiety, depression and social dysfunction experienced by these middle-aged female teachers. A total of 50 female teachers were randomly selected from 15 government schools for girls. Data collection tools consisted of an interview schedule and two questionnaires namely, the Hindi Adaptation of General Health Questionnaire (n.d) and the Psycho Social Stress Scale (n.d). Data was statistically analysed and the most pertinent study findings are discussed next. Psycho-social stress scores indicated 54% of the participants experienced moderate to high levels of stress while 18% had low scores, 28% of the participants experienced between low to moderate levels of stress while anxiety levels were found to be low in 64% of the participants and moderate in 32% of them. Scores in terms of the levels of depression was low in 92% of the cases. Somatic symptoms were reported to be moderate in 44% cases and low in 54% of the reported cases. Social dysfunction was moderate in 80% of the cases. Additionally results indicated a high rating of work-family conflict in the lives of participants. Avoidance coping was used as coping strategy for workplace tension by 66% of participants whereas 24% and 10% respectively used behavioural and cognitive behavioural approaches.

Suresh and Taj (2015) recently conducted a study with secondary school teachers to determine the relationship between job satisfaction, job stress and mental health and its dimensions. The sample comprised of 450 teachers, 150 from government schools, and the rest came from private types of school. In this study equal representation was given to both male and female teachers. No comparisons were however made between female and male teachers mental health issues in terms of job satisfaction and job stress. The data collection tools used in the quantitative study of Suresh and Taj (2015) were: the Mental Health Inventory (MHI) which was previously developed and standardised by Jagadish and Sreevasthava (1983), the Job satisfaction inventory (JSI) by Indiresan (1974). Another data collection instrument used was the job stress questionnaire by Clark (n.d) which was later adapted and standardised by Basavaraju (n.d). The data was statistically analysed and the most important findings of the study indicated that mental health and job satisfaction as well as mental health and job stress of secondary school teachers had an effect on one another. A positive relationship existed between mental health and job-satisfaction whereas there was a negative relationship between job-stress and mental health therefore the higher the job-stress the lower the mental health and vice versa.

In their study, Borrelli, Benevene, Fiorilli, D'Amelio and Pozzi (2014) investigated whether and to what degree specific dimensions of working conditions are related to symptoms of anxiety and depression in teachers working in six primary and middle level/intermediate state schools in Naples, Italy. A total number of 180 teachers were invited to take part in the study but only 113 responded to the call of which 90% were female. The study of Borrelli et al. (2014) was a quantitative study and the researchers made use of a self-administered cross-sectional questionnaire survey to collect data. The questionnaires included the following: the Italian version of the Job Content Questionnaire, the Self-Rating Centre of Epidemiological Studies Depression Scale (CES-D), the Self-rating Anxiety Scale (SAS) as well as socio-demographic and lifestyle questions. Study results indicated that 49% of the participants scored above the cut-off on the Centre of Epidemiologic Studies and Depression Scale and 11% of the participants on the Self-Rating Anxiety Scale (SAS). There was a positive correlation between CES-D and job demand while CES-D was negatively correlated with social support. Furthermore, it was found that SAS was positively correlated with job demand while hierarchical multiple regression analysis indicated that job demand was meaningfully associated with both CES-D and SAS scores.

Aliakbari (2015) conducted a study in Iran with the aim to determine the impact of job-satisfaction on the mental health of teachers in the Mazandaran province. A total number of 332 teachers participated in the quantitative study (142 females and 190 males). Aliakbari (2015) employed the social survey method and data was collected through the use of questionnaires which included a job-satisfaction test and the SCL90-R test which measured participants' levels of mental health. Pearson's coefficient was used to examine the correlation between the dependant variables of job satisfaction and mental health. Findings indicated a direct relationship between job-satisfaction and mental health while confidence levels were 99%. In terms of comparing the relationship between job-satisfaction and mental health between females and males the association between the two mentioned variables amongst women was practically medium or average and poor amongst males (Aliakbari, 2015). This meant that women enjoyed better mental health than males with regards to job-satisfaction.

The study of Cezar-Vaz, Bonow, de Almeida, Rocha and Borges (2015) explored the mental health of elementary school teachers from a city in the metropolitan region of Porto Alegre in Southern Brazil. The city has 27 state schools with a total number of 236 elementary school teachers who were all invited to participate in the study. However, only 37 teachers from 21 of these schools, all female, participated in the study. Cezar-Vaz et al. (2015) collected data quantitatively through the use of a questionnaire which was developed by the LAMSA team and was based on the theoretical foundation of the International Labour Organisation on working conditions as determinants for occupational health. The questionnaire was inclusive of multiple but also single choice questions with the following variables: participant characteristics (age, gender, skin colour/ ethnic background, marital status and level of education), occupational data, bio psychosocial consequences, stressful working conditions as well as conditions that promote teacher well-being in the place of work. Data was further analysed quantitatively using the Pearson correlation analysis to examine the associations between the five main stressful working conditions and five main health consequences for participants.

The Cezar-Vaz et al. (2015) study indicated that the 5 working conditions that teachers found to be most stressful included: inadequate salaries, insufficient working materials or resources, inadequate physical classroom size for the number of learners as well as unwarranted

activities but also taking work home. Other conditions included excessive workload, keeping learners focused in the classroom, lack of recognition of the profession as well as challenges related to getting along with colleagues. With regards to bio-psychosocial consequences the five more frequent consequences related to working conditions included anxiety, headache, stress, waking up various times during the night as well as irritability. Teachers additionally reported difficulty sleeping at night, tiredness in the morning, isolation, depression and the use of medication with a calming effect. Factors that promoted teacher well-being included positive relationships with colleagues which buffered stressful conditions.

Another recent international study that focuses on teacher well-being is that of Ilgan, Özü-Cengiz, Ata and Akram (2015) who conducted a study with 784 primary and secondary Turkish, public school teachers in 120 schools across six provinces. A total number of (421 females and 359 males) participated in the study. The aim was to determine the relationship between teachers' Psychological Well-being (PWB) and Quality of School Work Life (QSWL). More specific to examine to what extent Quality of School Work Life (QSWL) predicts teachers' Psychological Well-being (PWB). In their study, Ilga et al. (2015) collected data quantitatively through the use of two validated scales. The one scale was the Psychological Well-being (PWB) scale which was previously developed and validated by Akin, Demirci, Yildiz, Gediksiz and Eroğlu (2012). This scale included 30 statements with 7-point Likert-scale response options ranging from strongly disagree to strongly agree. The PWB scale has six dimensions with each dimension containing 5 items. The Quality of School Work life (QSWL) scale consists of 30 items and is a 5-point Likert scale with response options ranging from never to a great deal, previously developed by Ilgan et al. (2014) for use in their 2015 study. The results of the study by Ilgan et al. (2015) indicated that participants' perceptions about their quality of school work life (QSWL) was described as moderate while perceptions with regards to their psychological well-being (PWB) was described as relatively high. Study results indicated significant differences between male and female teacher's perceptions in terms of PWB with female teachers displaying higher perception levels with regards to PWB than males. Meaning females enjoyed better PWB than their male counterparts. Analysis further revealed that significant differences between both QSWL and PWB exist in terms of marital status of the participants with married teachers having higher perceptions regarding both their QSWL and PWB than single teachers. Meaning married teachers enjoyed better QSWL and PWB than single teachers.

Additionally a positive relationship was found between age and quality of work life, those teaching for longer had more positive emotions towards school. However, a negative relationship between the age of teachers and PWB scores emerged with older teachers having lower PWB scores than younger teachers. With regards to comparisons based on subjects taught by teachers it was found that ordinary classroom teachers as well as school counsellors and preschool teacher's enjoyed higher PWB than those teaching mathematics, science and information technology. Study results further indicated a positive relationship between teacher QSWL and their PWB, meaning school as a place of work is a significant factor for teacher's well-being.

Below the most significant similarities and differences of the reviewed studies are compared to one another and also in relation to the present study.

All the reviewed studies were performed quantitatively. According to Babbie (2005) the quantitative method is convenient to use when large numbers of participants are considered for inclusion in a study but also when researchers intend to generalise findings or quantify data. Prathima and Kulsum (2013) explain that quantitative research involves searching for relationships between variables through the use of data collection and analysis. Pertinent personal opinions and responses of participants are not considered in quantitative research projects. However, it allows for a large number of participants to be targeted at a specific time although it produces less detailed data than the qualitative method (Babbie, 2004; Hansen et al., 2015).

In contrast with the mentioned quantitative studies the present study adopted a qualitative research approach. Jay (2012) states that in the instance where a study area is under researched and where the phenomenon under study carries personal meaning, an exploratory inquiry approach allows for participant experiences to be reflected truthfully while a contextual understanding of those experiences are provided. The latter are rich in meaning due to the fact that study participants are allowed to share their stories from their own perspectives. I therefore believe when issues as complex as mental health are explored participants' personal perspectives are more viable in order to get a clearer picture of the issues related to their mental health. Chatzifotiou (2000) explains that by listening to a woman, you learn to understand her membership with regards to a particular social system

and in this manner you are able to expose previously neglected or misunderstood experiences. The present study attempted to emulate Chatzifotiou's (2000) contention by providing female teacher participants the opportunity to share their experiences as Coloured females teaching at Special Schools within a social context that was historically characterised by institutionalised race and gender discrimination.

The following studies namely that of Galgotra (2013); Pachaiyappan and Raj (2014); Prathima and Kulsum (2013) and Suresh and Taj (2015) solely focussed on secondary/high schools teachers as study samples. Alternatively, Borrelli et al. (2014); Ilgan et al. (2015); Mohana (2013); Singh and Singh (2005) explored the mental health of teachers teaching different phase levels. While Cezar-Vaz et al. (2015) and Kalita (2015) explored the mental health of teachers working in elementary or primary schools. Aliakbari (2015) mentioned that teachers in the Mazandaran province in Iran was used in his study but neglected to be specific about the educational levels teachers taught.

Most researchers in the reviewed studies included both female and male participants in their studies. However, an interesting outcome of the studies of Borrelli et al. (2014) as well as that of Cezar-Vaz et al. (2015) was that although there was an open invitation for participation in terms of gender only female teachers responded to the researcher's call for participation. A similar objective in the studies of: Aliakbari (2015), Galgotra (2013); Ilgan et al. (2015), Pachaiyappan and Raj (2014), and Prathima and Kulsum (2013) was to compare the mental health of female versus male teachers. In terms of gender comparisons with regard to mental health, the findings of these studies did not always concur. For a reflection on gender and mental health please refer to page 206-208 of this chapter.

Kalita (2015) as well as Singh and Singh (2005) specifically focused on female teachers and their mental health. Singh and Singh (2005) however concentrated on the mental health challenges experienced by middle-aged female teachers in relation to both work and family conflict whereas Kalita (2015) looked into the well-being and occupational stress of all ages of females teaching in primary schools. The findings of the study of Singh and Singh (2005) indicated that a substantial number of female teachers were at risk of developing psychosocial stress that might affect their mental health. In contrast Kalita (2015) found that

the majority of participants in his study fall in the high overall well-being category with few females falling in the high stress level category.

In the above mentioned studies the focus was on the mental health of teachers teaching in mainstream schools. The present study specifically focused on how teaching experiences within the Special School system affect the mental health of teachers. Special Schools by their nature are not the same as mainstream schools as the former may not necessarily present the same scenarios in terms of nature and characteristics of student population, school infrastructural facilities and environment as well as school management and conditions of service. This statement is confirmed by Oliver and Williams (2005) who reiterated in their study that Special Schools is challenging by its very nature and more demanding than mainstream schools.

The six dimensions used by Ilgan et al. (2015) to assess psychological well-being is the same as the psychological well-being dimension as seen in Keyes' Mental Health Continuum (2002, 2005, and 2007) which I have adapted for use in the present qualitative study. Keyes' (2002, 2005, 2007) however also includes emotional and social well-being in his Mental Health Continuum which was used deductively in this present study and assisted me to determine the mental health status of the study's participants which were Special School teachers.

In their respective studies Aliakbari (2015) and Suresh and Taj (2015) both considered the impact of job-satisfaction on the mental health of teachers. In both studies it was found that there is a direct relationship between job-satisfaction and mental health. Suresh and Taj (2015) however also considered the impact of job stress on the mental health of the participants in their study. The studies of Aliakbari (2015) and Suresh and Taj (2015) motivated me to investigate how job satisfaction and occupational/job stress influenced the mental health of Coloured females working in historically disadvantaged Special Schools.

4.1.1.2. South African studies related to the mental health of teachers working in mainstream schools

Literature on six South African studies with regards to teachers' mental health and well-being are reviewed below. Studies are discussed in terms of methodology, study samples and the instruments used but also in terms of research results. These studies are discussed in relation to the present study.

A study by Jeena (1998) examined teachers' mental health status, stress levels as well as incidents of burnout during a period of vast reorganisation or reshuffling, cut-backs and the phasing in of Outcome Based Education as well as the possibility of retrenchments within the South African Education system. The study further investigated whether differences in these specific health measures were associated with gender, age as well as the post levels of teachers. Another aim was to determine participants' perceptions of the changes and reorganisation in education. The research design used by Jeena (1998) was a descriptive study with a cross-sectional design. A sample of 217 teachers from 10 urban primary and secondary government schools in Pietermaritzberg in Kwazulu-Natal participated in the study. This sample comprised of teachers, principals, deputy-principals and heads of department and was characterised by an unequal proportion of female (55.8%) and males (44.2%). The data collection tool used by Jeena (1998) was a self-reporting questionnaire which included two different standardised psychometric instruments as well as a section on redundancy and reorganisation issues. The General Health Questionnaire (GHQ) developed by Goldberg (1972) is a mental health instrument designed for detecting diagnosable non-psychotic disorders. In Jeena's study the GHQ was used to measure teachers' mental health status during a period of change in education. The Maslach Burnout Inventory is a psychometric test which measures occupational stress as well as burnout in human service workers. The inventory is designed in such a manner that it measures three aspects of the burnout syndrome namely: emotional exhaustion, depersonalization and lack of personal accomplishment. The section on redundancy and reorganisation issues was designed by Jeena for use in the study and consisted of three sections. The first section gathered demographic data; the second section the participants' perceptions regarding reorganisation, change and possible redundancy in education. The third part was an open-ended question in which participants were allowed to write and reflect on any issues surrounding the uncertain as related to their careers which the researcher may not have touched on. Demographic data,

MBI scores and GHQ scores were tabulated to assist with the analysis of the results. Statistics were calculated using the Statistical Package for Social Science (SPSS-X, 1997).

The GHQ indicated that the mental health status of teachers was poor and that they were severely stressed. Results further indicated that teachers experienced poor mental health irrespective of their gender, age, and post levels (Jeena, 1998). Mental health scores for both genders were meaningfully higher than the standardised norm as established by Goldberg (1976). No significance existed between the genders of the sample with regards to their mental health status. With regards to the MBI there was a significant high score in comparison with the norm (Maslach & Jackson, 1986) for personal accomplishment therefore indicating low-levels of burnout. A significantly higher score than the norm (Maslach & Jackson, 1986) for emotional exhaustion was also indicated while depersonalisation for the sample was also meaningfully lower than the norm (Maslach & Jackson, 1986). Meaningful correlations existed between emotional exhaustion and depersonalisation but also between depersonalisation and personal accomplishment (Jeena, 1998). In terms of gender and MBI scores, the scores for female participants with regards to the subscale emotional exhaustion were significantly higher than the norm (Maslach & Jackson, 1986) while the subscales of depersonalisation and personal accomplishment showed no significant differences for females. It was indicated that male participants scored meaningfully higher than the norm as established by Maslach and Jackson (1986) on the subscales personal accomplishment. Jeena (1998) pointed out that no noteworthy relationship existed for the male participants on the subscales of both emotional exhaustion and depersonalisation. When comparing scores of the MBI with the study sample, female participants scored meaningfully higher on emotional exhaustion while males scored higher on personal accomplishment. However, no noteworthy differences were found between age and post-level categories and MBI scores. Regarding redundancy and reorganisation issues, results indicated that many teachers were stressed and anxious about the changes in the education system. This was reported to have a negative impact on participants' health and their personal lives. Jeena's study (1998) indicated that with regards to the open-ended questions, the bulk of the participants indicated that they experienced increased levels of stress, frustration, irritation, fearfulness as well as emotional disturbance.

Daniels and Strauss (2010) conducted a study with the aim to explore teachers' personal constructions of their emotional well-being as influenced by learners, their parents, administrators and the South African National Education Department. The participants for that study was a group of six high school teachers of which the three females taught in two former Model C schools while the three males taught in the two former Coloured schools. The latter comprised predominantly of Black and Coloured learners from working class communities in the Helderberg area of the Western Cape Province (Daniels & Strauss, 2010). Data was collected qualitatively through semi-structured interviews as well as through reflective journals which participants were requested to keep for a period of one month.

Participants were requested to record their experiences and emotions related to school as a place of work as well as issues they had to deal with in their respective work environments. Daniels and Strauss (2010) found that participants expressed mostly negative emotions about the school environment and their work which had become emotionally exhausting to them. Participants reported that their interactions with both colleagues and learners have become energy sapping and they displayed extremely low levels of emotional well-being. The fragility of these teachers were furthermore apparent as participants experienced low morale and were diagnosed with the following symptoms: feelings of frustration, depression, being uncared for, feeling unworthy, disempowered and having a negative self-concept are symptoms that they were being diagnosed with. Daniels and Strauss (2010) reported that participants' emotional state showed similarities with the clinical diagnosis of major depressive episode as seen in the DSM-IV (Diagnostic and Statistical Manual of mental Disorders, 2000) and that their mental state was impacting negatively on the quality of their work. The following factors impacted negatively on teachers' emotional well-being: under resourced schools with specific reference to material and equipment, overcrowded classes, heavy workloads, peer evaluations, unfair and unreasonable request from the DBE and the WCED who are regarded as an unsympathetic and autocratic employer who enforces curricular changes. A lack of support and guidance by departmental administrators as well as subject advisors who lacked knowledge and who were unable to assist with the implementation of the new curriculum also presented as a problem. Disrespectful learners also posed challenges for these teachers (Daniels & Strauss, 2010). No comparisons in the study of Daniels and Strauss were made with regards to gender differences and mental health status.

What elicited my initial interest in the study of Daniels and Strauss (2010) was the inclusion of two former Coloured schools in their research project. The participants in this study worked in schools that served lower socio-economic communities, these schools were therefore historically disadvantaged as is the case of the schools used for research purposes in the present study.

Another qualitative study under review was conducted by du Plessis and Subramanien (2014). In their study, these scholars explored the perceived challenges pertaining to a group of multigrade teachers working in the rural Uitenhage District in the Eastern Cape Province of South Africa. In monograde schools the learners are grouped according to their grades while a particular teacher is assigned to every class or grade. However, in multigrade schools learners of various grades are combined and placed in the same classroom irrespective of ages and abilities. A total number of 19 teachers participated in the study. The gender profile of the study sample was not reported. Data was collected qualitatively through the use of nine semi-structured interviews, two focus group interviews (which consisted of three members per focus group) and 19 open-ended questionnaires. The study findings were presented in a three-order typology while the generative theory of rurality was used as a lens for discussion of the data. Challenges which influenced participants' well-being was looked at in terms of first-order levels (micro, individual and self); second order levels (meso and school) and third order levels (macro, beyond school, or system wide). The most pertinent study findings (du Plessis and Subramanien, 2014) which had a negative influence on the emotional well-being of teachers are discussed below:

First order barriers on micro (self) level: Participants expressed that the DBE was uncaring by not supporting the needs of their schools. Participants felt that they were not prepared or trained properly to teach or support the needs of multigrade classes. Teachers additionally held a negative view or perception with regards to the learners.

Second-order barriers on meso (school) level: Isolation and the long distances between rural school locations and towns or urban areas impacted on communication with universities and the district office while various challenges hampered the attendance of workshops. The DBE expected that all learners receive the same tuition according to the curriculum irrespective of the different levels in the same class. Time constraints hampered appropriate planning and

teaching while a lack of funding impacted on the resources available for proper teaching and learning. Participants found it challenging to implement a curriculum that was designed for monograde schools within a multigrade school system.

Third-order barriers on macro (system-wide) level: A lack of support received from parents. Departmental support from officials at school level was additionally reported as a problem since they lacked the necessary experience and skills to assist multigrade teachers.

All of these challenges impacted negatively on teacher well-being (du Plessis & Subramanien, 2014).

Vazi, Ruiter, Borne, Martin, Dumont and Reddy (2013) on the other hand did a quantitative cross-sectional survey with a large sample of Eastern Cape primary and high school teachers in South Africa. The aim was to assess the relationship between the indicators of well-being and participants' experience of psychological stress. The importance of these well-being indicators in explaining psychological stress variance amongst participants was furthermore evaluated. The sample consisted of 562 fulltime teachers. No mention was made about the number of male and female participants. All the participants in the study of Vazi et al. (2013) were said to be Black Africans. It was mentioned that the main inhabitants of this region were isiXhosa speakers (83.4%) coming from the Nguni tribe (Statistics South- Africa, 2009). The majority of teachers in the Eastern Cape are reported to be female (72%) as indicated by (Eastern Cape Department of Education, 2008). The assessment instrument used in the study of Vazi et al. (2013) was a self-report questionnaire that included previously validated scales to assess stress, personality characteristics, environmental stressors as well as subjective and psychological well-being variables.

My personal interest in the study of Vazi et al. (2013) was more with the latter two dimensions (subjective and psychological well-being variables) of the assessment since both these dimensions are prominent in the present study. In order to measure subjective well-being (Vazi et al., 2013) made use of the Satisfaction with Life Scale as developed by Diener (1985) which assesses life satisfaction. Positive and negative affect were each measured using the Positive Affect, Negative Affect Scale (Watson, Clark & Tellegen, 1988). Vazi et al. (2013) used the shortened version of Ryff's (1989a, 1989b) psychological well-being scale to measure its six dimensions which are: personal growth, autonomy, environmental mastery,

self-acceptance, purpose in life and personal relations. The study findings by Vazi et al. (2013) which were most significant indicated that stress is widespread amongst the participants. Both subjective and psychological well-being factors added meaningfully to the explained stress variance. Furthermore, both negative affect and role problems had a noteworthy positive correlation with stress. While it was found that psychological well-being had a strong inverse relationship with stress.

Another quantitative study that looked into aspects of teachers' mental health is the study by Hansen, Buitendach and Kanengoni (2015). The purpose of their study was to ascertain the relationship between psychological capital (PsyCap), subjective well-being, burnout as well as job satisfaction while exploring whether (PsyCap) mediates the relationship between subjective well-being and burnout. According to Hansen et al. (2015) psychological capital arose from the field of positive organisational scholarship. It is based on the belief that when an individual's hidden potential is unlocked there is also a focus on their excellence, both the individual and the organisation (that the individual is part of), will benefit. Psychological capital involves a person's positive psychological state of development which is characterised by: having confidence (*self-efficacy*) to succeed when doing challenging tasks, having (*optimism*) about succeeding now and in the future. It concerns working hard to achieve goals while having (*hope*) or the ability to redirect plans if necessary in order to achieve goals. It also concerns possessing the ability to bounce back (*resilience*) in times of adversity and so attain success. The study of Hansen et al. (2015) consisted of a sample of 103 teachers in the Umlazi region of Kwazulu Natal (89 females and 14 males) of which 74 were White, 22 Indian, 6 African and 1 of mixed race which I assume refers to Coloured, as is the commonly-used description within the South African social context. Thus, the Hansen et al. (2015) study hardly included Coloured participants unlike the present study which focuses on participants identifying themselves as Coloured in terms of racial grouping.

Data in Hansen et al. (2015) was collected quantitatively through the use of a combined questionnaire which consisted of a biographical data sheet, a Psychological Capital Questionnaire, a Satisfaction with Life Scale, the Burnout Inventory and the Minnesota Job Satisfaction Questionnaire. The main study findings in the study of Hansen et al. (2015) indicated a statistical and practically significant relationship between PsyCap, subjective well-being, burnout and job satisfaction while PsyCap was found to mediate the relationship

between subjective well-being and burnout. Findings from the study revealed that as teachers' levels of subjective well-being increased their levels of PsyCap decreased. These results support the trait-based debate related to the construct of PsyCap which suggests that individuals who are satisfied with their lives, experience recurrent positive emotions and occasional negative emotions; are therefore less likely to draw on the internal positive psychological resources that are inherent to PsyCap. Therefore, when participants' levels of PsyCap are high their levels of exhaustion and disengagement are low. Vazi et al. (2013) claim is supported by the findings in the study of Hansen et al. (2015). Vazi et al. (2013) propose that subjective well-being may have a positive effect on burnout with aiding potential in times of distress therefore, decreasing the negative onset or effects of burnout.

The study findings of Hansen et al. (2015) indicated that as subjective well-being increased there was a decrease in participants levels of exhaustion and disengagement, hence indicating that subjective well-being may have prevented the feelings of disengagement and exhaustion that teachers may have experienced in their workplace and work tasks. Therefore, one can make the inference that when low levels of exhaustion and disengagement were encountered, levels of job satisfaction were high. The study findings of Hansen et al. (2015) thus resonated with those of Vazi et al. (2013).

The qualitative study by Poggenpoel and Myburgh (2006) was conducted in two phases. Phase one was an exploration of how teachers experience aggression and violence while phase two focused on the formulation of strategies that could facilitate or promote the mental health of the teachers involved. The study was conducted at one secondary school, in an informal settlement in South Africa. Twelve teachers were interviewed which included equal numbers of females and males. Data was collected through the use of in-depth phenomenological interviews, written personal stories and naïve sketches, observations and field notes. Three themes emerged from the data analysis, I will summarise findings emerging from phase one only because of its relevance in terms of the purpose of the present study while only mentioning the suggested strategies of phase 2 briefly. A discussion thereof follows.

Phase 1: First theme: A culture of disrespect and aggression between learners but also between learners and teachers were reported by participants. Teachers also reported passive-aggressive behaviour from colleagues when they do not submit work on target dates.

Second theme: High work-loads lead to teachers working after school which in turn resulted in frustration and irritation and left participants worried about their children who were unattended at home. Taking work home limited quality time spent with family.

Third theme: Teachers also experienced frustration and irritation when they reflected on anger and aggression demonstrated by both learners and colleagues.

Briefly, phase one was about participants' experiences and reactions towards learners who exhibit disciplinary problems but also about relational difficulties experienced with colleagues which all stems from acts of anger and violence. Strategies suggested in phase two that might possibly facilitate improved mental health of teachers included a variety of intrapersonal, interpersonal and environmental strategies.

The following discussion compares the most significant similarities and differences of the reviewed studies and focuses on how they relate to the present study.

The aforementioned studies (Daniels & Strauss, 2010; du Plessis & Subramanien, 2014; Hansen et al., 2015; Jeena, 1998; Poggenpoel & Myburg, 2006; Vazi et al., 2013) were all conducted in public mainstream schools while they focussed on occupation-related factors in relation to teacher well-being. The study by Poggenpoel and Myburgh (2006) was however different to the other studies since it specifically focussed on how the experiences of aggression and violence at one secondary school, in an informal settlement in South Africa influenced the mental health of teachers. The study of Hansen et al. (2015) presented a unique study because at the time of its publication no research had been previously conducted using psychological capital (PsyCap) as a mediating variable between subjective well-being and burnout in South Africa (Hansen et al., 2015). Jeena (1998) was the only author who looked into and compared elements related to the mental health status of the participants in her study. Similar to the present study, Daniels and Strauss (2010); du Plessis and Subramanien (2014) as well as Poggenpoel and Myburgh (2006) all conducted qualitative studies while interviews were predominantly used as a method of inquiry. Hansen et al. (2015); Jeena (1998) and Vazi et al. (2013) administered their studies quantitatively.

My interest was specifically with the operations within historically disadvantaged Special Schools. The two former Coloured schools in the Daniels and Strauss (2010) study can be compared with the historically disadvantaged Special Schools which were the employment sites of participants in my study. Historically disadvantaged Special Schools also accommodate mainly Black and Coloured learners from a lower socio-economic background as in the case of the study of Daniels and Strauss (2010). The study of Hansen et al. (2015) which only included one Coloured person in their research sample again alerted me to the fact that Coloured people are easily excluded or either remain in the minority in research studies. The studies by Daniels and Strauss (2010); du Plessis and Subramanien (2014); Hansen et al. (2015); Jeena (1998); Poggenpoel and Myburg (2006) and Vazi et.al (2013) prompted me to focus on the overall mental health of Coloured female teachers specifically. It also guided me as researcher to extend the dimensions of factors which could provide a more comprehensive reflection of teachers' mental health status in general. My study thus goes a step further by focussing on both the personal (private/home) and work lives of participants with a view to ascertaining how these dimensions influence their mental health status as members of a minority group.

The model that assisted me to assess the general mental health status of teachers was Keyes' Mental Health Continuum (2002, 2005, 2007) which includes the dimensions of emotional, psychological and social well-being. Keyes' Mental Health Continuum was found to be a more comprehensive model in establishing a clearer picture of the participants' mental health status. Subsequently, an additional dimension spiritual well-being emerged from the findings. I however adapted Keyes' Mental Health Continuum for deductive use in a qualitative study. Emotional well-being was assessed by Daniels and Strauss (2010) in their study and subjective well-being/life satisfaction and psychological well-being amongst others things were assessed by Vazi et al. (2013) in their study. In order to assess subjective well-being Hansen et al. (2015) made use of the Satisfaction with Life Scale as developed by (Diener, Emmons, Larsen & Griffin, 1985). However, in the present study, positive and negative affect as well as life satisfaction which form part of the emotional well-being component as well as psychological and social well-being as put out in Keyes' Mental Health Continuum (2002, 2005, 2007) were assessed. The reason for choosing to use Keyes' Mental Health Continuum in the present study was to obtain a holistic picture of the mental health status of the participants in this study.

4.1.1.3. Special School teachers and mental health

Various studies on mental health related to job-satisfaction, job-stress, burn out, and well-being of teachers in mainstream schools are reported in literature as seen and discussed above. There, however, seems to be a paucity of research done concerning the mental health experiences of teachers working in the Special School system. Through a review of the literature a few international and local studies were identified that specifically focussed on the mental health of those teaching in Special Schools.

a) A review of international studies addressing the mental health of teachers working with the learners with special needs

In the following discussion I review some international studies related to the mental health and well-being of teachers working with learners with special needs in Special School settings, or in mainstream schools that included special needs classes.

Poonam and Malik (2016) recently conducted a quantitative study in which they compared the mental health of male and female Special School teachers in five schools in South Delhi India. The sample size comprised of 60 participants and included equal numbers of females and males. Data was collected using the Mental Health Inventory (MHI), a self-reported scale that assesses mental health. The scale was constructed and standardized by Jagdish and Srivastava (1984). Data was statistically analysed and research results indicated that the overall quality of mental health amongst Special School teachers is poor. However, males teaching in Special Schools seem to enjoy better mental health than their female counterparts in terms of autonomy, positive self-evaluation, environment competence and group orientated attitude. Although, in terms of the dimensions of: Perception of reality and Integration of personality the females participants in the study possessed better mental health than the male participants.

Platsidou and Agaliotis (2008) conducted a study on burnout, job satisfaction and job-related sources of stress among Greek Special School teachers. A sample of 127 participants (49 male and 78 female) full-time teachers, teaching in Special Schools and special (inclusive/integrated) classes at the primary school level in public schools participated in the study. Data was collected via the Greek version of the Maslach Burnout Inventory (Maslach et al., 1996) which was translated by Kokkinos (2006), the Employee Satisfaction Inventory

developed by Koustelios and Bagiatis (1997) as well as the Inventory of Job-related Stress Factors developed by Platsidou and Agaliotis (2008) for use in this study. Data was analysed quantitatively. Research results with specific reference to the level of burnout in Greek Special School teachers at primary school, indicated that teachers did not experience high levels of stress in any of the three burnout dimensions assessed. Participants' perceived levels of emotional exhaustion and depersonalisation was reported to be very low while the feeling of personal accomplishment was high. Results indicated moderately high levels of satisfaction with their job as well as with their principals and school organisation as a whole. Participants furthermore reported moderate satisfaction with working conditions and low satisfaction with the prospects of both promotions and remuneration. With regard to gender, findings showed that gender was not found to be a noteworthy predictor of individual differences amongst the sample. The only exception however was in the "satisfaction with pay" subscale, where male teachers appeared to be meaningfully less satisfied with remuneration than their female counterparts. A further four factors were identified as job-related stress factors. However, none of these four factors were experienced as overwhelming and, in general participants did not experience high levels of stress. These factors included: teaching learners in multi-categories of special needs in one classrooms, assessment of learners, programme organisation and implementation, as well as the collaboration with experts in the field of special education, parents and colleagues.

Male and May (1997) investigated the quality of stress, burn-out and workload in teachers of learners with special education needs (SEN). Eight local education authorities (LEA's) in south-east England were nominated to represent a cross-section of areas with regards to inner city, urban and rural differences. Demographic, political, cultural, economic and social factors were also taken into consideration. Within each LEA provision was made for the three different types of Special School populations which included: moderate learning difficulties (MLD), severe learning difficulties (SLD), and schools for learners with emotional and behavioural (EBD) difficulties. Seven ordinary or mainstream inclusive schools from each LEA were randomly selected for inclusion (bringing it to a total number of 56 ordinary schools). In the case of ordinary/mainstream schools only learners in secondary schools were included. According to the authors the reason for this decision was to ensure that potential study participants were practising teachers of learners with special education needs (SEN) rather than head teachers or their deputies who sometimes perform a dual role in primary

schools. A total of 221 teachers participated in the study of which 82 were ordinary/mainstream special education need (SEN) teachers while the others included 42 participants who teach learners with emotional and behavioural difficulties (EBD), 40 teaching learners with moderate learning difficulties (MLD) and 57 participants teaching learners with severe learning difficulties (SLD).

Data was collected through a questionnaire which included three areas, namely: biographical data, job-related feelings and work-overload. Biographical data included sex, age, teaching history and qualifications. In the job-related area it was expected of participants to identify the most intense sources of stress they experienced in terms of their jobs. They were furthermore expected to share their personal opinions regarding how they felt when they thought of themselves as stressed. The participants' responses to this section of the questionnaire were qualitative. In the second part of the questionnaire the participants were asked to complete the education version of the Maslach Burnout Inventory (MBI) developed by (Maslach & Jackson, 1986). The MBI assesses the three aspects of burnout which are inclusive of emotional exhaustion, depersonalisation as well as feelings of reduced personal accomplishment. The third section focussed on the quality of occupational stress for these teachers.

The findings in Male and May's study (1997) indicated that although general claims for burnout may not be justified through the quantitative data there was evidence of a high level of emotional exhaustion within all three (EBD, MLD and SLD) Special School settings as measured by the Maslach Burnout Inventory (MBI). A meaningful number of the participants of the study reported that they were emotionally overextended and exhausted by their work. Work-load and work-overload was reported to be high for SEN teachers working in ordinary /mainstream schools as well as teachers working in MLD and SLD settings. SEN teachers working in ordinary/ mainstream (inclusive) schools however only reported moderate levels of emotional exhaustion. Teachers of learners with moderate learning difficulties (MLD) and to a lesser extent those participants teaching, learners with severe learning difficulties (SLD) reported that they experienced reduced personal accomplishment. With regards to feelings of depersonalisation, participants, teaching children with emotional and behavioural difficulties (EBD) scored relatively high in comparison with the other sample groups of the study. Qualitative data generated by the study indicated that concerning sources of stress, ordinary

school (special education need) SEN teachers as well as moderate learning difficulties (MLD) and severe learning difficulties (SLD) teachers reported high levels of workload or lack of time as being the most intense source of stress. Learners with challenging behaviour also caused intense stress for all groupings of participants in the study but in particular for teachers of learners with emotional and behavioural difficulties (EBD).

Another study conducted by Adeniyi, Fakolade and Tella (2010) investigated the alleged reasons of job stress among Special School teachers working in 10 Special and integrated schools in two geo-political districts in Nigeria. A total of 50 Special School teachers working in integrated and Special Schools were randomly selected and participated in the study (21 males and 29 females). Data was collected quantitatively, by means of a questionnaire namely; the Job Stress Inventory (JSI) as developed by Akinboye (1999) which was adapted for use in the study. Data was analysed using descriptive statistical methods which included frequency count, percentage, mean as well as standard deviation. This study's findings indicated that participants endured high levels of stress in the course of executing their duties. The stressors experienced by Special School teachers included; a lack of learner academic progress which resulted in moderate stress, while heavy workloads, lack of assistance from the government concerning instructional materials as well as an increase in the number of learners or over population caused extreme stress to participants. Results also indicated; that the personal lives of the participants, integration of learners, as well as continuous responsibility for learners, evoked moderate stress. In terms of personal accomplishment results revealed; that taking responsibility for learners, level of education, as well as marital status of teachers caused moderate stress. Findings further indicated that special needs learners with more than one disability as well as those with severe disabilities caused participants extreme stress, while confronting learners with severe disabilities caused moderate to severe stress for these teachers. The degree and nature of disabilities of special needs learners thus evoke stress within teachers.

A relatively recent study by Ghani, Ahmad and Ibrahim (2014) examined factors that contributed to stress and occupational stress amongst Special School teachers in Penang Malaysia. A total of 92 Special School teachers employed in 20 schools were selected randomly to participate in the study. Data was collected quantitatively through the use of a self-reported stress questionnaire based on the Teacher Stress Inventory previously developed

by Boyle, Borg, Falzon and Baglioni (1995) and adapted by Mokhtar (1998) and Mazlan (2002) for use in the Malaysian school context. The questionnaire included 2 sections. The first section of the questionnaire focussed on participants' biographical details including race, gender, age, field of study, academic qualifications and length of teaching experience, monthly salary and marital status. The second section focused on teachers' work stress and consisted of 48 questions. Data was quantitatively analysed by using the Statistical Package for Social Science (SPSS) version. The study findings revealed that the overall stress levels of participants were moderate. The most significant results indicated that learner misbehaviour was specified as the strongest source of teacher stress while other factors included; heavy workloads, lack of resources, a lack of recognition for work performed, challenging interpersonal relationships with administrators and education officers, as well as a lack of colleague cooperation. Another noteworthy finding indicated that there was no significant difference of work stress amongst participants based on their gender and marital status.

Conversely, Mapfumo, Mukwidzwa and Chireshe (2014) did a comparative study on teacher stress and coping strategies amongst teachers working in four mainstream schools and three Special Schools in Zimbabwe. These seven schools were conveniently selected and 80 teachers participated in the study. Both mainstream and Special Schools had equal representation in terms of participants; 40 teachers (20 females and 20 males). Data was collected using a stress diagnostic questionnaire which was adapted from the work of Antoniou, Polychroni and Walters (2000) after some initial work done by Kyriacou and Sutcliffe (1979). Participants were also invited to report on how they coped with stress and what system changes within the Ministry of Education, Sport, Arts and Culture in Zimbabwe could possibly improve or prevent teacher stress. Data was statistically analysed with regard to stress levels and coping mechanisms. Data was further analysed by comparing the stress levels of mainstream and Special School teachers. Findings indicated that both groups of teachers, mainstream and Special School were reported to be stressed due to a perceived lack of governmental support, deficiency of resources and heavy workloads. Special School teachers additionally reported that the time spent on assisting individual learners' generated stress within them. The stress levels of teachers were in general high. However, stress for females teaching in both mainstream and Special Schools were reported to be higher than those of their male counterparts.

The following discussion compares the most significant similarities and differences of the reviewed studies and how they relate to the present study.

The research results of the reviewed studies were similar in terms of the various outcomes and indicated that the mental health of teachers of learners with special needs are influenced by a combination of factors which vary in degree depending, in turn, on other factors, most notably context. The most noteworthy reasons for teachers experiencing high levels of stress in the reviewed studies included: increased or heavy workloads (Adeniyi et al., 2010; Ghani et al., 2014; Male & May, 1997; Mapfumo et al., 2014), lack of resources (Adeniyi et al., 2010; Ghani et al., 2014; Mapfumo et al., 2014); big classes or an increase in the number of learners (Adeniyi et al., 2010; Mapfumo et al., 2014), learner misbehaviour and discipline problems (Ghani et al., 2014; Male & May, 1997) and learners with more than one category of special needs (Adeniyi et al., 2010; Platsidou & Agaliotis, 2008). The comparative studies involving female and male teachers (Ghani et al., 2014; Mapfumo et al., 2014; Platsidou & Agaliotis, 2008; Poonam & Malik, 2016) elicited mixed findings. For a final reflection on gender and mental health please refer to page 206-208 of this chapter.

In comparison with the present study the reviewed international studies (Adeniyi et al., 2010; Ghani et al., 2014; Male & May, 1997; Mapfumo et al., 2014; Platsidou and Agaliotis, 2008) essentially focused on occupational factors associated with stress. These factors are of importance since they have a major influence on mental health and well-being and therefore the present study also examined occupational stress factors. However, the present study additionally explored personal/home related factors more intensely; these are allegedly known to have a big influence on females' overall mental health status as also indicated by (Van Zyl & Pietersen, 1999). Furthermore, the present study is unique because it placed emphasis on historically disadvantaged South African Special Schools with a particular focus on the experiences of female teachers. The workplace environments of mainstream and integrated schools are different to those of Special Schools mainly because of the various types of learners in terms of identified disabilities, levels of functioning and barriers to learning. The present study is also unique in relation to the reviewed studies; since it investigated a specific racial minority group (Coloured females) working in what can be referred to as a minority work set-up (historically disadvantaged Special Schools).

In the reviewed studies data was primarily collected quantitatively and statistically analysed.

The present study was however a qualitative study using a critical feminist lens to give these female participants coming from a minority group and working in historically disadvantaged circumstances a 'voice'. An opportunity was therefore created for participants to share their views about factors influencing their mental health with regard to personal and professional factors. De Vault and Gross (2006) pointed out that feminist researchers' embrace interviewing as a method of collecting data since it allows for making the voices of women heard to the outside world.

b) A review of local studies relating to the mental health of Special School teachers

A limited number of research studies have been conducted within the Special School system in South Africa with specific reference to teacher's mental health and well-being. In the following discussion I review and discuss three of these studies. These studies are important in relation to each other but also in relation to the present study since they allow for making comparisons.

The studies of Carstens (2004) and Oliver and Williams (2005) were qualitatively conducted while Strydom, Nortjé, Beukes, Esterhuyse and van der Westhuizen (2012) conducted a quantitative study. The aims of these studies centred mainly on occupation-related factors that influenced the well-being of Special School teachers. These studies triggered my interest in examining how both occupational and personal/home related experiences contributed to the mental health status of teachers working in historically disadvantaged Special Schools specifically.

Both the studies of Carstens (2004) and Oliver and Williams (2005) were two-fold. Carstens (2004) was firstly interested in understanding the experiences of teachers working with chronically and terminally ill learners in a hospital school setting. Secondly, Carstens suggested or recommended guidelines to support teachers working in hospital schools. In phase one of their research project, Oliver and Williams (2005) explored and described the experiences of Special School teachers with regards to the challenges they faced in teaching mentally handicapped (intellectual disabled) learners. In phase two the authors provided guidelines that emanated from the findings that were obtained from the results of phase one. The aim of the guidelines was to assist teachers with the process of educating intellectually

disabled learners. Added guidelines were provided in the form of a handling approach aimed at assisting teachers with skills to address the daily challenges they faced within the workplace in a more capable and confident manner. Carstens' (2004) research setting which was a hospital school is one type of a Special School. Strydom et al. (2012) reminds that Special Schools provide for learners with social, emotional but also physical and neurological challenges. The present study also included some participants who had taught in Special Schools that specifically accommodated learners who were chronically and terminally ill. Teaching such learners comes with added challenges such as working with learners with dual diagnoses that may cause occupational stress and therefore pose possible mental health challenges (Galloway, 1985).

Similar to the present study, the studies of Carstens (2004) and Oliver and Williams (2005) were also phenomenological studies, focussing on the experiences of teachers in their workplace. De Vos et al. (2005, p. 268) explain that “a phenomenological study is a study that attempts to understand people’s perceptions, perspectives and the understanding of a particular situation”. Phenomenological studies assist researchers with interpreting and understanding the meaning that people attach to their daily lives and how they experience certain phenomena (Creswell, 1998; De Vos et al., 2005; O’Leary, 2005).

The research design that Carstens (2004) used for her interpretive enquiry was a case study that focussed on only four teachers in this specific hospital (Special) School compared to the bigger sample of the present study. Carstens (2004) collected data through participatory observation, documentations and semi-structured interviews while Oliver and Williams (2005) made use of in-depth interviews only. The present study also obtained data through the use of in-depth, semi-structured interviews. It emerged from Carstens’ (2004) study that a teacher working in a hospital school setting should possess a very specific temperament in order to deal with constant emotional chaos and uncertain circumstances. These teachers ought to be highly committed, while being team players as they are expected to collaborate with various disciplines on a daily basis, especially collaboration with the medical professionals working within hospital settings. These teachers ought to be able to collaborate with other hospital school teachers since they need to draw strength from each other to cope in their unique work setting. Hospital school teachers should be able to accept the reality of teaching the terminally ill but also the reality of sudden childhood deaths (Carstens, 2004).

Some of the teachers in the present study worked with terminally ill learners hence they were faced with the reality of learner mortality daily. These teachers were placed in situations where they needed to learn to accept the fact that they often work with sick and dying learners, challenges that accompanied their positions as Special School teachers.

Like Castens (2004), Oliver and Williams (2005) also used a case study approach in a single Special School as a research setting, where participants taught mentally handicapped/ intellectually disabled learners. The study of Oliver and Williams (2005) was conducted in the city of Port Elizabeth situated in the Eastern Cape of South Africa. Participants in this study were purposively selected and they represented individuals of diverse races, genders, socio-economic backgrounds, language and religious groupings. Findings of the study conducted by Oliver and Williams (2005) indicated that special education is different from mainstream education and challenging by its very nature hence special demands are placed on teachers. There were various factors that affected the stress levels of Special School teachers negatively. These included; challenges in teaching learners with different levels of intellectual disability in the same class, language difficulties, discipline problems due to learner pathologies, teachers' additional roles and responsibilities and stigmas attached to teaching in a Special School versus a mainstream school while scant resources and a lack of strong leadership were also seen as factors that caused stress (Oliver & Williams, 2005). Participants in the Oliver and Williams (2005) study indicated that they needed support including: a need for orientation with regards to their tasks, a need for specialized training, assistance by experts in the field of special education from the DBE to assist teachers with curriculum challenges, a need for support personnel such as occupational therapists and psychologists to assist teachers in their classrooms as well as support from the parents of learners. Despite all the negatives and challenges Special School teachers reported that they find their work rewarding and fulfilling.

Strydom et al. (2012) unlike Carstens (2004) and Oliver and Williams (2005) did a quantitative study. The broad aim of the study was to investigate the level of job satisfaction amongst 101 teachers, 73 females and 28 males working in six Special Schools in the Bloemfontein area of the Free State, South Africa. Four of these schools were situated in suburban areas and two schools in the Mangaung, the latter were badly maintained in comparison to the schools in the suburban areas. Strydom et al. (2012) attempted to ascertain

whether there were any particular differences in the average job satisfaction scores in terms of race, gender and years of service. Participants represented Afrikaans and English-speaking teachers from different racial groupings and both genders. Data was acquired through the use of a biographical questionnaire, and the Minnesota Satisfaction Questionnaire (MSQ) developed by Weiss, Davis, England & Lofquist (1967) which was used to obtain information regarding the level of teachers' job-satisfaction. A single free response question was also added to get participants' personal opinions about their job satisfaction. Data was analysed quantitatively and results indicated that participants experienced average job satisfaction with no difference between males and females in this regard. A difference in job satisfaction in terms of racial groupings was reported, with White teachers experiencing greater job satisfaction with regards to intrinsic and general job satisfaction compared to Black teachers. Differences with regards to job satisfaction between races can possibly be due to Black teachers having to work mainly in poorer communities where resources remain scarce and where there is a reduction in parental involvement due to both parents needing to work.

The aims of the present study included aspects of all three reviewed studies (Carstens, 2004, Oliver & Williams, 2005; Strydom et al., 2012) with the unique focus on the mental health status of Coloured females, teaching in historically disadvantaged Special Schools in the Cape Metropole of the WCED. In this section Strydom et al. (2012) were the only authors to compare job satisfaction in terms of gender. Data was analysed quantitatively and results indicated that participants experienced average job satisfaction with no significant difference between males and females.

In the following section I review some studies conducted with female teachers in South African schools.

4.1.1.4. Studies conducted with female teachers in South Africa

The following seven studies were exclusively conducted with females, teaching in different school settings within the South African context. The authors of the studies reviewed and explored different dimensions of female teacher experiences in their workplace. The objectives of these studies were thus divergent and so were the study results.

A recent study was conducted by van der Merwe, Myburgh and Poggenpoel (2015) with the objective to explore and describe female teachers' experiences of aggression in the workplace- which were two private schools. Similar, to the present study, this study was performed qualitatively by using a phenomenological approach. The study sample consisted of 8 female teachers who could participate in the study by means of three different options. Firstly, data could be obtained through interviews and secondly, through interviews and written naïve sketches. The third option was written naïve sketches only. Observations were made through the research process as well as field notes. One of the important exclusion criteria was that the participant should not occupy a managerial position while experiencing the aggression. The study findings indicated that three factors influenced participants' experiences of aggression in the workplace. In the first theme, it was highlighted that different perceptions influenced female teachers' experiences of aggression. The focus here was on females' perceptions and experiences of their own personalities. Participants who described themselves as good-natured in terms of their personalities felt that they were abused and victims of aggression due to this characteristic. The second theme indicated that the pressure experienced by teachers in the school system formed an integral part of their experiences of aggression. The most noteworthy pressures in the school included: work-load and work-pressure which was complicated by unreachable and high expectations.

Interpersonal pressure also posed challenges for participants. Interpersonal pressures were experienced as; aggression by participants which included perceived victimisation, discrimination and unfairness. Professional jealousy and a lack of recognition were also big sources of aggression for participants. The third theme underscored the effect of aggression on participants which included physical and psychological symptoms while participants started to isolate or withdrew themselves as a defence mechanism. Teachers became critical of themselves resulting in decreased self-worth and feelings of inferiority.

Research in the present study was conducted in the Special School system whereas the study of van der Merwe et al. (2015) was conducted in two private schools. These schools are usually well equipped in terms of the required resources in comparison to the present study that was administered in historically disadvantaged, under resourced public schools. The present study looked into the mental health status of female teachers and took into consideration various factors both personally and professionally that might influence

teachers' mental health status whereas van der Merwe et al. (2015) looked at aggression or acts of aggression and its effects on teachers.

One of the main exclusion criteria in the study of van der Merwe et al. (2015) was that a participant should not occupy a managerial position, in contrast the study of Lumby and Azaola (2014), focuses specifically on females as school managers or principals in South Africa. The latter study explored how gender, language, religion and ethnicity either negatively or positively influenced females' success in terms of their principal role as well as their leadership experiences. The paper draws on qualitative data from a mixed methods study that was carried out in Gauteng and the North West provinces. Lumby and Azaola's (2014) study revealed three orientations to the relevance of the role of mothering females in leadership positions, namely: female principals reflect upon their mothering skills as a means of self-improvement; female principals utilise their mothering skills in order to attempt and overcome social problems relevant to their learners and specific communities and lastly participants used their mothering skills to "trouble gender", meaning they promote being a female teacher as a better option than being a male teacher. Thus creating capital for gender in the workplace. The aim of the study was to differentiate between female and male approaches to leadership and to portray the latter as less effective.

Unlike the Lumby and Azaola study (2014); the present study did not include school managers. However, in both studies it was reported that participants had acquired affective and practical skills through motherhood that they use in the work environment to cope with particular difficulties.

The study of Jarvis (2013) is unique in that it explored how female teachers' religious and cultural identities inform their teaching-learning of gender equality in their classroom practice. To facilitate exploration the following objectives were considered.

- What selected female teachers envisaged, as gender equality.
- How the religious and cultural identities of the participants shaped their gender identity in a multi-religious and multi-cultural context.
- To define how the gender identity of participants informed their teaching-learning of gender equality in their classroom practice.

The collection of data took place in four provinces within six government schools and included both rural and urban contexts. Similar to the present study Jarvis adopted a feminist lens to assess female experiences. Data was collected by means of self-administered questionnaires, written narratives but also through individual semi-structured interviews. The study findings, reported next, were organised to respond to the objectives noted above. They are:

- Participants were found to be at the same level in their understanding of human rights. Participants understood that gender equality is a human right which informs that males and females should be treated and valued equally.
- Participants were shaped by the religious and cultural discourse in which they were located. They exercised agency by disassociating with, and espousing a ‘counter-position’ to patriarchy in their personal domain. These female participants experienced a dilemma since they were, to a certain extent, unable to exercise the gender identity transformation which they reportedly practiced in their personal lives, also in their professional and social domains. Findings indicated that although participants filled an important position as teachers in society; men in their view, insisted that they remain silent and not challenge male control/domination. By not challenging male domination and remaining silent, participants, were succumbing to the collective voices of men in their religious and cultural discourse and by doing so, they contributed to their own oppression.
- Participants reported that at no point in either their initial teacher training or in any in-service courses did any of them receive formal preparation in the teaching-learning of either life orientation or curriculums associated with it, or its subject specialisation. Teachers recounted difficulties in the teaching-learning of gender equality as part of the Life orientation curriculum. Most of these teachers reported that they did not know how to negotiate their own personal gender identity which is required of them as professionals. However, it was expected of them to foster gender equality in the classroom.

Jay (2012) investigated female teachers’ perceptions of occupational stress. The study sample consisted of 30 female primary school teachers and focused on various socio-economically deprived schools within the Johannesburg area of Gauteng. Jay (2012) conducted a

qualitative study using a structured questionnaire designed by the researcher, to collect data. It commenced with biographical questions followed by open-ended questions. The mode of analysis was thematic content analysis as proposed by Braun & Clark's (2006). Data analysis indicated nine categories of sources of stress experienced by participants. These included: under resourced schools due to socio-economic deprivation, incongruence between the DBE and participants, excessive administration duties, multiple role expectancy, huge teacher-learner ratio's, language barriers, lack of parental involvement which also created challenges with learner discipline. Support from colleagues was however mentioned as a positive factor in buffering or relieving teacher stress.

Occupational stress usually has a direct influence on a workers mental health and therefore my interest in the Jay's (2012) study. Jay's study thus prompted me to focus on the occupational stressors that influenced the mental health status of Coloured females, teaching in historically disadvantaged Special Schools. Historically disadvantaged Special Schools can be seen in the same light as the socio-economically deprived schools as investigated in the Jay's study. Socio-economically deprived schools are deprived of resources as well as choices and opportunities while its continuation and reproduction are intrinsically linked to systemic entrenchment of discrimination which came about due to Apartheid (Jay, 2012). Socio-economic deprivation extends into home environments as well as the work environments of which schools form a part. Socio-economic deprivation is thus experienced by teachers on a daily basis (Jay, 2012). These experiences are a reality to teachers and therefore affect their occupational lives, hence their mental health.

Another study conducted with female teachers was that of Engelbrecht, Swart and Eloff (2001) who investigated the stress and coping skills of 10 primary mainstream females teaching learners with Down's syndrome in inclusive classrooms (five boys and five girls). The research sample consisted of 10 teachers of which five were from the Western Cape and the other five from Gauteng. Each of these teachers had a learner with Down's syndrome in their mainstream classrooms. The study was done qualitatively. Participants initially had to complete the Teacher Stress and Coping (TSC) questionnaire and afterwards participated in semi-structured interviews. The study findings in terms of job-related factors affecting teachers' mental health status indicated that in almost every case a teacher with a Down's syndrome learner in their classroom felt that they were not always able to meet the

educational and behavioural needs of these learners and found it challenging to manage them. Challenges experienced by teachers varied while some of the most noteworthy stressors included were: managing the behaviour of Down syndrome learners who mostly had limited speech and poor communication abilities, some of these learners were attention seeking while others were withdrawn, often learners displayed inappropriate social behaviour. Teachers had difficulty monitoring other learners while attending to the Down syndrome learners in their classrooms. A lack of support in the classroom such as no teacher assistant and inadequate resources was another factor that placed stress on teachers.

Van der Linde, van der Westhuizen and Wissing (1999) conducted a study in secondary schools in the North West Province with the aim to determine burnout in female teachers. A total of 560 female teachers received questionnaires. They constituted 12, 9% of the female teachers in secondary schools in the province. The number of questionnaires returned was 421 and were completed by Afrikaans, English and Tswana speaking teachers. Two standardised questionnaires the “Maslach Burnout Inventory (MBI) and the “Pines Tedium Measure” were applied to empirically determine the extent to which female educators suffer from burnout. Study results were statistically analysed and indicated that for each subscale of the MBI which included emotional exhaustion, depersonalisation and a lack of personal accomplishment, more or less half of the teachers employed by the North West Education Department experienced a moderate to high degree of burnout with regards to the frequency and intensity scale. The Pines Tedium Measure also referred to as the Pines burnout scales, indicated that more or less than a third of the female teacher sample experienced a moderate to high degree of burnout while 18% of the teacher sample suffered from burnout that could be classified as severe to acute. The study additionally indicated that female teachers who differed with regards to: their home language, the medium of instruction in the schools where they were employed, years of teaching experience and the area where the school was situated; also differed with regard to the degree of the burnout experienced. Study results indicated that female teachers with 16-20 years of work experience, with Afrikaans as home language, teaching in Afrikaans medium schools as well as those teaching in urban/suburban schools, experienced a higher degree of burnout than their colleagues in other demographic and biographic categories.

Another study done with female teachers was conducted by Knowles, Nieuwenhuis and Smit (2009) with the aim to determine how mother educators perceive their role as a mother and a professional educator/teacher and how they reconcile role expectations that may differ. A qualitative research design was used to gather data while a constructivist perspective was applied using narratives as a method of understanding human behaviour as well as social behaviour from the participants' point of view. Four female teachers were purposively selected for inclusion in the study. Participants came from similar, White, middle class socio-economic backgrounds, were all working mother-educators between ages 28 and 35 years with children ranging from 3 months to two years of age. These females had full-time professional careers prior to having children. None of these teachers had a promotion during their careers. The research results indicated that mother-educators found it challenging to deal with multiple role expectations. Noteworthy findings indicated that the roles of mothers and educators are associated with matriarchy, parenting, nurturing, guiding, loving, sensitivity and emotion. The participants of the study felt obligated to care, nurture and protect children—their own or their learners. Participants experienced a sense of altruism accompanied by a tendency to prioritise the needs of others above their own. Their choices were primarily directed or influenced by the needs but also desires and feelings of other people. Mother-educators committed themselves both physically and emotionally to their cultural and societal context. They claimed that they knew what the needs of both children and parents are, due to their professional training. Ironically, they often blocked what they knew by sacrificing the needs of their own children for the sake of taking care of other people's children (their learners) which left them with guilt and feelings of inadequacy.

The participants of the study were under the impression that with parenthood their role had to change completely and that motherhood had to take precedence over their sense of self. Analysis of the data furthermore revealed that the value system of mothers that were in relationships or married, displayed uniformity as well as diversity. Uniformity can be explained in terms of society's views that mothers are biologically the primary caregivers, the one who takes care of the child's needs. However, how mother-educators practically exercised this responsibility, varied from person to person, while they had varying feelings about their husbands' contribution in parenthood.

4.1.1.5. Race and teachers' mental health in South -Africa

Greene (2010) points out that race is a social construct and for this reason it cannot be absolute, it has however enormous power which one is unable to ignore. Being part of a minority group in any situation has a significant influence on the mental health of individuals. Racism, discrimination as well as reduced life opportunities related to segregation, pose developmental risks for people of colour, those who are not part of mainstream society (Coll & Szalacha, 2004). Coloured female teachers in terms of their minority racial grouping status in South Africa are an important area of focus in this present study.

In a South African study conducted by Davids and Waghid (2015) the authors explored the issues of race and ethnicity of minority group teachers at schools. The authors examined how the silence around conversations on race, ethnicity, religion, culture and language (what they refer to as 'otherness') led to an invisibility that pretended that there was no difference in terms of these mentioned constructs. The authors further investigated how this invisibility of 'otherness' experienced by the participants affected their teaching in a number of diverse classroom settings. Lastly, in exploring a conception of 'otherness' the authors looked for a language that could break down the silences around race and racism, one that was not necessarily founded by race but a language that would re-imprint itself on a re-imagined consciousness of post-Apartheid citizenship" (Davids & Waghid, 2015, p. 156).

Davids and Waghid (2015) explored the experiences of minority group teachers at respectively; Black, Coloured and White high schools which were located in the Western Cape. Three teachers participated in the study; a White teacher employed at a Black school, a Black teacher employed at a Coloured school and an Indian male at a White school. The Black school teacher corps included 4 White teachers while the rest of the teachers were all Black and so were the learners. The school was situated in a township, with poor infrastructure and parental support. The staff at the Coloured school consisted of 38 Coloured teachers and only one Black teacher. Both the Black and Coloured schools had a high teacher learner ratio but the Coloured school was better equipped in terms of facilities and resources than the Black school. The Coloured school however suffered a great deal of theft, vandalism and violence which spilled over from the community into the school environment. The White school enjoyed considerable privileges in terms of both resources and facilities. It had a teacher corps of 77 of whom the majority 63 were White, 3 Black, 9 Coloured and 2 Indian.

The school enjoyed high parental involvement and support, small classes and specialist teachers. Learner demographics were around 65% White, 25% Coloured and Indian while the remaining 10% was Black learners. The authors found that “at the heart of all three narratives there appeared to be a loss of agency and meaning through a silence of not being heard” (Davids & Waghid, 2015, p. 162).

The White teacher taught for eight years at a White school but saw an opportunity to teach at a Black school as a fresh start which allowed her the opportunity to make a meaningful contribution to the new democratic society. She liked teaching at the Black school and enjoyed friendly relationships with most of her Black teacher colleagues. Things however started to change for her when she became concerned about a bullying incident involving a learner at school. For the first time after teaching for three years at the school she was accused of not understanding the culture of Black people and her concerns were dismissed. This incident was shortly followed by another unrelated incident where the majority of the unionized teachers decided not to teach in support of demands related to higher salaries. Her decision not to conform and to continue teaching led to her being accused of undermining and contravening the ‘spirit of transformation’ which in turn led to her being alienated and resented by her Black colleagues. She experienced an escalation in alienation and hostility and eventually she decided to leave the school.

The Coloured school was the Black teacher’s first teaching experience after she qualified in 2008. Prior to her appointment, this teacher had no specific preference as to where she would have liked to teach because she believed that she could fit in anywhere and that she would be able to add value to any classroom. She qualified as a teacher specialising in Mathematics and Life Orientation and although she was appointed in these two capacities, she mostly taught Life Orientation and Mathematic Literacy. She was told by the principal that the school has embarked on a Mathematics programme and that she was in need of mentorship before she could slot into the Mathematics curriculum. However, three years later she still found herself in the same position while being burdened with Drama as an extramural activity even though she had no prior experience thereof. She often felt alone being the only Black teacher and spent break time mostly on her own or chatting to one of the support staff ladies who was the only other Black person on the staff. She described her relationship with her colleagues as friendly but never socialized with them or had a meaningful conversation with

any of them. She appealed to the principal several times to allow her to teach Mathematics but her request was repeatedly declined and her professionalism was thus undermined. The principal justified his decision by stating that she (the teacher) was doing a splendid job in Mathematical Literacy and that the mathematical team of teachers worked well together and could not be disrupted. She considered leaving the school but did not do so because of her concern for the Black learners at the school and the lack of support available to them, the role that she played through teaching Life Orientation as well as her involvement with the choir which consisted of Black learners only. She realised that she played a major role in the education of Black learners at the school and had been employed at the school for a period of six years.

The Indian teacher who was eager to advance his career was appointed as Head of Department (HOD) at a former White school. Previously he taught Accounting for ten years at an Indian school. He soon realised that although he held the position as HOD the departmental meetings were organised and managed by the 'more senior' teacher who also moderated all the examination papers with the excuse that he needed to learn to understand the 'ethos' of the school. At his previous school he taught grades 11 and 12 but at this school he was only allowed to teach grades 9 and 10. He felt further undermined by parents' requests that their children be taught by other (White) teachers. The principal assured him that it was not his teaching but rather his accent that was the problem and that he should try and change it. This comment left him feeling insecure and frustrated. He connected with the Coloured teachers but struggled to be himself around the others. His decision to leave after 10 months came after the principal asked him whether he intended to take leave to celebrate Eid not realizing that he was a practicing Hindu. All the mentioned factors played a part in him deciding to leave the school.

The study concluded that with the emphasis (at the dawn of a democratic dispensation in South Africa) placed on defying external racial exclusion which was promulgated through Apartheid, not much attention had been given to what Young (2000) refers to as 'internal exclusion'. Many South Africans are aware and familiar with purposeful exclusion on the grounds of their culture, ethnicity and race which is accompanied by feelings of disempowerment. However, many might be less familiar with forms of internal exclusion as it is not a topic being openly discussed, heard of or seen. According to Davids and Waghid

(2015), Young (2000) highlighted the “inclusion” of minority groups that were merely included on a “physical” level since their presence could not be equated to being seen or heard. The three abovementioned studies also reflect similar narratives.

A study by Van Zyl and Pietersen (1999) was conducted with 66 White, secondary school teachers of which (26) were male and (40) females working in traditionally White schools. At the time of the investigation these teachers attended a life-skills course and data was obtained from them through the completion of self-evaluation questionnaires, data was thus collated quantitatively. The aim of the study was to determine the effect of biographical factors and the organisational climate on teacher stress levels. The Experience of Work and life Circumstances Questionnaire developed by the Human Science Resource Council (1991) was used to examine causes and levels of stress experienced by participants’ while the Psychological (Work) Climate Questionnaire (Koys and de Cotis, 1994) was used to measure the demands of (work-climate factors) on individuals. Lastly, a biographical questionnaire also developed by the Human Science Research Council (n.d) intended to collect data on sex, age, length of service, qualifications, marital status and home language was used.

The study of Van Zyl and Pietersen (1999) focused on factors that impacted on the high stress levels of teachers. These factors included: inadequate autonomy, a lack of recognition of good performance but also a lack of opportunities to be innovative (Van Zyl & Pietersen, 1999). Results of the same study furthermore indicated that age and marital status had a meaningful effect on participants stress levels. Married teachers were reported to experienced significantly more stress than unmarried teachers while the female teachers’ in the study experienced considerably higher levels of stress in comparison to their male counterparts due to the responsibilities that accompany their marital role. According to Hayward cited in Van Zyl and Pietersen (1999) common to all the stressors experienced by teachers in South Africa, is the political change which resulted in changes in the structure of teaching.

Ngidi and Sibaya (2002) conducted a study with 444 Black teachers at 24 schools in the province of KwaZulu-Natal. The sample consisted of 186 males and 258 females. The aim of the study was to determine the relationship between Black teachers personalities and their stress levels with regards to work-related factors. The study was quantitatively conducted and the Eysenck Personality Questionnaire (Eysenck and Eysenck, 1975) and Occupational Stress

Inventory for Teachers (OTIS) developed by Okebukola and Jegede (1989) were adapted for use in the study. Data was statistically analysed. Findings in the Ngidi and Sibaya (2002) study that I have found to be most noteworthy, is that the political changes experienced in South Africa is said to be the underlying factor that caused stress in the teaching environment (Ngidi & Sibaya, 2002). Findings furthermore revealed that the levels of stress experienced by the participants in the study were relatively high in comparison to those of teachers in first world countries. It was furthermore reported that introversion and educational changes were related, meaning introverted teachers were more prone to stress than extroverted teachers. Ngidi and Sibaya (2002) explain that neuroticism in their study refers to a neurotic or emotionally unstable teacher. According to the authors a neurotic teacher presents as: overly reactive, worried, anxious, having a tendency to respond irrationally while often being rigid in their responses. Neuroticism was found to be a big predictor of stress in circumstances that involved learner misbehaviour, time pressure and administrative problems. These conditions of work decreased teachers' happiness and efficiency in their place of work (Ngidi & Sibaya, 2002). Another interesting finding was that qualified female teachers experienced greater stress from educational change than unqualified female teachers.

In a more recent study Boshoff (2014) investigated self-regulation and psychological well-being in a group of Black South African teachers. The thesis consisted of three sub-studies and investigated: participants' levels of occupational stress and mental well-being and how these two variables were related to each other. The study furthermore investigated the association between self-regulation and participants' self-reported levels of mental well-being. The study additionally investigated the role of the sub-constructs of the self-regulation process as found in teachers' self-reported levels of mental well-being and the natural progression of self-regulation within a highly stressful work environment over a period of three years. It progressed to establish how long-term changes in the self-regulation of individuals who found themselves in high-stress working conditions are associated with changes in their self-reported levels of stress and mental well-being (Boshoff, 2014). Data was collected by using quantitative measures and was statistically analysed. Significant findings of this study indicated that this group of teachers experienced high levels of stress as well as symptoms that were indicative of mental illness to such an extent that it merits psychiatric intervention. However, teachers also reported that self-regulation or self-control contributed positively to the improvement of their mental health.

The study of Boshoff (2014) contributed positively to a holistic understanding with regards to the importance of self-regulation as a protective factor in a context that were extremely stressful, specifically with regards to the promotion of well-being on both a short and long term basis. Boshoff (2014) motivated me to look into what self-regulation methods were implemented by the females in the present study to protect and promote personal well-being and thus positive mental health.

The studies of Ngidi and Sibaya (2002) and that of Boshoff (2014) conducted with Black teachers are divergent in both focus and study results.

Through a review of literature related to the mental health and well-being of teachers in South Africa it was noticed when racial groupings were considered for research purposes it was mostly either White or Black groupings of participants in terms of the Apartheid racial classification system. This is also seen with Van Zyl and Pietersen (1999) who in their study focused on White teachers whereas Ngidi and Sibaya (2002) and Boshoff (2014) as well as Vazi et al. (2013) focused on Black teachers solely. These studies once again confirmed my suspicions that there is little interest in researching Coloured teachers as a minority racial grouping in South Africa, in terms of their mental health issues and this inspired me to conduct this study. However, Davids and Waghid (2015) adopted a fresh approach when they investigated the experiences of minority group teachers and ‘otherness’ in the South African school context. Davids and Waghid (2015) were able to provide three teachers (White, Black and Indian) who experienced internal exclusion due to numerical inferiority within their work settings with a voice to share their experiences and how it impacted on their well-being.

My interest in mental health issues as well as being a self-identified professional Coloured woman allowed me to give a ‘voice’ to Coloured people especially women by moving them from the margins to the centre. What makes the present study thus distinctly different in comparison to the mentioned studies it that it solely focused on the mental health of Coloured female teachers in relation to both the private and professional or occupational domains of their lives.

4.2.A reflection on gender and mental health with regards to both international and national studies reviewed

A reflection on studies in terms of gender comparisons and gender with specific reference to being a female in relation to mental health challenges experienced by teachers, found that studies were performed in various countries within various school contexts. Studies had different areas of focus or aims and outcomes. Studies were performed in both mainstream, integrated and Special Schools. By nature these schools are not the same since it may not necessarily present the same scenarios in terms of nature and characteristics of student population, school infrastructural facilities and environment as well as school management and conditions of service as confirmed by (Oliver & Williams, 2005). According to Afifi (2007, p. 385.) important factors to consider relate to: “gender-based differences which may emanate from biomedical (genetic, hormonal, anatomical, physiological), psychosocial (personality, coping), epidemiological (population-based risk factors) or a more global perspective which include (cultural, social, economic, and political processes) that will ultimately produce differential risks for females and males”, hence influence the mental health of these genders differently. This is possible one explanation why the reviewed studies yielded mixed results.

Studies conducted in mainstream schools internationally included those of Aliakbari (2015), Galgotra (2013); Ilgan et al. (2015), Pachaiyappan and Raj (2014), and Prathima and Kulsum (2013) compared the mental health of female versus male teachers. The findings of these studies did not always concur for example; Prathima and Kulsum (2013) found that male teachers possessed better mental health than female teachers. Conversely, Pachaiyappan and Raj (2014) as well as Aliakbari (2015) and Ilgan et al. (2015) found that female teachers had better mental health than their male counterparts. Galgotra (2013) however found that there was no meaningful difference in terms of the mental health of secondary female and male teachers.

The only reviewed study in this chapter that relate to the mental health of teachers in mainstream schools in South Africa that looked into gender comparisons, is that of Jeena (1998) who established through the General Health Questionnaire (GHQ) that study participants presented as being extremely stressed and that they experienced poor mental health irrespective of their gender. Jeena (1998) found that in terms of gender and MBI

scores, the scores for female participants with regards to the subscale emotional exhaustion were significantly higher than the norm (Maslach & Jackson, 1986) while the subscales of depersonalisation and personal accomplishment showed no significant differences for females. Results showed that male participants scored meaningfully higher than the norm as established by Maslach and Jackson (1986) on the subscale of personal accomplishment. According to Jeena (1998) no noteworthy relationship existed for the male participants on the subscales of both emotional exhaustion and depersonalisation. Jeena (1998) indicated that when comparing scores of the MBI with the study sample, female participants scored meaningfully higher on emotional exhaustion while males scored higher on personal accomplishment.

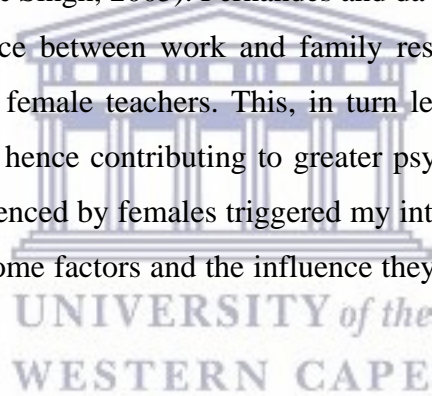
The comparative studies involving female and male teachers reviewed in this chapter and performed in Special Schools internationally include those of (Ghani et al., 2014; Mapfumo et al., 2014; Platsidou & Agaliotis, 2008; Poonam & Malik, 2016) also elicited mixed findings. Poonam and Malik reported that male and female teachers' mental health status differ in that they enjoyed better mental health in different dimensions or areas of mental health. Platsidou and Agaliotis (2008) as well as Ghani et al. (2014) indicated that gender was not a noteworthy predictor of work stress while Mapfumo et al. (2014) found that females teaching in Special Schools reported higher mental health than their male counterparts.

In a study conducted by Strydom et al. (2012) in Special Schools in the Bloemfontein area of the Free State, it was found that participants experienced average job satisfaction with no difference between males and females in this regard.

This chapter also highlighted a number of local and international studies that look into the mental health and well-being of female teachers solely (e.g. Engelbrecht, Swart and Eloff, 2001; Jarvis, 2013; Jay, 2012; Kalita, 2015; Knowles et al., 2009; Lumby and Azaola, 2014; Singh and Singh, 2005; van der Linde et al., 1999; van der Merwe et al., 2015). These studies were divergent in their objectives and therefore yielded mixed results.

Noteworthy study results however indicated that female teachers in relation to males find it more stressful to strike a balance between work and home responsibilities. Regarding female teachers stress and the work-home interface, Fernandes and da Rocha (2009) point out that

since there are more females than males in the teaching profession, this could possibly have a negative effect on the mental health of females since they have extended workdays which includes both professional and domestic activities. Knowles et al. (2009) and Singh and Singh (2005) found that often female teachers find themselves faced with the contradictory and complementary aspects of the numerous roles such as being both mother and a professional person and that they therefore experience work-family conflict. Van Zyl and Pietersen (1999) found that female teachers experienced significantly higher levels of stress than their male counterparts due to their marital status and accompanied responsibilities. Work and family demands are not necessarily the same for males and females since the former often play a more passive role than the latter with regards to household and childcare responsibilities. Singh and Singh (2005) suggest that females are therefore in need of more care than males. Experiencing difficulty in managing all their activities effectively, may possibly evoke feelings such as irritation, guilt, inadequacy and stress for working females (Knowles et al., 2009; Singh & Singh, 2005). Fernandes and da Rocha (2009, p.18) agree that the difficulty to find a balance between work and family responsibilities usually leads to increased feelings of guilt in female teachers. This, in turn leads to higher predispositions towards the onset of diseases hence contributing to greater psychological demands at work. All of these challenges experienced by females triggered my interest in investigating both the organisational and personal/home factors and the influence they have on the mental health of female teachers.



4.3. Summary

The chapter consists of a review of both international and local studies related to the present study in terms of work/occupational and home stressors, job satisfaction as well as other factors influencing teachers' mental health and well-being. The literature review included reviews of both international and local studies related to teachers' mental health working in both mainstream and Special Schools. Gender and race variables in relation to teachers' mental health were also included in the literature review. The next chapter will address the methodological underpinnings of this research study.

CHAPTER 5

RESEARCH METHODOLOGY

Feminist research, like any research, creates knowledge. It differs however, from 'objective' research in that its methods are in part also its findings. In the oft-noted twist in conversation, 'the means are the ends' (Wang, Burris and Ping, 1996:1392).

5. Introduction

In this chapter I motivate and describe the ontological, epistemological and methodological frameworks that both guided and influenced my research. I describe my research paradigm and link it to the design and method I deemed appropriate for use in this research study. I also set out my research aims and questions. Furthermore, I identify the research population and explain the research instrument that was used to collect the data as well as the procedure for data collection. This chapter also features an overview of the method applied to analyse the data and issues related to trustworthiness and ethical considerations. This chapter concludes with a summary of the discussions in the chapter.

5.1. My research aim

My research aim was to understand and explore the experiences of Coloured female teachers working in historically disadvantaged Special Schools in the four districts of the Cape Metropole particularly with regards to their mental health and to examine possible personal and organisational factors that may explain an association with their mental health status.

In order to achieve this aim, my specific research questions are as follows:

5.1.1. My main research question

What are the experiences of Coloured female teachers in historically disadvantaged Special Schools of the four education districts of the Cape Metropole with regards to their mental health including the organisational and personal factors that influence and explain the mental health challenges of these women?

5.1.2. Sub questions

- What are the general descriptions of the mental health status of Coloured female teachers working in historically disadvantaged Special Schools in the four districts of the Cape Metropole for the Western Cape Education Department?
- How do the unique workplaces of the historically disadvantaged Special Schools affect or influence the mental health of selected Coloured female teachers working in these schools?
- What are the personal and occupational factors that influence or explain the mental health of Coloured female teachers teaching in historically disadvantaged Special Schools in the Cape Metropole of the Western Cape?
- What are the types and roles of support structures that are in place for Coloured female teachers working in historically disadvantaged Special Schools in the Cape Metropole of the Western Cape, to cope with mental health problems associated with their work places?

5.2. Research paradigm

I start this discussion by explaining the meaning of the concept ‘paradigm’ and proceed to the research paradigm of choice for this study. According to Babbie (2007, p. 32) paradigms are world-views, ‘models or frameworks for observation and understanding that shapes both what we see and how we understand it’. Doucet, Letourneau and Stoppard (2010) assert that paradigms influence individuals’ general perspective on the complexities of the real world. Babbie (2007) argues that paradigms are perspectives of looking at reality and that these frames of reference are used to organise observations and reasoning.

According to Denzin and Lincoln (2000b) the specific paradigm selected by the researcher will guide the researcher in philosophical assumptions about the research as well as the selection of methods, instruments, participants and the tools to be used in the study. Ponterotto (2005) points out that there are various paradigms that are utilised to guide research. Doucet, et al. (2010) state that the decision regarding which research paradigm is most suitable for a particular research study depends equally on the research question and problem, while the philosophical assumptions the researcher holds, have implications for the research questions posed.

Guba and Lincoln (1994) point out 4 key paradigms that primarily compete for acceptance as the paradigm of choice namely: positivism, post-positivism, constructivism-interpretivism and lastly critical theory and related ideological positions.

5.2.1. Motivation for choice of paradigm

Ponterotto (2005) states that a research paradigm sets the climate for a researcher's study by shaping what issues the researcher chooses to examine and what methods are selected for investigation. De La Rey (1997) states that feminist perspectives encourages the production of knowledge that is situated in social positioning and location. McNulty (2012) explains that the researcher who adopts the feminist approach is vital in the research process since the impact of her experiences as well as her values on the research needs to be taken into consideration while an open acknowledgement of perspective is imperative. I have positioned myself as researcher within the "standpoint" perspective while seeing myself as a "critical feminist".

According to Mc Nulty (2012) critical feminism, entails an orientation to social action, the exploration of the social, cultural and material aspects of women's lives as well as their differences. I am however, aware that critical feminists by no means agree on, and speak with one voice on all issues concerning women. I am in agreement with Rhode (1990) who argues that the strength of critical feminism lies in building on what make women different without forgetting their commonalities. Rhode argues that the objective of critical feminism should be to highlight multiple accounts of diverse women in order to avoid privileging any universalist or essentialist perspective. Understanding, that resonate with women shared experiences is needed without losing touch of their diversity and, in this manner the factors that divide them become a basis for enriching theoretical perspectives and expand political alliances (Rhode, 1990). This is what I planned to achieve through this study therefore my focus was on Coloured females only.

I see myself as a locational feminist and find myself in the 'women of colour feminism' camp. The reason for my focus on 'women of colour feminism' as in Locational feminism is because for too long (Agboola, 2014; Friedman, 1998) White feminist 'sisters' believed that they spoke for all women under the pretence of homogeneity of experience but, instead they have focused on their own oppressions and overlook differences in terms of race, class, age

and sexual preferences. I reject the belief that there is only one type of woman experience and embrace the notion that there are as many types of women as there are experiences. Enns (2010) shares that locational feminist's critique feminism that is based on generalisations regarding the lives of middle class women while moving both the experiences and perspectives of diverse groups of individuals like the Coloured female teachers in this study, from the margin to the centre of exploration. This study recognizes the primacy of Coloured women's personal subjective experiences by respecting and privileging their voices.

5.2.2. Critical theory and the Feminist approach/paradigm

The research paradigm of choice for this study is critical theory also known as the critical-ideological paradigm (Ponterotto, 2005). Its origins can be traced to a group of German scholars affiliated to the Institute of Social Research at the University of Frankfurt in the 1920's and influenced by the work of Karl Marx (Creswell, 1998 & Ponterotto, 2005). According to Doucet et al. (2010) critical theory is an intellectual movement and not a specific theory but rather an umbrella term for several alternative ideological approaches including feminism, critical race, and queer theory. This study is located within the feminist approach, this approach allowed me as novice researcher to understand, make sense and interpret how participants experience the world they live and function in.

The focus of this study was on the mental health of Coloured females teaching in historically disadvantaged Special Schools. Critical theory approaches are congruent with the social mandate of health care providers and used in the development of health care knowledge. Critical theorists are of the opinion that mental health problems result from disadvantaged social situations (Doucet et al., 2010). According to Creswell (1998) and Doucet et al. (2010) the central themes of focus for critical researchers include the study of social institutions and their transformation and emancipation through the interpretation of the meanings of social and historical factors - this is social struggles, domination, oppression and alienation. Critical researchers critique society and envisage new possibilities (Creswell, 1998). Both Coloured women and Special School teachers are minority groups. Coloured women furthermore hold a disadvantaged social position in South Africa in terms of their Apartheid history and status (Boswell, 2011). The features of the feminists approach, including the focus placed on the value of women's experiences along with women's' subjectivities, the critical deconstruction of gender, plus reflexivity but also inter-subjectivity as well as the emancipatory momentum,

all join up in an attention-grabbing ways in women's health research (Ironston-Catterall et al., 1995). These are only some of the reasons why I have chosen the critical theory paradigm coupled with the feminist approach as most appropriate for this study.

Scotland (2012) argues that a paradigm consists of various components. Regarding this Creswell (1998) and Ponterotto (2005) discuss five philosophical assumptions that they deem important. These are the anchors of ontology, epistemology, axiology, rhetorical structure and methodology. As I discuss these anchors that have guided and influenced my research in relation to Critical theory and its related ideological positions, in this case the feminist approach, my reasons for choosing the former, will become clearer.

5.2.2.1. Ontological –the nature of reality

According to Mouton (1996) and Scotland (2012), ontology is the study of being or reality. Mouton (1996, p. 46) used the term “social ontologies” to refer to “conceptions of the ontology of social reality”. Hennink, Hutter and Bailey (2011) explain that ontology pertains to what we think reality looks like and how we see the world. Guba and Lincoln (1994, p. 108) insist that the ontological question is: “What is the nature and form of reality and therefore, what can be known about it?” and if a ‘real’ world can be assumed what can be known about it in terms of how things really are and how these things really work. It also reflects on questions like “What kind of a being is the human being?” (Denzin and Lincoln, 2008, p. 31). Ontological issues are said to address the nature of reality for the qualitative researcher. There are multiple realities that are constructed by those involved in the research situation: being the researcher, the study participants and the readers or audience interpreting the study (Creswell, 1998).

Ontological orientation adopted for study

According to Ponterotto (2005) critical theory maintains that reality is constructed by cultural, ethnic, economic but also social, political and gender values which are historically rooted while acting as sources of oppression. This is referred to as historical realism (Scotland, 2012). Ponterotto (2005) argues that the aim of this type of inquiry is raising the oppressed to a true level of consciousness. Freeman (1990) contends that feminists place emphasis on gender differences and how it relates to the rest of social organisation. Attention is focussed on the treatment and oppression of women as well as the limitations in how other

aspects of social life, concerning women are understood and examined. I intended to use the opportunity to make the Coloured female, Special School teacher participants, aware of their unique mental health needs.

According to Freeman (1990) the feminist theory is mainly women-centred and it provides a lens for the study of the experiences of women in society, specifically of women's status and position, based on the premises that women's experiences emerge from social, political and economic structures. Freeman states that a feminist approach seeks to gain a feminist perspective that avoids gender-bias in the results. It tries to evaluate how gender affects politics, history and literature and was established to provide manifold narratives of women beyond the typical views (Crofts, Hungria, Monfries & Wood, 2011).

Denzin and Lincoln (2008, p. 33) state that “feminist, ethnic, Marxist, cultural studies, and queer theory models privilege a materialist-realist ontology, that is, the real world makes a material difference in terms of race, class and gender”. Feminists disapprove of the traditional scientific research paradigm especially its specific way of knowing as disempowering and androcentric (emphasizing a masculine interest) to women. This view is also echoed by Bart (1998), Doucet and Mauthner (2006), Landman (2006), McNulty (2012), Weber and Parra-Medina (2003) who argue that men's claims to ‘know’ a women's nature, limitations, abilities and so forth has been a primary factor of feminist criticism since its birth, mainly because it is precisely these claims which get used to justify the social and political subordination of women. Harding (1987) states that feminist ontological issues concerns the idea of ‘being’ and stress the existence of patriarchal social relationships and the negative implications that these have on women.

Merrill and West (2009) point out that feminism embraces a critical perspective that disputes a number of ideas of conventional research as both patriarchal and phallogentric (a perspective that is predominantly male). Feminist researchers take a clear stance that regards women as competent enough to know what their own lived experiences are about. Therefore, self-reports and experiences of women as ‘knowers’ of their own mental health are of utmost importance in this study. This approach “stresses the importance of the subjective experience of individuals in the creation of the social world (Cohen, Manion & Morrison, 2007, p. 8).

The main concern is to develop an understanding of “the way in which the individual creates, modifies and interprets the world in which...she ... finds herself” (Cohen et al., 2007, p. 8).

5.2.2.2. Epistemology- the nature of knowledge

Epistemology investigates the relationship between the researcher’s “would –be knower” and the researched “knower”, and what can be known (Guba & Lincoln, 1994; Ponterotto, 2005). It is concerned with how knowledge can be acquired, created and communicated (Scotland, 2012). According to Hennink, Hutter and Bailey (2011), epistemology explores what might possibly represent evidence or knowledge of the social reality that is under investigation and also what specifically counts as evidence.

Epistemological orientation adopted for the study

Doucet et al. (2010) and Guba and Lincoln (1994) point out that the key epistemological assumption of critical theory is that the researcher and study participants are interconnected and that the values of both parties inevitably influence the inquiry. As selected female teachers gave permission to partake in the study and shared their story, they became participants in this study and in this way became co-constructors of the data. In feminist research, collaboration between the researcher and participants is vital; the aim is to prevent marginalisation of participants (Doucet et al., 2010).

Scotland (2012, p. 13) argues that “critical epistemology is one of subjectivism based on real world phenomena and linked with societal ideology”. Scotland further claims that knowledge is socially constructed and that it is influenced by power relations from within society. For example, Scotland points out that most of the social and psychological theory which strengthens Social constructionism (constructivism) was developed by White able-bodied males. Since knowledge claims are always rooted in the truth, consideration should be given to domination, exclusion as well as privilege and marginalisation (Scotland, 2012). Scotland states further that the critical paradigm attacks reality and that reality is alterable through human action.

According to Ironston-Catterall et al. (1995) the epistemological concerns which support the literature on women’s health but also on feminist research methods shows that how we get to know what we actually know and at whose expense we know it, is critical, not solely in terms

of the formulation of research projects that address challenges in women's health, like this present study but, it is also of importance in terms of the manner in which research is used to enable women in their daily lives. Ritzer and Goodman (2004) as well as Weber and Parra-Medina (2003) state that feminist theorists are questioning differences amongst women as well as how constructs like race, ethnicity, class, age and socio-economic status intersect with gender. Women's health research is an intricate arena that has recently begun to challenge the epistemological difficulties brought about by the acknowledgement of the above differences between women.

These difficulties have been addressed in the attempt to construct research programmes that can speak to, with, and among women and their differences as well as to, with and amongst dominant research paradigms and those policy makers they inform (Ironston-Catterall et al. 1995).

Ironston-Catterall et al. (1995) are of the opinion that feminist research explicitly focuses on women's lived experiences as well as the diverseness of the experiences. It recognises that the day-to-day experiences of women's lives are located within the larger political, social, but also, economic context and therefore feminist research aims to reveal the various social relations that form both the realities and lives of women. This study is shaped by South Africa's Apartheid history and the many gender inequalities that exist within society.

Doucet and Mauther (2006) point out a threefold characterisation of feminist epistemologies that was initially proposed by Harding (1987b) this is feminist empiricism, transitional or postmodern epistemology and feminist standpoint epistemology. I have positioned myself in the latter epistemology. According to Brooks (2007) feminist standpoint epistemology necessitate researchers to place women at the centre of the research inquiry. Feminist standpoint epistemology is a distinctive philosophy of knowledge building that encourages individuals to see and understand the world through the experiences and eyes of oppressed women, and to apply the vision and situated knowledge of these women to social activism and change. It is an approach to knowledge construction as well as a call to political action (Brooks, 2007). Walby (2001) argues that standpoint epistemology is based on the presumption of a gap between the knowledge of the oppressed and that of the oppressor, in which the oppressed develop their personal practices in order to develop better knowledge.

Standpoint theorists declare that all knowledge-claims are socially located, and therefore, reflect the experiences, values and activities of specific 'knowers' (Ho & Schraner, 2004).

Doucet and Mauthner (2006) explain that at the heart of feminist standpoint epistemology is the claim that the world is represented from a particular socially situated perspective and in this way representing epistemic authority. Doucet and Mauthner (2006, p.37) emphasize that knowledge has to begin in women's everyday/every night world. Ho and Schraner (2004, p. 4) argue that the lives of marginalised groups such as women, more specifically women of colour, provide for a privileged vantage point that challenges the conventional understandings of nature and society. Ho and Schraner further state that, women's lives as a result offer a vantage point for a truer understanding of society, a truth that is founded in both the nature of women's oppression and the daily reality of their labour as in the case of this study.

I believe the answers to my research question lie in the stories and lived experiences of the participants of my study. Knowledge is thus situated or located within these women. Ho and Schraner (2004) point out that the situated knowledge of women, that is, the knowledge that we gain from women's stories regarding their lived experiences, provides us with a more holistic understanding of their world, one that is less partial and misshapen by the abstract and ideological conceptual frameworks of masculinist (masculine) science. Building knowledge from women's genuine life experiences is crucial, especially if the aim is to repair the historical trends of the exclusion and misrepresentation from dominant knowledge canons (Brooks, 2007).

5.2.2.3. Methodology- the theoretical framework

Methodology explores how we gain knowledge about the world and how we collect research data and conceptualize the rest of the research process (Creswell, 1998; Denzin and Lincoln, 2008). It is the plan of action that lies behind both the choice and use of particular methods and is concerned with why, what, when, from where and how data is collected and analysed (Scotland, 2012). According to Guba and Lincoln (1994, p.108) the methodological question is, how can the researcher go about finding out whatever she or he believes can be known? The methodology that is applied is ingrained in both the ontological, epistemological and axiological assumptions that underlie the specific research study (Ponterotto, 2005).

Methodological orientation adopted for the study

According to Merrill and West (2009), feminism and feminist research methods stem from the commitment to give women, who were previously hidden or excluded in social science research, a voice. It also explores what it means to be a woman under different historical circumstances as it is in the case of this study. The above mentioned two concerns are key to this study and are addressed accordingly.

Harding (1987) explains that the methodology used is related to the epistemological stance of the researcher or, the 'rules of the game' for conducting research. Methods are the precise manner in which data are collated e.g. In-depth interviews, structured questionnaires and participant observations. Feminist methodology aims to provide a voice to women and modifies the male-orientated view that defines reality on male terms, a perspective that has dominated the development of social-science, and denied and distorted women's experiences. Feminist methodology, being inspired by revolutionary texts point out that women learn and express themselves in a different manner than men and, therefore, it is necessary to listen to women and hear what they have to say about their experiences (De Vos, Strydom, Fouche & Delport, 2005; Seale, Gobo, Gubrium & Silverman, 2012).

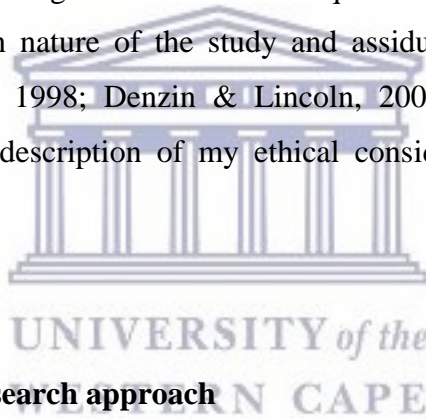
The reclaiming and validation of women's experiences has been fundamental to feminism (Seale et al., 2012). The emphasis is on the persistent influence of gender in the lives of people as well as how subjects are positioned and constructed in specific ways and how this in turn tends to marginalise the lived experiences of women (Merrill and West, 2009). The informing argument of feminist research is that social realities are gendered and in the interest of context-sensitive evidence, this factor has to be acknowledged at all stages of the feminist research process (Landman, 2006). This action orientation is reflected in the statement of purpose, topic selection as well as the theoretical orientation, choice of method, view of human nature and how the researcher's role is defined. Ironston-Catterall, McDonough et al. (1995) point out that there is a general agreement that feminist methodology aims to uncover the social relations which refute the lived realities of oppressed and marginalised groups, in particular women.

Reinharz and Davidman cited in Weber and Parra-Medina (2003) explain that the primary goal of feminist research is to improve the life circumstances of women through:

- Developing new methods to study women's strengths, not simply their victimisation.
- Valuing women as actors not only as objects of study.
- Engaging in research for the purpose of empowering women to combat oppression.
- Searching to understand the causes of oppression.
- Valuing experiential knowledge and honouring and respecting women's intelligence.

5.2.2.4. Axiology the ethical considerations

Axiology is the science of inquiry into human values as it deals with the role of the researcher values in the research process (Ponterotto, 2005). Creswell (1998) is of the opinion that both the role and close distance between the researcher and the participants' holds implications for the axiological assumptions. In qualitative studies researchers acknowledge the value-laden nature of the study and reports personal values and biases including the value-laden nature of the information gathered during field work. In qualitative research the researcher acknowledges the value-laden nature of the study and assiduously reports her biases and values in a study (Creswell, 1998; Denzin & Lincoln, 2008). A detailed report of the truthfulness of data and the description of my ethical considerations follow later in this chapter.



5.3. Research design:

5.3.1. Qualitative research approach

In order to answer my research questions a qualitative instead of a quantitative research design was used. This qualitative research design offered me the opportunity to understand or explain beliefs and behaviour as well as explain processes and understand the context of people's experiences. In qualitative research, the participants discuss and tell their stories through focus group discussions or interviews. Outcomes of quantitative studies however, lead to frequencies or correlations, averages, patterns and the identification of statistical trends (Hennink et al., 2011).

Qualitative research consists of a set of interpretive material practices that make the world visible and transform it. Denzin and Lincoln (2008, p. 4) explain that "qualitative research involves the studied use and collection of a variety of empirical materials including case studies, personal experience, introspection, life story, interview, arte -facts, cultural text and

productions, observational, historical, interactional and visual texts that describe routine and problematic moments and meanings in individuals lives”. Qualitative researchers deploy a wide range of interconnected interpretive practices in the hope of attaining a clearer understanding of the subject matter at hand (Denzin & Lincoln, 2008). It is said that each practice makes the world visible in a different way and that more than one interpretive practice is usually used in any study.

My primary aim was to afford women the opportunity to talk about their specific situations in their own words and from their own perspective. In this way they were able to highlight the factors they believed to be of importance in answering my research questions. According to Hennink et al. (2011) the qualitative research approach allows researchers to identify issues from the perspective of their study participants. It assists in understanding the meanings and interpretations that participants give to behaviour, events or objects and allows the researcher to understand the experiences of participants, a process referred to as the interpretative approach (Hennink et al., 2011). The qualitative research design sets up opportunities that are designed to lead the researcher into unforeseen areas of discovery within the lives of the study participants she is investigating. It allows for deeper investigation of behaviour within specific social settings rather than at broader populations as in the case of this study (Holliday, 2002).

Creswell (1998, p. 19) states that qualitative research is about a “deep involvement in issues of gender, culture and marginalised groups and, topics are emotionally laden, close to the people and practical”. This type of inquiry is most suitable for addressing ‘how’ and ‘what’ questions whereas quantitative methods of inquiry answer ‘why’ questions. According to Holliday (2002) qualitative research advocates the broad view that in order to understand human affairs researchers’ need to delve deep into the qualities that govern the behaviour of study participants. The aim hereof, is to understand the meaning people make of their lives by listening to their personal perspectives on life.

Denzin and Lincoln (2011, p. 6) contend that “Qualitative research is difficult to define clearly. It has no theory or paradigm that is distinctively its own...nor does qualitative research have a distinct set of methods or practices that are entirely its own”. Qualitative research is often described as a naturalistic and interpretative approach that is concerned with

exploring phenomenon from the inside in terms of the meaning people bring to them (Hennink et al., 2011; Ritchie, Lewis, Nicholls & Ormston, 2013). The qualitative approach to research is concerned with ‘special insights’ and subjective assessments of people’s voice and lived experiences as well as their behaviour, attitudes, and opinions and it takes the perspectives and accounts of participants as a starting point to explain phenomenon (Ritchie et al., 2013; Seale et al., 2012).

Reflecting upon all of these concerns it was obvious that qualitative research together with the feminist and ‘context-specific’ approaches of this study seemed appropriate since it would do justice to the personal accounts of women interviewed in this present study (Chatzifotiou, 2000). It is necessary to undertake qualitative research if we are to enrich our understanding of the many and different issues that affects people in today’s society (Dickson-Swift, James, Kippen & Liamputtong, 2006). In qualitative research the individual as a whole and in relation to their social setting is described and the researcher is actively involved in attempts to understand and explain social phenomena in order to solve what Mason (2002, p. 18) refers to as “the intellectual puzzle”. Hennink et al. (2011) point out that qualitative methods are classically used for providing an in-depth understanding of the research issues that embrace the perspectives of the population being studied and the context they function in. It allows for the exploration of new topics and the understanding of complex issues. Jack (1999) noted that qualitative enquiry tries to find new ways of understanding the interaction that takes place between person and social environment that affects the psychology and vulnerabilities of women.

Qualitative methods are more than a collection of techniques. They represent a different perspective on research and may require new assumptions but also ways of viewing (McCracken, 1988) or explicit attempts to challenge old assumptions. It is “an inquiry process of understanding, based on distinct methodological traditions of inquiry that explore a social problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting” (Creswell 1998, p. 15).

According to Moultrie and Kleintjes (2006), there is limited research done on the mental health of women in South Africa and little relevant research has been published in this area.

The method that I have chosen for this study best suits exploratory study and therefore I considered a qualitative approach as most suitable for obtaining an understanding of the relations that exist between behaviour, context and interpretations of lived experiences and events that I believe might be imperative in establishing the mental health and well-being from the perspective of participants of this study.

My reasons for choosing the qualitative approach are found in Creswell's (1998, p. 16-17) writings which suggest that qualitative inquiry is for the investigator that is willing to perform the following:

- Commit themselves to extensive time in the field.

I spent many hours in the field, trying to gain access to the historically disadvantaged Special Schools in the Cape Metropole as well as to the participants, establishing rapport and put participants at ease while collecting extensive data by means of semi-structured interviews. I engaged in a complicated process that took up a great deal of time in which I transcribed the interviews followed by the analysis of the data while having the ambitious task of sorting through the large volume of recorded data with the aim of reducing them to a few themes and categories. The analysis involved multiple readings of the interview transcripts in order to familiarise myself with it, and make sense of what was presented.

- Qualitative investigators have to write long passages and make sure that the evidence substantiates claims while showing multiple perspectives. In order to reflect the perspectives of participants I had to, at times include long excerpts in the mother tongue of participants, and then translate these quotes into English.

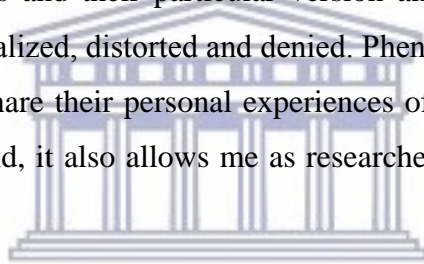
5.3.1.1. Strategy of inquiry: Phenomenological approach

Creswell (2006) proposes five traditions or strategies of inquiry that can be used to design qualitative research, namely: the narrative research, grounded theory, ethnography, case study and phenomenology.

In order to answer my research questions the phenomenological approach was used since it “explores the structures of consciousness in human experience” (Creswell, 1998, p. 51) and it enabled me to understand and interpret the meaning that participants give to their daily lives and how they experience certain phenomena (Creswell, 1998; De Vos, Strydom, Fouche &

Delport, 2005; O’Leary, 2005). It also provided me with the opportunity to interpret and describe ‘what all participants have in common as they experience a phenomenon’, (Creswell, 2006).

Bell (2010) states that the aim of feminist theory is to describe women’s oppression, explain the causes and consequences thereof, and to present strategies for liberation. Phenomenology explores phenomena which is important if you want to find out more about real-world problems (O’Leary, 2005). This approach allowed me as feminist researcher the opportunity to give a ‘voice’ to and, understand and describe the lived experiences and concerns of my participants as a minority group of marginalised and oppressed women. Phenomenology is a method that understands reality from the subjective view of the participant (Marcus & Hofmänner, 2006) and this is an important factor in feminist research. Seale et al. (2012) assert that feminist social scientists argue that men define reality on their own terms, in order to legitimise their experiences and their particular version and perception of events while women’s experiences are trivialized, distorted and denied. Phenomenology allows the women participants in this study to share their personal experiences of the phenomena under study, from their own perspective and, it also allows me as researcher to bring these reports to the surface.



O’Leary (2005, p. 165) asks “how much more insightful could change initiatives or problem resolution strategies be, if we have this level of understanding”, that phenomenology makes possible. O’Leary states if you want to effect change and aim to move people from point A to B you need to start at A, in order to both understand and appreciate A, not only intellectually but also emotionally. The approach also allowed me the possibility to question gender inequalities in society and in so doing transform the lives of women, an aim that all feminist researchers have in common (Merrill & West, 2009). In order to do a phenomenological study the researcher should be able to enter the participants “life-world” or “life-setting” and so get to understand their ‘lived experience and reality (de Vos et al., 2005; O’Leary, 2005). Life-world according to Kögler (1995), as cited in Hammell, Carpenter and Dyck (2000, p. 99) constitutes, the “taken for granted, routine of everyday life”, referring to assumptions, practices and feelings that gives meaning to that person’s ever day life. Dahlberg, Dahlberg and Nystromn (2010) point out those daily activities seem clear-cut and are taken for granted in the exact manner we take for granted the air that we breathe. Our natural attitude is to

regard it as insignificant to analyse the things that seem obvious, here I refer to our tacit or implicit experiencing of the world; however scrutiny of the tacit is essential. This is the first step that leads us to a more profound understanding of the notion of life-world as it is understood in phenomenology. According to Dahlberg et al. (2010) the phenomenological concept of the “life-world” implies an epistemology for human science research in which the question of meaning is most crucial.

Life-world phenomena including well-being, suffering, meaning, learning, teaching, understanding and remembering, caring as well as therapy are all tied to humans and their existence. This approach complemented my need to carry out research that would allow me to enter the ‘life-world’ of the participants while listening to how they voice their experiences and lived realities, and their often taken for granted daily encounters. It also allowed me to describe and document broader aspects regarding the life of women of colour especially in relation to both the public and private domain. This remains vital to the feminist qualitative research enterprise that is committed above other things to pose research questions which acknowledge and corroborate women’s experiences (Seale et al., 2012).

5.4. Population and sampling

“I might not know who holds the answer-but I do know you can’t ask just anyone and you certainly can’t ask everyone.” L.B. O’Leary (2005)

According to McMillan and Schumacher (2006) a population can be described as a group of cases or elements, it can be objects, events and in this case individuals that match definite criteria to which the researcher intends to generalise the research results. The target population in this study comprised Coloured female teachers who worked in historically disadvantaged Special Schools on the four districts of the Cape Metropole.

De Vos et al. (2005) and Seale et al. (2012) state that sampling means taking a portion of a population or universe as a representative of that population or universe that the researcher wants to study or investigate. Sampling is necessary and useful since studies often involve a population that the researcher cannot reach or access entirely. Samples make the research process controllable and allow the researcher to explore events, organisations and groups of people. It provides a window for exploring an unwieldy population (O’Leary, 2005).

According to Creswell (1998) criterion sampling works effectively when the individuals that are under study represent those who have experienced the phenomenon, where all of them meet the criterion. He states that there is a limited range of sampling strategies to use when doing a phenomenological study. The strategy that I used for this study is purposive sampling. It allowed me to group participants according to preselected criteria applicable to my specific research question. For example, participants with the relevant experiences of the phenomenon under study who were willing to participate in the study.

The population for this study comprised 30-55 year old Coloured female teachers with at least a 3-year college or university teaching diploma, working in previously disadvantaged Special Schools in one of the four districts of the Cape Metropole of the Western Cape Education Department, WCED, for at least 5 years. The criteria for this minimal amount of experience allowed participants to provide me as researcher with a useful account of their personal and professional perspective on working in the Special School system for an extended period. It also allowed them to present me with extensive descriptions of their experiences, instead of being in the midst of adjusting to the initial phase of becoming a professional this is, coming directly from university or teaching college.

The study's sample size was limited to a small group of 20 Coloured female teacher participants working in historically disadvantaged Special Schools in the 4 education districts of the WCED. However, only 3 districts responded to my call for participation and 18 females participated in the study. Small groups are typical of qualitative research where the aim is not to generalise but to generate new concepts or theories based on in-depth experiences (Hammell et al., 2000). Miles and Huberman (1994) argue that qualitative researchers work with small samples of people that are nested in their context and study in-depth.

5.5. Data gathering

5.5.1. In-depth interview

“... an interview, an inter change of views between two persons conversing about a theme of mutual interest” (Kvale, 1996, 14).

In the introduction of his book, Kvale (1996, p. 1) asks, “...if you want to know how people understand their world and life, why not talk to them” by interviewing them. This is echoed by De Vos et al., (2005) and Silverman (2011) who explain that interviews are attempts to get to know the world from the participants’ points of view in order to unfold the meaning of people’s different experiences and so uncover their lived world. An in-depth interview primarily facilitates a conversation in which the researcher encourages the interviewee to relate, on their own terms, to attitudes and lived experiences that are relevant to the specific research questions (Chatzifotiou, 2000).

According to Seale et al. (2012) interviews portray the everyday custom of asking and answering questions as well as the everyday identities of questioner/answerer plus interviewer/interviewee. As noted by Seale et al. (2012) interviews are social encounters where the speakers join forces in producing retrospective and prospective accounts of both past and future actions, thoughts, experiences and feelings. Bell (2004) and O’Leary (2005) state that within an in-depth interview people are given the opportunity to spontaneously tell their stories through rich descriptions as well as to tying together meaningful live events and, significant relationships in order to make sense of their personal experiences. Jack (1999, p. 1) points out that the narrative of a woman reveals her whole world, her view of herself in relationships, her sense of power, her path through life, and her strivings to reach some sort of ideal self furthermore the language she uses to present herself not only produces meaning, but it constrains the possibility of consciousness and the perception of choices.

I believe that the story of a woman can be seen and understood as a representation of her life experience and her womanhood. I was interested in exploring these women’s lived experiences and the interpretations of their realities as fully as possible. I was convinced that an informal interview, rather than completing an impersonal survey questionnaire, would allow me as researcher an opportunity to gain a clearer picture of my participants’ experiences as Coloured female teachers, working in Special Schools. Furthermore, with

regard to how all of this relates to participants' mental health, I considered it necessary to give a 'voice' and a listening to these women.

Within this qualitative paradigm I chose a single, one-on-one, in-depth interview with each of the participants as the primary data collection tool. DiCicco-Bloom and Crabtree (2006) argue that in-depth interviews are widely used by health care researchers to co-create meaning together with the participants of the study. This is done by reconstructing perceptions of both events and experiences that are related to health issues. In-depth interviews take the researcher into the mental world of the individual to see the world in the way that she/he sees and experiences it (Chatzifotiou, 2000). From a psychological orientated point of view, narrative recollections or stories of the past are seen as vital and at the heart of self-discovery (Georgakopoulou, 2006).

Ritchie et al. (2013) state that a key feature of one-on-one interview lies in their depth of focus on the individual while they provide for a chance for detailed investigation of a person's specific viewpoint and for an in-depth understanding of the personal context within which the research phenomenon is positioned. In addition, it provides detailed subjective coverage which is of significance in this study. According to the Ritchie et al. (2013) interviews are the most apparent way to collect data since they allow researchers to hear or listen to participants and put their perspectives, related to both their personal experience and history into context. In addition, it provides researchers with the opportunity to relate different issues to individual circumstances and to explore complex or delicate issues.

The traditions of research interviewing have been sturdily linked to social justice concerns and projects and the idea is to bring neglected voices like those of the participants in my study to the fore (DeVault & Gross, 2006). Silverman (2011) states that the strength of qualitative interview lies in its capacity to access self-reflexivity among research participants which leads to them telling stories that allow the researcher to develop an understanding for, and theorize the social world. Kleinman et al. cited in Silverman (2011) explains that during interviews participants may divulge beliefs, feelings, private doubts and sentiments that is contradictory or in conflict with mainstream thinking while in other cases they may share more about the anxiety, ambivalence, and uncertainty that lie behind their conformity.

5.5.1.1. The semi-structured interview

In-depth semi-structured interviews were used to elicit responses from my research participants. De Vos et al. (2005) and Perry, Thurston and Green (2004) define semi-structured interviews as conversations that are organised around areas of particular interest while allowing for substantial flexibility in both the scope and depth of it, it necessitates that the researcher engage with the research participant. The research participant remains the specialist on the topic and is therefore given a decent chance to share her/his story. De Vos et al. (2005) is of the opinion that researchers prefer to make use of semi-structured interviews when the aim of the research is to gain a comprehensive account of what a participant's beliefs and perceptions are regarding a particular topic. As a feminist researcher I chose semi-structured interviews as mode of interviewing for the afore-mentioned specific reason, but also because it allowed for the use of a pre-determined questions, while still providing flexibility and rapport to gather intimate details of the lives of the women interviewed. It further allows for unexpected information to emerge (De Vos et al., 2005; McNulty, 2012).

The semi-structured method of interviewing is well-suited for research dialogues regarding issues of race, as in this study and it facilitates a more natural flow of 'conversation'. It affords the investigator the chance to probe deeply, to uncover new clues, to open new dimensions of a problem and to secure accurate, valid and inclusive accounts that are based on personal experiences (Chatzifotiou, 2000; Mizock, Harkins & Morant, 2011).

5.5.1.2. Feminist interviews

In order to understand the intricacies of the lives of women, feminist researchers find it imperative to pay attention to women's voices along with the interpretations of their realities. Thus, in-depth interviews provide a good context for women to express both their differences and similarities while it allows for clarification, discussion and a chance to explore women's views of their reality (Chatzifotiou, 2000; Finch, 1993; Gilligan 1982). Chatzifotiou (2000) points out that by listening to women speak, by understanding their membership in particular social systems, and by establishing the distribution of phenomena that is only accessible through interviewing, feminist interview researchers have exposed previously neglected or misunderstood worlds of experiences.

Feminists believe that both reality and knowledge are shaped and created by the researcher and those researched (McNulty, 2012). Seale et al. (2012) point out that, feminist researchers

like in the case of other qualitative data analysts state that the utterances of participants in interviews are mostly a collaborative production. This means, the way people talk about their experiences hugely depends on; who they are talking to, what they have been asked, what shared knowledge they think can be assumed and what reactions they anticipate and may possibly receive. In this regard Denzin (cited in Denzin and Lincoln, 2008) states that the sex of the interviewer and research participant influences the interviewing process since the interview takes place within the cultural boundaries, of what he refers to as, a paternalistic social system in which the male identity is differentiated from the female identity.

Feminist researchers suggest ways to avoid traditional interviews which are embedded in a masculine culture that stresses masculine traits while excluding traits that are culturally viewed as female traits such as sensitivity and emotionality. Consequently, there is a growing reluctance amongst female researchers to continue interviewing women as 'objects' with little or no regard for them as people in their own right (Denzin & Lincoln, 2008).

The interviews in this study took place immediately at the end of the school day and were conducted at the respective Special Schools where the participants are teaching. The interview space was indicated by either the principal or teachers themselves and it allowed for researcher and research participant to interact without any interruption. Interviews lasted between one and two hours. I began all interviews by introducing myself and thanking participants for their willingness to participate in my study thereby establishing a trusting relationship with the interviewee. I also emphasised the ethical principles governing the study including voluntary participation and that they could withdraw from the interview at any stage should they feel it was necessary to do so. I explained the focus of the study and provided them with the purpose and motivation for conducting the study. I also stressed that the information shared and their identity will be kept confidential and that a copy of the research will be made available to them if they were interested.

5.5.1.3. Interview techniques

A number of interview techniques as suggested by De Vos, Strydom, Fouch and Delpont (2005, p. 288-289) were used to ensure that the interview process ran smoothly. These techniques are as follows:

- I allowed the participants to tell their stories by listening attentively and limiting my remarks.

- Ask clear and brief questions

Initially some participants had difficulty responding to the guiding question and asked the investigator to repeat or clarify. As I somewhat expected that this might happen I had my interview guide with the pre-determined questions at hand. Here questions were presented in a more concise manner.

- Single questions were then asked; this also helped to keep participants more focused.
- Truly open-ended questions were asked since they do not predetermine the answer and allow for participants to respond in their own terms.
- Experiences were explored before feelings and additional questions were asked at times when what participants wanted to convey was not clearly understood.
- Questions were ‘funnelled’ from general or broad to specific and narrow.
- Some questions were repeated to ensure that I obtained the specific information that was required for the purpose of the study and often probing was used to clarify details on information shared.
- Freedom of expression was encouraged. Semi-structured open-ended questions assisted with the conversation developing in a direction preferred by the participant. However, conversations did not always progress in a linear fashion and sometimes repetition of questions occurred. Although I allowed participants to ‘derail’ or deviate at times, they were redirected to the initial topic by repeating questions when necessary.
- Pauses in the conversation were allowed. These silences provided participants with the opportunity to think about what they wanted to say and how to say it.
- Often I had to return to incomplete points and tactfully urge participants to finish statements, especially when I got the impression that they lost an initial thought by picking up on other points which they deemed as important. This prevented me from losing good stories.
- In concluding the interview all participants were invited to think of anything else that might enhance or be of importance to the study or whether they had anything specific they needed to ask me or that I needed to clarify.
- Throughout the interview, I monitored whether questions asked had any negative impact on the participants. As I concluded I probed whether they needed to be

debriefed on issues that might have evoked emotions that were upsetting to them. I provided my telephone number in the event that participants might need it. I was also aware that participants had good structures of support in place. These support structures included; individual or small groups of colleagues, family members and private psychological services that had previously provided services to participants.

According to De Vos et al. (2005, p. 89.), active interviewing is not just restricted to posing questions and recording answers but, as with any other, relies on mutual attentiveness, monitoring as well as responsiveness. The following communication techniques assisted me with the interview process; para-phrasing, clarification, encouragement, listening, probing and nodding when needed.

5.6. Methods of Data analysis

The feminist theoretical framework informed the data analysis of this study. Leavy (2000) reminds that a feminist project, as in the case of this study, has a political component namely feminism coupled with a political responsibility i.e. giving a voice to the various women globally and making sure that these voices are heard in a honest way. In this study the women are Coloured female teachers teaching in selective historically disadvantaged Special Schools for the WCED. Authenticity by general feminist standards should thus be maintained throughout the whole research process. Leavy (2000, p.5.) notes that “the raw data used in the analysis has an implicit measure of validity which the researcher must systematically attempt to maintain...throughout the interpretive process which will eventuate in a high degree of validity”.

Jones (1985) suggestions regarding the analysis of qualitative data is in line with a Feminist approach of data analysis. According to Jones (1985, p.57.) it “is a process of making sense, of finding and making a structure in the data and giving this meaning and significance for ourselves, and for any relevant audience”. Jones also argues that the way in which we go about doing this depends on the purpose of the investigation as well as the motivation for employing qualitative methodologies. However, the key concern ought to be that the analysis permits for an understanding of the participants’ reality as experienced and perceived by them. Interpretations are based on judgements, reasoning, empirical evidence, theory and an

understanding of the social location where the phenomenon is taking place to develop accounts that are credible (McNulty, 2012).

Interviews were recorded by means of audiotape and meticulously transcribed by myself as my aim was to keep the translations authentic. Data analysis in much qualitative studies transpires from the data gathering stage right through to the interpretation stage and the analysis of the data. The researcher is 'in the field' while collecting the data and as a result it is hard not to start thinking about everything i.e. what is being shared by participants and heard by the researcher (Pope, Ziebland & Mays, 2000).

According to Gale, Heath, Cameron, Rashid and Redwood (2013); Smith and Firth (2011) there are different methods for undertaking qualitative data analysis. They note the following three categories:

- Sociolinguistic methods refer to discourse and conversation analysis that explore how language is being used and meaning attached to it.
- Methods, typified by grounded theory, which focuses on the development of a theory derived from data.
- And lastly, methods such as content and thematic analysis that interpret and describe the views of participants.

Smith and Firth (2011) note that despite the diversity of qualitative methods, data is predominantly obtained through participant interviews, and the analysis is based on a common set of principles. These are: (a). transcribing the interviews; (b). immersing oneself in the data in order to gain detailed insights into the phenomenon under investigation; (c). the development of a data coding system, and (d). the linking of codes of data in order to form overarching categories or themes.

5.6.1. Inductive and deductive

According to Braun and Clark (2006); Burnard, Gill, Stewart, Treasure and Chadwick (2008) there are fundamentally two primary approaches or ways to analyse qualitative data, this is the inductive approach or 'bottom-up' and deductive or 'top down' approach. In this study I used both these approaches to analyse my data. Babbie (2004) and Thomas (2003) explain that the inductive approach is a systematic procedure that moves from the particular to the

general while guided by specific objects. The main purpose of the inductive approach is to allow research findings to emerge automatically from the frequent, dominant, and significant themes inherent in raw data, without the restraints imposed by structural methodologies, and to discover categories and patterns that represents some degree of order among all the given events in the data (Babbie, 2004; Mc Millan & Schumacher, 2006; Thomas, 2003). The second mode of inquiry, deductive reasoning or deduction, moves from the general to specific and comprises of a structure or predetermined framework which assists with analysing the data (Babbie, 2004 and Burnard et al., 2008). Babbie (2004, p. 25.) explains that “it moves from a pattern that might be logically or theoretically expected to observations that test whether the expected pattern actually occurs”. Furthermore, ‘why’ and moves to ‘whether’ (Babbie, 2004, p. 25).

Table 5.1: Deductive approaches

Keyes (2002, 2005, 2007) Mental Health Continuum	Emotional well-being	Positive affect Negative affect
	Psychological well-being	Self-acceptance Personal growth Environmental mastery Autonomy Life purpose Positive relations with colleagues and family
	Social well-being	Social contribution Social integration Social acceptance
Mockler’s 2011 Model for conceptualizing teacher professional identity.	Personal factors and experiences	
	Professional context	
	Political climate	

The inductive approach that I used to analyse research question two and four are:

5.6.1.1. Thematic analysis: Braun and Clark (2006)

According to Braun and Clark (2006) thematic analysis provides rich and detailed insights into complex phenomenon. Braun and Clark further note, that it is a flexible and useful research tool that is independent of theory and epistemology and therefore it can be applied across a range of theoretical and epistemological approaches. For the aforementioned reasons I decided to use this method to analyse my data. However, Smith and Firth (2011) warn that the critique against this approach is, that there is a possibility that sections of data may be fragmented from the original and this might result in data being misinterpreted. As a result, findings might be seen as subjective and lacking transparency in how the themes emerge and develop.

Braun and Clark (2006) provide a six-phase guide to assist with the analysis of data. They warn that analysis is a process that develops over time and should not be rushed. They point out that it is not a linear process where you move from one phase to the next, but, a recursive process where you need to move back and forth as needed. The 6 phases include the following:

Phase 1: familiarising yourself with your data

I collected the data myself through semi-structured interviews as well as transcribed the interviews all by myself. I therefore, approached the analysis with some prior knowledge of the data as well as some initial analytic interest and thoughts of it. However, it remained vital to me to immerse myself in the data in order to get familiar with the depth and the breath of the content. Immersion involved repeated and active reading through the entire data set while searching for meaning, patterns and so forth. It was important to get familiar with all aspects of the data although reading and rereading was a time consuming process. During this phase I started to make notes and get ideas for coding. Once this was done I was ready to proceed with formal coding. However, I realised that coding develops and is defined throughout the entire analysis process.

Phase 2: generating initial codes

I had now familiarised myself with the data, generated an initial list of ideas regarding what is contained in the data as well as what is interesting about them. This phase involved the

production of initial codes from the data. Data was organised into meaningful groups. Coded data differed from themes which were broader. Coding was more ‘theory driven’ meaning that I approach the data with specific questions in mind.

Coding was done manually by writing notes on individual text as I was analysing them one by one using both highlighters and coloured pens to indicate patterns. I worked through the entire data set and gave my full and equal attention to each item of data. In this way, I identified interesting aspects in the data items that formed the basis of repeated patterns (themes) across the data set. The initial codes were identified and matched up with data extracts that demonstrated that code. However, I found that I could code individual extracts of data in different themes when necessary. Coding involved copying extracts of data from individual transcripts which were typed and collated under each code in separate computer files.

Phase 3: searching for themes

After the data was coded and collated, I was left with a long list of different codes that I had identified across my data set. In phase 3, the focus was on the broader level of themes and, different codes were now sorted into potential themes. I used tables to sort my codes. Themes are made up of subsets of codes and some of these codes transpired into main or subthemes. Other codes did not belong to any specific theme and were recorded under the theme ‘miscellaneous’. I was left with a collection of themes and sub-themes.

Phase 4: reviewing themes

This phase began with a set of candidate themes that needed to be refined. I realised that some themes were not really themes while others merged to form single themes. Some themes needed to be broken down into separate themes. This stage consisted of 2 levels that involved the reviewing and the refinement of themes.

Level 1: reviewing at the level of the coded data:

This involved rereading all the data extracts from each theme in order to ensure the formation of a coherent pattern. Some candidate or initial themes did not fit as they were too problematic. In other instances the data extracts simply did not fit into the theme. I therefore needed to rework some themes - created new ones, rearranged some of the data and found a

suitable home for the extracts that did not align with the existing themes. Eventually, my data aligned coherently with each theme and I could move on to level.2.

Level 2: reviewing at the level of the themes:

This level's process is similar to the previous level's, in relation to the entire data set or data corpus. Here, I considered the validity of individual themes by using a thematic map to assist in the visualisation of the relationship between the themes. This enabled me to see if the relationship between the themes reflected the meaning of my data set as a whole. I however, had to review and refine my coding until I was satisfied with my thematic map. I eventually gained an understanding of what the different themes and how they aligned to provide the overall story of my data.

Phase 5: defining and naming themes

I now had a satisfactory thematic map of my data and I was able to proceed from this point. I defined and further refined the themes that I wanted to use and present in my analysis, meaning identifying the 'essence' of what each theme was about and determined what aspect of the data each theme captured. I also identified the story each theme told and ensured that it aligned with the overall story in relation to my research question. As part of my refinement, I identified whether some of my themes contained sub-themes (themes within themes). I now named these themes. I was able to clearly define what the themes were and I provided a brief description of the scope and content.

Phase 6: producing the report

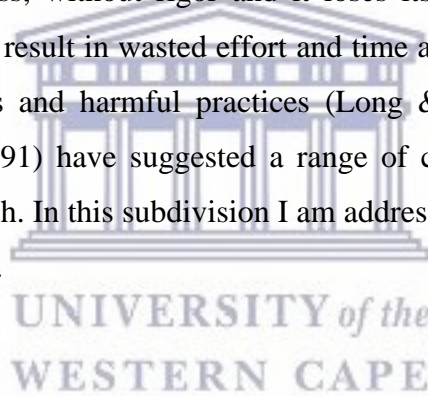
I now had generated a set of themes and could proceed the final analysis and compilation of the report. I tried to keep the report as concise, coherent, logical and non-repetitive as possible and aimed to provide an interesting account of the story produced by the data. I also chose vivid extracts as examples of the key issues experienced by participants in order to demonstrate the alignment of this information to the research question.

5.7. Data verification

Creswell (1998, p. 193) asks: "How do we know that the qualitative study is believable, accurate and right?" Babbie and Mouton are convinced that the basic issue of trustworthiness is captured in this question. Long and Johnson (2004) point out that critique and evaluation

forms a vital part of all research studies and therefore all research studies must be open to it. These authors remind us that a failure to assess the worth and soundness of a study and its methods as well as the integrity of the assumptions made could have awful consequences. Evaluation of studies is thus a pre-requisite of the application of findings of any study. Babbie and Mouton (2009, p. 276) are interested in knowing how an inquirer can convince her audience plus herself that the results of an inquiry are worth noting.

I agree with Marshall and Rossman cited in de Vos et al. (2005); Creswell (1998) that all research is required to respond to canons of reliability and validity that stand as criteria against which the trustworthiness of any project can be evaluated, canons can be phrased as questions to which all research must respond. Silverman (2001, p. 244.) is of the opinion that social science is scientific, “to the extent that it uses appropriate methods and is rigorous, critical and objective in its handling of data”. Morse, Barret, Mayan, Olson and Spiers (2002) state that research is worthless, without rigor and it loses its utility and becomes fiction. Findings that are meaningless result in wasted effort and time and wrong findings may result in the adoption of dangerous and harmful practices (Long & Johnson, 2004). Guba and Lincoln cited in Krefting (1991) have suggested a range of criteria that assist in building rigour into interpretive research. In this subdivision I am addressing the issue of rigor through the concept of trustworthiness.



Trustworthiness

A key principle for good qualitative research identified by Guba (1981) is trustworthiness. Guba’s model is based on the identification of 4 aspects of trustworthiness and these are: truth value, applicability, consistency and neutrality and each are of relevance to both quantitative and qualitative studies. Lincoln and Guba (1985) however make use of alternative terms to establish the trustworthiness of qualitative and quantitative studies. Lincoln and Guba cited in Morrow (2005) refer to it as ‘parallel criteria’ i.e. “criteria that run parallel to the validity and reliability criteria stemming from positivist quantitative methods of rigor” (see table 5.2 below).

Based on the philosophical differences between the 2 mentioned approaches the model defines different strategies of assessing these criteria in each type of research. These strategies are of importance to the researcher in terms of designing ways of increasing in this

case the rigor of qualitative studies and also for the reader to use as a means of assessing the value of the findings of qualitative research (Krefting, 1991).

Table 5.2: Comparison of Criteria by Research Approaches

Criterion	Qualitative Approach/ Scientific term	Quantitative Approach/ Naturalistic term
Truth value	Credibility	Internal validity
Applicability	Transferability	External validity
Consistency	Dependability	Reliability
Neutrality	Confirmability	Objectivity

a) Truth value:

Guba and Lincoln cited in de Vos et al. 2005; Guba and Lincoln cited in Guba, 1981; Guba and Lincoln cited in Krefting, 1991 ask whether the researcher can establish confidence in the truth of the findings of a specific inquiry for the subject or informants, context in which the study was undertaken and the research design? In qualitative research truth value is obtained from the discovery of human experiences as they are lived and perceived by the informants of the research project. Truth-value is said to be subject-orientated and not defined a priori by the researcher. This is referred to as “**credibility**”. A qualitative study is credible when it presents accurate descriptions and interpretations of human experience in a manner that allows those who share the experiences to immediately recognize the descriptions. Truth value is considered the most crucial criterion for the assessment of a qualitative research study and a number of methodological strategies are in fact necessary to ensure strong credibility.

b) Applicability

How can one determine the degree to which findings of a specific inquiry are applicable to other contexts, settings or other research participants or groups? It is said that 2 perspectives to applicability are apt for qualitative research. The first perspective implies that the ability to generalise is not of relevance to much qualitative research projects since each situation is unique and thus, less open to generalisation. The second perspective is referred to as **fittingness** or **transferability**, and this is the criterion against which the applicability of qualitative data is assessed. Research meets the criterion when the finding of a particular

research study fits into other contexts that are outside of the specific study situation, but has some degree of similarity or fit between the contexts. Transferability is the responsibility of the individual or researcher who wants to transfer the findings of the original study to another population or situation than the original researcher (Guba and Lincoln cited in Guba, 1981; Guba & Lincoln cited in Krefting, 1991; Guba & Lincoln cited in de Vos et al., 2005).


c) Consistency

How can one determine whether the findings of an inquiry would be consistently repeated if there was a replication of inquiry with the same research participants in the same context? Here the consistency or **dependability** of the data is considered [Guba and Lincoln cited in Guba, 1981; Guba & Lincoln cited in Krefting, 1991; Guba & Lincoln cited in de Vos et al., 2005].

d) Neutrality

The fourth and last criterion of trustworthiness is, neutrality, which refers to the freedom from bias in research procedures and results. How does one establish the degree to which the findings are solely that of the informants and conditions of the research and not of the biases, interest, perspectives and motivations of the researcher? Guba and Lincoln stress the importance to pose the question; whether the findings of a study can be **confirmed** by another? In posing this question they shift the emphasis of neutrality from the researcher to neutrality of the data. The qualitative criterion is that the data should confirm the general findings and lead to the implications. To establish the trustworthiness of the present study I used the criteria of “credibility”, “transferability”, “dependability” and “conformability” and their processes as pointers of rigor. Table 5.3 below presents a synopsis of how I addressed the aforementioned criteria in my study. The procedures under each of the phases are presented to indicate the construction of the methodological and theoretical rigor of this study. In the right column I indicated the steps I took [Guba & Lincoln cited in Guba, 1981; Guba & Lincoln cited in Krefting, 1991; Guba & Lincoln cited in de Vos et al., 2005].

Table 5.3 Criteria that operationalise the notion of trustworthiness and how it is addressed in my study (summarised from Guba & Lincoln cited in Krefting, 1991)

Strategy	Criteria	Measures Adopted in my Research
Credibility	<p>Prolonged and varied field experience</p> <p>Time sampling</p> <p>Reflexivity (field journal)</p> <p>Triangulation</p> <p>Member checking</p> <p>Peer examination</p> <p>Interview technique</p> <p>Establishing authority of researcher</p> <p>Structural coherence</p> <p>Referential adequacy</p> 	<p>Kept a field journal/ personal diary in order to reflect on my thoughts, feelings, ideas, beliefs, hypotheses, questions and challenges concerning the whole research process.</p> <p>Theoretical triangulation, employment of multiple data sources.</p> <p>Peer debriefing within the Ph.D. group and supervisor, impartial colleagues on a continuous basis.</p> <p>Semi-structured interviews with a pre-determined interview schedule were used.</p> <p>I am an employee of the WCED and work within the Special School system I was thus familiar with both the setting and phenomenon under study.</p> <p>Conceptualised large amounts of qualitative data.</p> <p>View subjects under investigation from a number of different theoretical</p>

		<p>perspectives.</p> <p>Good investigative skills worked in a psychiatric hospital and obtained extensive experience in interviewing.</p> <p>Integrated large amounts of data into a logical and holistic picture in the research report.</p> <p>Relates multiple types of data to support interpretations.</p> <p>Through criticism, complex and sensitive human perceptions is achieved.</p>
Transferability	<p>Nominated sample</p> <p>Comparison of sample to demographic data</p> <p>Time sample</p> <p>Dense description</p>	<p>A detailed description of the participants and setting under study is provided for others to assess how transferable the findings are.</p>
Dependability	<p>Dependability audit</p> <p>Dense description of research methods</p> <p>Stepwise replication</p> <p>Triangulation</p> <p>Peer examination</p> <p>Code-recode procedure</p>	<p>Presented evidence of all sources of data, collection techniques, experiences, assumptions made, decisions taken, meanings interpreted and influences on the researcher.</p> <p>Peer examination: Research plan and implementation checked by colleagues and methodological experts.</p> <p>Data was coded and recoded</p>

		and after a brief interval the process was repeated using the same data in order to compare results.
Confirmability	Confirmability audit trail Triangulation Reflexivity	Examples of how raw data (audio-recordings) was transcribed and analysed. Process notes and field journal was kept. Examples of interview schedule. Multiple methods, data sources and theoretical perspectives were used to test the strength of the researcher's ideas. Documentation for claims from two or more sources to support researcher's analysis and interpretations. Reflexive analysis of researchers influence on the data was kept.



5.8. Ethical considerations:

The development and application of research ethics is required not only to maintain public confidence and to try to protect individuals and groups from the illegitimate use of research findings, but also to ensure its status as a legitimate and worthwhile undertaking.

(Tim May, 2001, p. 16)

Orb, Eisenhauer and Wynaden (2001) warn that the research process generates tension between the aims of research which can be argued to make generalisations for the good of others, and the right of participants to maintain their privacy. The authors say that ethics

pertains to doing good and the avoidance of harm and that harm can be prevented by applying appropriate ethical principles. According to De Vos et al. (2005); O'Leary (2005); Merrill and West (2009), ethics refer to a set of rules of behaviour expectations, guidelines, principles and codes that indicate what is admissible when conducting research. Ethics is used to guide the behaviour of the researcher and to protect the participant and so avoid harm. Merrill and West (2009) and Walsh and Downe (2006) point out that being ethical is partly a Feminists advocacy and concern, it deals with thinking proactively about the values that researchers bring to their work in terms of what is just, right and acceptable in a research relationship rather than just avoiding harm. Thus, it concerns an equitable relationship. McCormick (2012) is of the opinion that the underlying research ethics of the feminist is integrity and responsibility in the research process.

De Vos et al. (2005) and Babbie (2005) state that those involved in research should be aware of the general agreement in terms of what is proper and improper when conducting scientific research. Babbie (2005) and O'Leary (2005) refer to moral obligations in research, meaning, what is right and wrong and the responsibility for the dignity and welfare of participants and cultural groups. I agree with O'Leary (2005) that research should not be damaging in any way, be it psychologically or physically. The protection of participants in any kind of research study is salient.

Seale et al. (2012) assert that there is no international agreement or ethical standards in research. I have concluded, from various research sources that, most ethical guidelines are similar with the aim of preventing the violation of human rights in the name of research.

According to Babbie (2005); De Vos et al. (2005) Mc Millan and Schumacher (2006); O'Leary (2005) and Orb et al. (2001) the following principles are universally accepted and form the basis of research ethics. The utilisation of an ethics committee that considers and studies research proposals, accepts or rejects them and proposes modifications is an accepted practice (De Vos et al., 2005). The ethical dimensions of this study was approved by the Higher Degrees and Ethics Committees at the University of the Western Cape. Furthermore, permission to conduct the study within historically disadvantaged Special Schools in the 4 districts of the Cape Metropole was obtained from the Western Cape Education Department

Research Division (See Appendix). I also obtained consent from the school principals of the respective school where I conducted the research.

a) Autonomy

Respect for participants goes together with the recognition of their rights including the right to be informed about the study. I did extensive preliminary work before conducting the actual research. For example I explained the research study and its aims to the principals of the respective schools. Furthermore, I liaised telephonically with principals and provided the relevant documents via email, which explained the nature and scope of the research. This information was sent to principals who disseminated it to the interested teachers so that teachers could become au fait with the content, before participating in the study. I also made telephonic contact with those women who indicated that they were willing to participate in the study to thank them and reiterate what the aims of the study were and inform them of their rights. On the day of the interviews I again explained the purpose of the study and their rights, since I felt that having them individually read through the documentation, might be insufficient. I therefore, asked whether I needed to clarify any remaining questions or uncertainties regarding the study.

I agree with McCormick (2012) that the application of ethics in this manner, leads to a greater sense of awareness with regards to the research project. This result in participants being well informed about what they are consenting to. Informed consent can now be given with a full understanding of what the research process entails as well as an understanding for possible risks involved. Orb et al. (2001) assert that the participant is in this way given the opportunity to exercise their rights as autonomous individuals to voluntarily either accept or refuse to participate in a research study. Voluntary consent was obtained from participants and they were asked to sign a consent form (see Addendum A) prior to participation in the study. The consent form was developed from standard ethical frameworks supported by the University of the Western Cape Ethics Research Committee (CHS Ethics policies, 2003, Apatated from MRC Ethical guidelines).

b) Beneficence

The principle of beneficence is about doing ‘good’ and protecting participant against harm whether physical, emotional or psychological. However, it is always difficult to predict (de

Vos et al., 2005; O’Leary, 2005). I informed participants that there is a possibility that they may feel uncomfortable during the interview due to the nature of the research questions and the feelings that it might evoke. Participants were informed that they may withdraw from the research process at any stage. Researchers have a moral obligation of managing the possible consequence of revealing participants identities (Orb et al., 2001). I assured the participants of confidentiality and anonymity in the reporting of information in the final report. However, I informed them about the possibility that other researchers may review my research process, inspect the data and confer; relating to the issue of ‘confirmability.’ Thus, all documentation should be included in a research study (Orb et al., 2001).

c) Justice

The principal of justice refers to care and fairness towards those involved in the study (McMillan and Schumacher, 2006). Capron cited in Orb et al. (2001) state that the implementation of the principle of justice should be applied carefully so as not to further burden the already vulnerable group of participants. As the interview developed I was cautious any signs and feelings of discomfort participants exhibited. I was constantly aware of the vulnerabilities of the participants and their contributions to the study. My extensive experience in working in a psychiatric hospital made me vigilant to the emotional and psychological responses of others. I provided my name and contact details to those who participated in the research. The participants were invited to contact me should they feel required debriefing, after the interview. Most of the participants had good support structures in place or had previous contact with a private therapist which was comforting toönow.

5.9. Summary

In this chapter I clarified the ontological but also the epistemological and theoretical paradigm that influenced my research approach as well as the design and methodology used. I provided a detailed description of the manner in which I collected and analysed the data. I also addressed the issue of data verification in qualitative research and explained the precautionary measures I have applied to guarantee authenticity and truthfulness of the research findings. I lastly, described the ethical considerations that guided this research process. In the next chapter I present the analysis of my data.

CHAPTER SIX

PRESENTATION OF RESULTS

6. Introduction to the chapter

In this chapter, the results of the analysis of data collected for the study are presented. The target population for this study comprised Coloured female teachers teaching in historically disadvantaged Special Schools in the Cape Metropole in the Western Cape. The study explored their reported experiences with a view to ascertaining their mental health status in terms of their subjective well-being or their satisfaction with various aspects of their lives. The study also explored the personal and organizational-related factors associated with the participants' subjective well-being or mental health.

The sample size for this study was 18 female Coloured teachers, working in historically disadvantaged Special Schools in the Cape Metropole. Their ages ranged between 30 and 55 years. These participants had been working in historically disadvantaged Special Schools for at least 5 years. The criterion for the minimal experience considered for participants to provide sufficient information related to their personal and professional perspectives on the evaluation of their lives generally and on processes in the Special Schools system.

In-depth, semi-structured, one-on-one interviews were conducted to gather relevant information for the study. During the interviews the participants were asked to report on their life experiences with particular regard to their satisfaction with their evaluation of various aspects of their lives to indicate their mental health in terms of their subjective well-being.

Interviews were meticulously transcribed for data analysis. In this study I used both the inductive and deductive approaches to analyse and make sense of the qualitative data collected. Data analysis was content, thematic and hermeneutic in accordance with the 6-phase qualitative data analysis method proposed by Braun and Clark (2006). The results of the data analysis are presented below.

6.1. Presentation of Results

Based on phenomenological analysis, the results are presented to answer the research questions. The results presented reflect the themes which emerged from the data analysis and are

supported by excerpts from the interview transcripts. The results are presented according to the four research questions that guided the investigation. The questions are:

- 1) What are the general descriptions of the mental health status of selected Coloured female teachers working in historically disadvantaged Special Schools in the Cape Metropole of the Western Cape?
- 2) How does the unique workplace environment of the historically disadvantaged Special Schools affect or influenced the mental health of the selected Coloured female teachers teaching in these historically disadvantaged Special Schools?
- 3) What are the personal and occupational-related factors that influence or explain the mental health of the Coloured female teachers teaching in the historically disadvantaged Special Schools in the Cape Metropole of the Western Cape?
- 4) What are the types and roles of support structures that are in place for the Coloured female teachers working in the historically disadvantaged Special Schools in the Cape Metropole of the Western Cape, to cope with mental health problems associated with their work places?

The reported experiences were analysed with a view to ascertain the participants' mental health in terms of their subjective well-being or satisfaction with their evaluation of various dimensions or aspects of their lives as described in their reported life experiences.

The majority of participants were Afrikaans speaking but during the interviews the participants switched between Afrikaans and English to respond to interview questions, I decided to capture what was said in their mother tongue (Afrikaans) because the use of participants' own language influenced how they expressed the meaning associated with their experiences and allowed for more truthful reflections. However, excerpts were also translated into English to provide clarity to a broader audience. Coffey and Atkinson (1996, p.83) suggest that analysts should not only focus on the content of the data but also on their forms. This means not only exploring 'what was said' in the data but also 'how it was said' referring to the unique manners in which participants express themselves in order to get their message across clearly.

6.2. Participants' mental health in terms of their subjective well-being

6.2.1. Keyes' method of determining mental health

To provide appropriate answers to research question one, Keyes' (2005) method of determining or ascertaining mental health was adopted. According to Keyes' method participants' mental health can be ascertained in terms of their subjective well-being as indicated in the descriptions of their satisfaction with the evaluation of various aspects of their lives. By this method, the analysis of the participants' life experiences yielded indications of their mental health in terms of three categories of subjective well-being which are emotional, psychological and social well-being.

According to Jackson (2013) well-being is an individual, hence a subjective construct. Only an individual can decide how she feels about herself and her life, however the socio-cultural environment that she occupies influences her sense of wellbeing and appreciation of subjectivities.

The results of analysis of the participants' reported life experiences revealed that the participants affectively and cognitively evaluated their satisfactions with various aspects of their lives to yield indications of their mental health in terms of their emotional, psychological and social well-being.

Keyes (2005) refers to emotional well-being as the expression of positive over negative feelings when participants' evaluate various aspects of their lives. In this regard some participants expressed positive emotional well-being by describing themselves as feeling happy, fulfilled or grateful. However, some participants described themselves as being disadvantaged, unhappy or angry, feeling inferior, doubly oppressed, depressed and sad to indicate their negative emotional well-being or poor mental health.

The psychological well-being of participants in this instance is presented as displaying more positive than negative perceived self attributes in their descriptions of their daily life experiences. For example, descriptions of life experiences associated with such attributes as self-acceptance, environmental mastery, personal growth, autonomy, having a purpose in life and positive relational experiences are regarded as indications of positive psychological well-

being or fairly optimal mental health. Any description indicating negative attributes of self is an indication of negative psychological well-being or poor mental health.

Social well-being refers to the evaluation of the relationship or interpersonal relational dynamics involving a person and relates to social integration, social acceptance, social contribution, social cohesion and social utilisation (Keyes, 2005).

Thus, in general, emotional well-being reflects preponderance of positive affective expressions in the evaluation of satisfaction with life while psychological well-being is more or preponderance of the individual's cognitive judgements or evaluation of life satisfaction. Social well-being may reveal the overlaps of the two especially as it affects the individual relationships in the world they function and live in. The 3 areas are interconnected but psychological well-being and social well-being together make up the eudaimonic side of subjective well-being. Psychological well-being is a private phenomenon that reflects on the participants' personal lives and challenges while social well-being is about the public experiences and social encounters of individuals within their social structures and communities.

6.2.1.1. Participants' mental health in terms of Emotional well-being

To ascertain the mental health of the participants of this study in terms of their emotional well-being, the selected Coloured female teachers working in historically disadvantaged Special Schools in the Cape Metropole, were interviewed. In the interview they were requested to report on their life experiences particularly with regard to how they evaluate their satisfaction with various aspects of their lives.

Analysis of the reported experiences of the participants revealed their affective evaluation of their satisfaction with various aspects of their lives. In this regard, the expressions used to describe their satisfactions with life were laden with both positive and negative affects to indicate their mental health in terms of their emotional well-being. The results of data analysis revealed more or preponderance of expressions of negative affects than positive affects in the participants' descriptions of their satisfactions with various aspects of their lives to indicate their mental health in terms of their emotional well-being. The expressions of these two categories of affect are presented as follows:

a) Negative expressions

Major categories of negative expressions with which the participants described their satisfaction with life, to indicate their mental health in terms of their emotional well-being include: feeling angry, being disadvantaged, feeling inferior, doubly-and-triply oppressed, and feeling depressed and sad.

Participants were racially classified as Coloured by the Apartheid regime in their earlier lifetime and before the democratic election of 1994. This evoked very negative emotions of anger and unhappiness in the participants' to indicate their poor mental health with regard to that aspect of their lives. Data analysis further revealed how the Apartheid regime's racial classification of people of South Africa affected the participants' mental health as gleaned from participants' description of Apartheid's racial classification. For example, participants' stated that:

“Ek was kwaad oor die feit dat jy geklassifiseer was [as Kleurling]”.

“I was angry...for the mere fact that you were classified [as Coloured]”.

“Apartheid was onregverdig...dit het jou geaffekteer [en]...kwaad gemaak...”

“Apartheid was unfair... [as] ...it affected you...[and] ...made you angry...”

Another participant reported that:

“...tot vandag toe voel ek verontwaardig...dit steek my dwars in die krop en maak my kwaad...”

“...still today I feel indignant...it sticks in my throat and makes me angry...”

The following comment further elucidates how racial segregation and classification affected participants mental health in terms of their emotional well-being.

A participant stated that:

“...ek raak ontsteld...ons is mens...jy word ontsteld...”

“...I get upset ...we are human... you get upset....”

Another participant explained what it meant, to be racially classified as Coloured:

“...dit was vernederend...jy was nooit goed genoeg nie...”

“... it was degrading...you were never good enough...”

This indicates that people racially classified as Coloured were perceived as never good enough in comparison with other fellow South Africans, especially those racially classified as White. Those racially classified as White were favoured by the Apartheid regime while those racially classified as Coloured were impoverished in terms of social, financial and other resources. A participant stated further that:

“...ons het altyd geweet dat ons ontneem [berooft] was...daar was baie nadele daaraan verbonde om Kleurling te wees...”

“...we always knew that we were deprived...there were many disadvantages attached to being Coloured...”

Another participant also stated that:

“...jy [mense wat as Kleurling geklassifiseer was] was bewus van dinge wat nie vir jou bedoel was nie...”

“...you [people classified as Coloured] were aware of things [privileges] that were not meant for you...”

A teacher participant reflected on some privileges that were not meant for Coloured people: by stating that:

“...jy as Kleurling kon nie hier in gaan nie... [was vir toegang van Wittes alleenlik]...jy moes maar verby hulle [Wittes] strande ry en ander plek gaan swem het, hulle Wittes het alles van die beste gehad...ons [Kleurlinge] was konstant afgedruk [verneder].”

“...as Coloured, you couldn't go in here ...you were not allowed to go in there [a prohibited area for non-whites]...you had to drive pass their [Whites] beaches and swim at a different place, they [Whites] had everything of the best...we [Coloureds] were pushed down constantly...”

Another participant had the following to say,

“daar was 'n streep [as skeiding] in die bus getrek en Kleurling moes agter in die bus sit en die Wittes voor...daar was twee kante ingange by die dokters...by die slaghuis was daar ook twee kante [ingange]...een vir Kleurlinge en een vir die Blankes [Wittes].

“...a line was drawn in the bus [as means of separation] Coloureds had to sit at the back of the bus and the Whites in front...there were two entrances at the doctor’s surgery ...as well as at the butchery...one for Coloureds and one for Whites...”

Being disadvantaged and impoverished because of being racially classified as Coloured was degrading and undignified according to another participant. The Apartheid regime treated those racially classified as Coloured as lesser human beings than those classified as White.

According to one participant:

“...ons [Kleurlinge] het gedurende Apartheid opgegroeï in ’n spasie waar ons bewus was van wat rasse verskille aan mense kan doen...jy [Kleurling] het soos ’n tweede handse burger gevoel...”

“...during Apartheid we [Coloureds] grew up in a space where we were aware of what racial differences can do to people...you [Coloured] felt like a second class citizen...”

Further analysis of data revealed that, for the participants’ of this study, being classified Coloured together with being a woman also evoked negative feelings of being doubly-triply oppressed. A participant described the situation as follows:

“...jy was benadeeld omdat jy vrou is...jy was benadeeld omdat jy Kleurling is, so jy was letterlik jou hele lewe lank benadeel omdat jy Kleurling is, nou word jy nog benadeel omdat jy vrou ook is...”

“...you were being disadvantaged because you were a woman...you were being disadvantaged because you were Coloured, your whole life you were being disadvantaged because you were Coloured, on top of that you are being disadvantaged because you a woman...”

According to a participant of this study an important aspect of life that provoked negative emotion is that menial and poorly paid jobs or mainly service occupations were reserved for people racially classified as Coloured by Apartheid regime while those racially classified as White were given better paid jobs. The following excerpt substantiates this:

“Wit het al die voordele gehad...ek het gesien watter tipe werk my ma doen...dit was moeilik...huise skoon gemaak in die gegoede gebiede om kos op die tafel te hou...”

“...White had all the privileges...I saw what type of work my mom did...it was difficult...cleaned homes in upmarket areas to put food on the table...”

Another aspect of life which evoked negative feelings for participants is the limited educational and job opportunities that were available for Coloured women: One participant described the situation by stating that:

“...ons Kleurling-vroue het nie baie keuses [in terme van beroepe] gehad nie en was baie oningelig en onseker van onself...destyds was daar nie vir ons baie opsies as Kleurling-vroue... net Maatskaplike werk, of jy kon onderwyser of verpleegster word...”

“...we Coloured women had little choices [in terms of careers] and we were much uninformed [kept in the dark] and thus unsettled within ourselves...back then there were little options available to us as Coloured women...just Social work, teaching or nursing.

Thus, being racially classified as Coloured, from the perspectives of the participants of this study, evoked feelings of indignity and inferiority and these feelings contributed significantly to participants' poor mental health.

Even after the Apartheid regime was abolished with the ushering in of a democratically elected government, in 1994, the effects of racial classification on people in South Africa still persists especially as Coloured people continue to feel inferior and disadvantaged because of the colour of their skin. A participant described this situation as follows:

“...ek sal altyd die verkeerde kleur bly [benadeel word], ek was die verkeerde kleur in die Blanke era [Apartheid era] en ek is die verkeerde kleur in die Swart era [post-Apartheid] ...ons [Kleurlinge] bly in die middel [benadeeld] , dis wat dit is ...”

“...I will always be the wrong colour [be disadvantaged], I was the wrong colour in the White era [previous Apartheid regime] and still I am the wrong colour in the Black era [post-Apartheid]...we [Coloureds] will remain in the middle [inferior and disadvantaged], it is what it is...”

Data analysis also revealed that participants' evaluation of certain aspects of their family life situations also evoked negative feelings. Some participants described these situations as;

illness and death of family members as upsetting and negatively affecting their mental health in terms of their emotional well-being as seen in the excerpts below.

“...my suster het baie siek geword en gesterf, dit was baie traumaties, dit het my amper gebreek...ek voel dit steeds en herstel steeds daarvan...”

“...my sister suddenly got ill and passed on, it was very traumatic, and it [her death] almost broke me...I am still feeling it, and am still recovering from it...”

“...my pa se dood ...dit was ’n groot ding vir my...ek het dit nie goed hanteer nie...”

“...my father’s death...it was a huge thing to me...I didn’t handle it well...”

“...die dood van my broer was so skielik...ons het net die week tevore uitgevind hy is siek...”

“...the death of my brother was so sudden...we just became aware of his illness a week before he passed on...”

In response to the deaths of family members many participants reported experiencing difficulties during which they endured episodes of depression and sadness as indicated in the following excerpts of interview transcriptions:

“...toe my pa afsterf het dit verwoesting in my lewe aangerig...ek het deur ’n donker tyd gegaan; ’n baie donker tyd [was erg depressief]”.

“...when my father died I was devastated...I went through a dark period; a very dark period”.

“...ek was emosioneel en hartseer...ek het seker vir dae aan een gehuil...ek het deur ’n diep indompeling gegaan...ek was met siekverlof, gediagnoseer met depressie...”

“...I was emotional and sad...I probably cried for days on end ...I went through a dip...I went on sick-leave as I was diagnosed with depression...”

“...die skok was net te groot vir my...ek kon nie die hartseer hanteer nie...”

“...I was overwhelmed by shock...I couldn’t handle the sadness”

Therefore, from the analysis of the reported life experiences of the participants of this study the evaluation of their satisfaction with many aspects of their lives provoked negative emotions. To many participants of this study being racially classified as Coloured was emotionally upsetting. Some aspects of family life were also found to be associated with participants' poor mental health in terms of negative emotional well-being. These aspects were illnesses and deaths of various family members and the subsequent loss of supportive and loving relationships which some participants described as emotionally distressing.

b) Positive expressions

However, there are other aspects of the participants' lives that evoked positive feelings. Moreover, not all the participants allowed the negative emotions evoked by being racially classified as Coloured to affect their total evaluation of satisfactions with various other aspects of their lives. Rather, some participants expressed positive emotions with other aspects of their lives such as their careers and employment as well as their home and family life. Although, being racially classified as Coloured meant limited career opportunities especially for Coloured women, during Apartheid South Africa participants reported that they were happy for employment. For instance, a participant reported that:

“...Ek is bly om by die skool te wees [onderwys], Ek is so geseënd, ek is so gelukkig, Ek voel die engele het my hiernatoe gestuur...ek is lief vir wat ek doen, regtigwaar, ek hou regtigwaar van wat ek doen...”

“...I am so thrilled that I am here at the school, I am so blessed, I am so happy, I feel the angels sent me here... I love what I am doing, I really do, I really love what I am doing...”

The following excerpt of an interview transcription indicates that a participant was happy with this aspect of her life (meaning being employed) is:

“...ek is in my element...ek werk op die regte plek ...”

“...I'm in my element...I work at the right place ...”

To this participant, being employed was an important aspect of her life which contributed positively to her mental health in terms of her positive emotional well-being. Data analysis additionally revealed that the workplace environment of the Special School also made some

positive impact on the participants. Many participants reported being happy working in schools with special needs children. Excerpts of interview transcriptions in support of this contention are:

“...ek geniet my professie, ek wou nog altyd met kinders [leerders] met spesiale behoeftes gewerk het...”

“...I enjoy my profession; I always wanted to work with children [learners] with special needs...”

“...ek het geweet ek hoort nie in ’n hoofstroom skool nie...ek wou met spesiale kinders [leerders] werk...”

“...I knew that I don’t belong in a mainstream school...I always wanted to work with special needs children [learners]...”

Home and family life were other aspects of their lives which many participants affectively evaluated with satisfaction. Participants expressed positive feelings with regards to their family lives; they enjoy warm and loving home environments that promoted opportunities for good communication and appropriate interpersonal relationship dynamics among their members. Many participants reported having loving and supportive parents and spouses. Excerpts of interview transcriptions in this regard are:

“...Ek het in ’n baie goeie huis [familie] groot geraak, ek is dankbaar vir wat ons gehad het...”

“...I grew up in a very good home [family], I am grateful for what we had...”

“...ek is baie dankbaar, ek het baie stabiliteit geniet [binne my familie]...”

“...I am very grateful; I enjoyed a lot of stability [in my family]...”

“...ek het baie bevoorreg groot geword...in ’n liefdevolle huis...my ouers het ’n baie mooi verhouding gehad... die omstandighede was gunstig...”

“...I grew up very privileged...in a loving home...my parents had a very good relationship...the circumstances were favourable...”

“... daar was altyd ’n gelaggery [tuis]...niks was te veel vir my ouers om vir ons as kinders te doen nie...”

“...there were always lots of laughter [at home]...nothing was too much for my parents, they would do anything for us as their children...”

“...daar was altyd aanmoediging [tuis] en daar was altyd ouerlike bystand ...my ouers het die ondersteunende rol gespeel...”

“...there were always encouragement [at home] and there were always parental support...my parents were playing the nurturing role...”

Some participants expressed positive emotions with regard to their spouses:

“Ek is gelukkig...hy [man] verstaan en ondersteun my...”

“...I am happy...he [spouse] understands and supports me...”

“...hy [eggenoot] ontwikkel daardie sterk gevoel binne my...”

“...he [spouse] develops that strong feeling within me...”

“...ek het ’n man [eggenoot] wat na my luister en my ondersteun...”

“...I have a husband that listens to me and supports me...”

Therefore, thoughts about their homes and family lives were reported by the participants as aspects of their lives which made them feel satisfied with life. This indicates participants good mental health in terms of emotional well-being.

Summary of findings related to participants’ Emotional well-being

Analysis of reported experiences of the participants revealed that a major aspect of their life which impacted negatively on their emotional well-being or mental health was being racially classified as Coloured. To participants being racially classified as Coloured meant being in the “middle” or being nobody, neither Black nor White. For participants this means being considered lesser of a human being, since they did not belong to the two major racial classifications considered human beings namely, the White or Black racial groupings. Participants reported emotions associated with being racially classified as Coloured, including feelings of inferiority and indignity to indicate their poor mental health in terms of

their emotional well-being. Thus, not being satisfied with this aspect of their life and describing it with negative emotionality indicated their poor mental health associated with that particular aspect of their lives. Another aspect of their lives which contributed to some of the participants' negative emotionality was the death of loved ones and the subsequent loss of loving and supportive relationships.

However, there are other aspects of life which participants evaluated with satisfaction and by implication contributed positively to their emotional well-being and hence their positive mental health. These aspects included; being able to study further and their career or employment and their loving and supportive homes and families.

6.2.1.2. Psychological well-being

Analysis of reported life experiences of the participants revealed that they, not only evaluated various aspects of their lives affectively but also cognitively. Cognitive evaluation of satisfaction with various aspects of life yielded judgement results in terms of perceived personal or self attributes. Thus, many participants described themselves in relation to various aspects of their life with such judgements on personal or self-attributes such as self-acceptance, personal growth, environmental mastery, autonomy, having a purpose in life and positive relations with others to indicate their positive mental health in terms of positive psychological well-being.

a) Personal growth

Regarding personal growth many participants reported how they have evolved in terms of their personhood and being a woman. Participants express their experiences of how they have bravely pulled themselves together and took advantages of every opportunity presented to grow especially academically and professionally. Participants described it as follows:

“Ek het besluit om te studeer...”

“I decided to study...”

“Ek het vir vier jaar studeer, ek was elke jaar suksesvol...ek het toe gebare tale klasse gedoen...basies, toe gevorderd...daarna was ek gereed vir nuwe dinge [leer geleenthede]...ek het toe my Honneurs graad gedoen”.

“I studied for four years, I was successful every year...I went on to do sign language classes...basic, then advanced... after that I was ready for new things [learning opportunities]... I went on and do my Honours degree”.

“...om die ACE [Adult Certificate in Education] sertifikaat in leierskap en bestuur te doen...dit is die kans [geleentheid] om myself te verbeter [kwalifikasies]...ek moes bietjie my vlerke spreid...ek wou voel dat ek as persoon gegroei het...”

“... doing the ACE certificate in leadership and management... this is the chance [opportunity] to improve myself [qualifications] ...I need to spread my wings a bit...I want to feel that I have grown as a person ...”

“...ek het vir myself gesê; “...gaan en doen dit [B.Ed graad], dit klink interessant...en so het ek aanhou groei...”

“...I told myself: “...go and do it [B.Ed degree], it sounds interesting...and so I kept growing...”

b) Self-acceptance

Some participants revealed past judgements of themselves which were full of self-rejection or low self-esteem and indicated psychological ill-being or distress. This was predominantly apparent in situations where some of the participants compared themselves with other racial groups mostly in earlier parts of their lives. These participants perceived themselves as not equal to those racially classified as White” for instance. Participants explained:

“...jy het gevoel dat jy nie goed genoeg is [in terme van vel kleur]...”

“...you felt that you are not good enough [in terms of skin colour]...”

“...wanneer dit by die ander kleur [Wittes] kom...jy moes weet wat jy sê en hoe jy optree [as Kleurling]”

“...when it comes to the other colour [Whites] ...you needed to know what you say and how you behave [as Coloured]”

In terms of current self-acceptance most participants reported holding positive attitudes towards the self, feeling good and liking most parts of the self. These attitudes were articulated as:

“Ek aanvaar myself...ek voel trots...”

“I accept myself...I feel proud...”

“Ek voel kwaai [goed oor myself]...ek is ’n goeie mens...”

“I feel smart [good about myself]...I am a good person...”

c) Environmental mastery

Regarding environmental mastery most participants stated that they were able to manage their social environments effectively through self-reliance, being able to adapt and being resourceful. In terms of self-reliance a participant explained:

“...ek moes dinge alleen uitwerk, myself druk, doele stel, my eie doelwitte stel...”

“...I had to work out things alone, push myself, set goals, set my own aims...”

Other participants explained how through being adaptive and resourceful they made things work in their favour:

“...Ek maak die nodige aanpassings...jy moet planne bedink om dinge te laat werk”.

“...I made the necessary adaptations... you need to invent to make things work”.

“...Ek het die beste gedoen met wat ek het, met wat beskikbaar was [in terme van hulpbronne]...”

“...I did the best with what I had, with what was available [in terms of resources]...”

d) Autonomy

Participants demonstrated autonomy during the interviews by expressing a sense of self confidence, independence and held strong convictions of who they were. These expressions are reflected in the following excerpts:

“...ek is nie ’n person wat net ander gelukkig hou, ek sal nie net ingee...ek volg my eie kop...”

“...I am not a people’s pleaser, I won’t just give in...I follow my own head...”

“Ek het ’n sterk persoonlikheid... niemand gaan my onder kry nie... Ek laat nie toe dat ander druk op my uitoefen...”

“I have a strong personality...nobody is going to get me down...I don’t let others pressurize me...”

Another participant mentioned that she values her independence:

“...Ek kan dinge doen...moenie my kom vertel ek kan nie...ek maak my eie golwe, ek stap my eie pad ...”

“...I can do things...don’t come and tell me I can’t do it...I make my own waves, I create my own path... ”

e) **Life purpose**

The participants of this study reported having objectives for living in terms of having life goals and a sense of direction. These goals were influenced by factors such as values espoused from their religious affiliations, their passion for working with children and teaching as a calling, rather than just a job. They shared the following:

Some participants equated their life purpose to their Christian religious values.

“...dit is my lewensdoel...omdat die Here my seën wil ek vir ander tot ’n seën wees en hoop bied...”

“...it is my life goal...since God blesses me I want to be a blessing to others and bring hope...” and

“... ek vra altyd vir die Here waar ek ook al gaan [in my lewe], wil ek vir ander mense tot ’n seën wees...”

“...I always ask God wherever I go [in life] I want to be a blessing to others...”

Participants of this study mostly related their life purpose to teaching children, demonstrated as follows:

“...ek wou nog altyd ’n onderwyser word vandat ek klein was...wanneer ek gespeel het was ek die onderwyser...”

“...I always wanted to be a teacher since I was small... when I was playing I was the teacher...”

Another participant said that she wanted to contribute positively to the world by being involved with children.

“Ek wou ’n bydrae tot die wêreld maak...ek wou altyd met kinders werk...”

“I wanted to make a contribution to this world...I always wanted to work with children...”

A participant reported that teaching is her calling:

“...ek het altyd ’n passie vir onderwys gehad...onderwys is my roeping...”

“...I always had a passion for teaching...teaching is my calling...”

f) Positive relationships with colleagues and family

In terms of positive relationships with others, participants reflected on relationships with different groups of people that improved their well-being and mental health. These include work colleagues and family members.

i) Colleagues

Positive relationships with colleagues were characterised by: support outside school time, mutually beneficially (reciprocal) relationships, providing structure during times of vulnerability, identifying with a group of peer supporters and the use of humour. One participant reported on her supportive friendship with a colleague that continued beyond school hours:

“... [my kollega] ons is vriende wat bymekaar [aan huis] ook kuier ...sy gee my advies ...ek voel beter as ek daar uitgaan...”

“... [my colleague] we’re friends that visit each other [at home].....she gives me advice...I feel better after visiting her...”

Another participant explained the nature of her and a colleague’s supportive reciprocal relationship:

“...daar is ’n ouer onderwyseres by die skool...ons bied ondersteuning aan mekaar...ons twee gesels lekker met mekaar...”

“...there is an older teacher at school...we support one another... we enjoy speaking to each other...”

A participant explained how her colleague put structures in place to support her during difficult times:

“...sy [kollega] verstaan my en kan my gevoelens lees...sy sien as ek emosioneel is en plaas strukture in plek om my te help...”

“...she [colleague] understands me, she is able to read my feelings...she picks up immediately when I am emotional and puts structures in place to assist me...”

Participants also commented on how groups of colleagues informally socialise, support and enjoy each other’s company:

“...’n paar [groepie] van ons personeel lede, ons kan oor enigiets praat [ondersteun mekaar]...”

“...a few [group] of our staff members, we can talk about anything [support each other]...”

“...ons [groepie] kollegas ons sal bietjie afkoel [tyd saam spandeer]... ons praat dieselfde taal... [dink dieselfde omtrent dinge]...”

“...our [small group] of colleagues we will chill [hang out] ...we speak the same language [think the same way about things]...”

“... ons [groepie kollegas] kan lag oor goeters, dis ’n hegtheid wat ek saam met hulle het...”

“...we can laugh about things; I share closeness with them ...”

ii) Family

Participants focused on positive relationships with their husbands, parents and siblings. These relationships were characterised by factors such as open communication between spouses, dependability of spouses and close family bonds (both within families of origin and current household relations. These are reflected in the following excerpts:

A participant reported that she and her husband are able to communicate openly which contributes positively to her well-being:

“...ek het ’n huweliksmaat wat ’n oor het [luister]...ek bespreek wat ook al in my lewe gebeur met hom...ons gesels aanhoudend met mekaar...”

“...I have a spouse that listens to me...I discuss whatever is happening in my life with him...we talk to each other non-stop...”

Another participant reported on how dependable her husband is:

“...hy [my man] is die enigste persoon wat ek kan regtig, eerlikwaar sê ek op kan steun in enige situasie dit maak nie saak wat...”

“...he [my husband] is the only person that I can really truly say I can depend on in whatever situation it doesn't matter what...”

A participant shares that her husband is very supportive:

“...ek het ’n baie ondersteunende man wat my altyd moed inpraat... hy sal altyd sê ek moet net nie paniekbevange raak nie...”

“...I have a very supportive husband, he always encourages me...he will always tell me not to get panicky...”

Other participants focused on the loving, protective and supportive relationship that they enjoy with their parents.

“ek het opgegroeï in ’n liefdevolle huis...beskermd omgewing...my ouers het in ons belê...hulle doen dit steeds...”

“I grew up in a loving home...protective environment...my parents...they invested in us...they still are...”

“...hulle [ouers] is baie beskermend...ek kan hulle vir enigiets bel...as ek iets nodig het...hulle kyk na my kinders as ons uitgaan, maak kos en doen vele ander dinge vir my...en ek vir hulle...”

“...they [parents] are very protective...I can call them up for anything...if I am in need of something...they look after my children when we go out, prepare food and do many other things for me ...as I do for them...”

One participant spoke about her positive relationship with her sisters:

“...ek is mal [gek] oor my susters...daai bande is baie sterk... ons skep geleenthede om bymekaar uit te kom [tyd saam te spandeer]...ons kan op mekaar staat maak...ek kan hulle net bel dan kom hulle...”

“...I am crazy about my sisters...those bonds are very strong...we create opportunities to get together...we can depend on each other...I can just phone them and they will turn up...”

Summary of findings related to Psychological well-being

Data analysis of Coloured female teachers’ self-reflections on their psychological well-being revealed that the majority of participants possessed good mental health in terms of their general psychological well-being as they described themselves in relation to many aspects of their lives by making positive judgments of their personal or self-attributes.

As Coloured women, participants experienced themselves as “strong” and capable of facing many situations and challenges. Data analysis further revealed that the participants described themselves as being competent or having a sense of self-efficacy since they have been able to pursue education and have empowered themselves.

Many participants reported that they had seized the opportunities in their environment to grow and develop through education over a period of time as indicated in the excerpts on personal growth. Through education they improved their sense of self with the skills that they have acquired, and by doing so they perceived themselves in a more positive light. Experiencing themselves as more positive has improved their confidence in voicing their opinions and this has led them to become self-determined and self-sufficient. Education also provided participants with the opportunity to live their life purpose through their places of employment, which is the Special School system.

Participants reported on their ability to cultivate positive relationships and reflected on friendship opportunities that came about through employment and the formation of supportive and trusting relationships within the workplace. Collegiality is inclusive of warm, trusting and supportive relationships with individual and small groups of supportive colleagues. Participants also reflected on the fulfilling relationships that they enjoy with family members including their parents, husbands and siblings. Emphasis was placed on the

reciprocal nature of these good relationships and how this has improved the psychological well-being of participants.

Therefore, the participants' self-acceptance or sense of self in terms of self-efficacy, environmental mastery, personal growth, autonomy, purpose in life and relationships with others are clear indications of their positive mental health in terms of psychological well-being.

6.2.1.3. Social well-being

Keyes (1998) developed multiple operational dimensions of social well-being namely social contribution, social integration, social acceptance, social actualisation and social coherence. These dimensions represent the various challenges that a person faces as a member of: groups, institutions, communities and societies. Participants in this study evaluated their social well-being affectively and cognitively. Data analysis revealed that in terms of social well-being participants placed emphasis only on the areas of social contribution, social integration and social acceptance with no mention of the remaining two dimensions, namely social actualisation and social coherence.

Excerpts of interview transcriptions regarding the participants' social well-being as contained in the descriptions of their life experiences are below.

a) Social contribution

Many participants explained that their positions as teachers were beneficial in terms of them making a positive social contribution to society. One participant reported that:

“...in die posisie [as onderwyseres] ...het ek nou 'n groter impak...”

“...in this position [as a teacher]...I now have a bigger impact...”

Another participant said the following,

“...ek is vir my gemeenskap ...ek [in my hoedanigheid as onderwyser] maak 'n verskil in die lewe van andere...”

“...I am for my community... [in my capacity as teacher] I make a difference in the lives of others...”

This is indicative of positive mental health. Many participants experienced themselves as change agents and therefore felt the need to plough back into society. Being socially well adjusted enabled participants to empower others, and take a stand for the welfare of others and themselves. Participants explained how they perceived their roles in terms of contributing to their communities. One participant had this to say,

“...ek is ’n moeder van die nasie...ek is baie betrokke [in die gemeenskap]...”

“...I am a mother of the nation...I am very involved [in the community] ...”

Another participant reported that:

“...ek is tans besig met ’n tuinmaak projek in my gemeenskap...ek maak ons omgewing mooi...”

“...I am currently busy with a gardening project in my neighbourhood...I beautify our environment...”

One participant explained that:

“...ek het met oumense in my vrye tyd gewerk, het vroeë kinder-ontwikkeling gedoen en in die aand vir Maatskaplike Dienste verwyderings gedoen [van kinders in moeilike omstandighede]...”

“...I worked with old people in my free time, I did early childhood development and in the evening I did removals for Social Services [of children living in difficult circumstances].”

b) Social integration

Regarding social integration most participants underlined how they are well integrated into society mostly through their churches and communities. A participant had this to say,

“Ek is baie aktief [betrokke] by ons kerk...by die moeders unie en by die Sondag-skool...”

“I am very active at our church...I am involved in the mothers union and the Sunday-school...”

Another participant said the following,

“...ek staan sterk [mense respekteer my]...in die gemeenskap en gemeente waar ek kerk gaan...”

“...I hold a strong position [people respect me]...in my community and the congregation where I attend church...”

Being socially well integrated improved the mental health and general well-being of participants. A participant explained:

“My betrokkenheid by ons kerk...dit gee my ’n gevoel dat ek behoort en ’n sin van waarde...mense koester my menswees...”

“Me being active at our church...it gives me a sense of belonging and a sense of worth...people cherish me as a person...”

Another participant stated:

“...ek geniet my saam met die oumense, senior burgers [kerk-mense] ...ek neem hulle op uitstappies...hulle vertrou my as mens”.

“...I enjoy myself between the old people; senior citizens [church people]... I take them on outings...they trust me as a person”.

c) Social acceptance

In terms of social acceptance many participants revealed that they had become more accepting of people ‘different’ to themselves. Here they placed specific emphasis on similarity despite differences in terms of race (being Black versus being White) and that one cannot be angry and blame innocent people for Apartheid legislation. One participant said that irrespective of the colour of your skin the core person remains the same:

“Alle mense is in wese dieselfde...ek behandel mense met respek...ek behandel alle mense dieselfde... [ongegag die kleur van hulle vel en hul agtergrond]”

“The core person remains the same...I treat people with respect...I treat all people the same... [irrespective the colour of their skin and their background]”

Another participant said that she can’t blame innocent people for decisions made by the architects of Apartheid:

“...ek kan nie kwaad wees vir jou [wit vriend] oor Apartheid nie...daai bagasie [kwessies] gaan ek nie saam met my sleep nie”.

“...I can’t be angry with you [white friend] over Apartheid ...I am not going to string that baggage [issues] along”

The passing of time and the process of improving one's self-concept also played a role in coming to terms with the Apartheid past. Improved self-esteem or sense of self, allowed participants to work through their Apartheid history experiences and assisted them in becoming socially well-adjusted and accepting of others. A participant had this to say:

“...ek het 'n proses deur gegaan...ek het my gedagte-gang omtrent mense verander ... toe omstandighede [ten goede] in my lewe verander, het ek anders gevoel...ek het nou 'n plek in die groter Suid Afrika gehad...”

“I went through a process...I have changed my mind set about people...when things changed in my life [for the better] I started to feel different...I now had a place in the broader South Africa...”

Being positive and feeling confident within themselves lead to improved interactions between participants and South African Blacks and Whites. Participants had the following to say:

“...ek kan nou na al die jare sê ek het 'n paar goeie Blanke [Wit] vriende...”

“...after all these years I can say that I have a few good White friends...”

“...ek het nou wit maar ook Swart vriende...”

“...I now have white but also Black friends...”

Summary of findings related to Social well-being

Data analysis revealed that the majority of participants' opinions regarding most dimension of social well-being tend to lean towards the positive spectrum. They thus possess good mental health as described by themselves in relation to the positive judgements they made regarding their social well-being.

Many participants reported that they make a positive contribution to the world they live and function in, in their capacities as teachers. They saw themselves as change agents and therefore they plough back into their societies in various ways. Most participants also reported that they are well integrated in their societies especially through their church memberships and communities. Participants reported that they have reached a level of social acceptance where they had become more accepting of people 'different' to themselves. They now place emphasis on similarities despite differences in terms of race (being Black versus

White). Participants also reported that the passing of time coupled with the process of improving one's self-concept also played a role in coming to terms with the Apartheid past.

6.2.1.4. Spirituality well-being and mental health:

According to Fisher (2011) spirituality is progressively being acknowledged as an actual phenomenon and not simply a mental illusion. Spirituality is understood differently by various individuals while ranging from traditional institutional religions to occult practices (Fisher, 2011). Moodley, Beukes and Esterhuysen (2012) argue that many scholars think of spirituality and religion as interrelated constructs. Pargament (as cited in Moodley et al., 2012) argues that religion is a multidimensional concept that is inclusive of institutional religious expressions as well as religious practices while considering spirituality as an umbrella concept or broader term which encompass religion. In this study, the important influence of religion/ spirituality on participants' lives, emanated from the analysis of participants' responses.

a) Christianity as religion and mental health

Apart from Keyes (2002, 2005) three dimensions of mental health data analysis also revealed a connection between Spiritual well-being and mental health. Spiritual well-being with specific emphasis on Christian religious beliefs and values was identified as another important dimension of mental health. Christianity was indicated by most of the participants as a contributing factor to their subjective well-being and good mental health in the following ways:

Some of the participants reported that their religion, Christianity provided them with a sense of direction and comfort which resulted in improved mental health.

“...aan die einde van die dag het die keuse [om ’n Christen te wees] ’n invloed op wie ek as mens is en hoe ek dinge doen[positiewe lewensbenadering]...”

“...at the end of the day the choice [to be a Christian] influences who I am as a person and how I do things [positive approach to life]...”

“...dit [Christenskap] het my gevorm in wie ek vandag is... ek vul myself met positiewe denke en vind innerlike vrede...”

“...it [Christianity] shaped me into who I am today...I think positive thoughts and in that way find inner peace...”

Some of the participants discussed their Apartheid upbringing in relation to their Christian outlook on life. Christian religious values of love and respect assisted many participants in their relationships with those different from them in terms of skin colour meaning, Whites and Blacks. Participants made specific reference to being accepting and tolerant of the Apartheid government’s discriminatory policies and practices as well as towards those who benefitted from it.

A participant revealed being respectful towards people despite of trying circumstances:

“...dit [Christenskap] het my gevorm... ek is opreg maak nie saak wat [omstandighede rakende Apartheid], ek behandel alle mense [ongeg van velkleur] met respek ...”

“...it [Christianity] shaped me as a person... I am sincere irrespective of what is happening [circumstances connected to Apartheid] I treat all people [irrespective of their skin colour] with respect...”

Another participant had the following to say:

“...in ons huis was die ewels van Apartheid uitgewys en bespreek [deur ons ouers] maar dit [die situasie] het my nie verbitter nie vanweë ons Christelike benadering”.

“...in our home the evil of Apartheid was pointed out and discussed [by our parents] however it [the situation] didn’t cause me to be bitter because of our Christian approach to life”.

Another participant revealed that during fellowship with members at church she worked through negative feelings evoked by the injustices and suffering of her Apartheid past experiences and found peace through forgiveness. She had the following to say:

“...by die kerk het ons ’n versoenings week gehad...die meerderheid mense wat dit bygewoon het was Witmense...ons het gepraat oor Apartheid en hoe dit ons almal van sekere ondervindings ontnem het... die bitterheid is weg...ek het dit laat gaan...”

“...at church we had a reconciliation week...the majority of people who attended it was Whites...we spoke about Apartheid and how it took away certain experiences from all of us...the bitterness is gone...I rid myself of it...”

b) Religious values and mental health

Many participants reflected on the importance of religious values. These aspects were mentioned in many responses as having a positive effect on participants' subjective well-being and mental health.

i) Prayer and faith

Many participants revealed that prayer contributes positively to their mental health. A participant revealed that in order to have certainty that she makes the right choices in life she asks God for guidance through prayer. She explained:

“Here wat is dit wat U wil hê ek moet doen?”

“Lord what do you want me to do?”

A participant recalled how she went through difficult times and how her prayers and faith pulled them through:

“Die laagste punt in my lewe was toe ek sonder werk gesit het...ek het geld dringend benodig... Daardie spesifieke oggend sê ek toe: “Here, ek is ’n professionele mens, moet ek nou ’n skoonmaker gaan wees?”

“The lowest point in my life was when I was without a job...I was in desperate need of money... That specific morning I said: “Lord, I am a professional person do I now have to become a cleaner?”

ii) Trust and hope

These aspects were reported by some participants as having a positive effect on their well-being and or mental health. A participant revealed how she came to the realisation that she did not have to depend on other people or her own strength to get her through difficult times but that she needed to put her trust in God. She said:

“...ek hanteer soort van situasies myself maar ek het agtergekom dit is nie altyd ’n goeie idee nie...ook nie om jou antwoorde by mense te soek nie... die Here weet wat my bekommernis is...Hy weet net hoe om met my te praat [troos] ...die teks Sondag was 1 Petrus 5 vers 7: “Werp al julle bekommernisse op Hom want Hy sorg vir julle”.

“...I sort of handle situations on my own but I have come to the realization that it is not always a good idea...also not to look at people for answers...God knows what I worry about...He [God] knows how to speak [comfort] to me...the word in the Sunday

service came from 1 Peter 5 verse 7: Leave all your worries with Him, because He cares for you...

Another participant shared:

“Ek moes net op die Here vertrou... daardie selfde dag toe kom die Here deur vir my [verhoor my gebede] en seën my met ’n onderwys pos...”

“I just had to trust the Lord... that same day the Lord answered my prayers and blessed me with a teaching post...”

A teacher revealed how her religion inspired her to remain hopeful:

“...my man het sy werk verloor...dit is baie druk op my maar jy hanteer dit...jy verwag sekere dinge maar God het sy tyd wanneer hy deure oopmaak...”

“...my husband lost his job...it is a lot of burden on me but you deal with it...you expect certain things but God has His time when He opens doors...”

Summary of findings of Spiritual well-being and mental health

Apart, from Keyes (2002, 2005, 2007) three dimensions of mental health, participants’ reported experiences revealed a connection between spiritual well-being and mental health. Participants placed emphasis on their Christian religious beliefs and values and stated that these were important dimensions that improved their subjective well-being and mental health status. These Christian values and beliefs included love and respect for other people irrespective of skin colour or race, as well as the positive influence of prayer, faith, trust and hope in God on subjective well-being.

6.3. Workplace influences on the mental health of participants (selected Coloured female teachers) teaching in historically disadvantaged Special Schools of the Cape Metropole

The second research question focussed on how the unique workplace of some historically disadvantaged Special Schools in the Cape Metropole influenced participants’ mental health. Participants’ self-report described their evaluations of their satisfaction with their experiences related to various aspects of their workplace. People’s workplaces have an influence on their well-being, hence how they feel while interpersonal relationships and job-satisfaction is of the most important factors linked to the workplace (Lorber & Kegl, n.d)

Some participants described their evaluation of their experiences in the workplace with some negativity. Participants perceived their schools' finances and resources as limited. Some participants also reported on poor interpersonal relationships with some colleagues while poor leadership and management in their workplaces also had a significant influence on their subjective well-being. Participants' responses in relation to these influences are discussed below.

6.3.1. Limited resources

White Paper 1 on Education and Training (1995) acknowledges that Educational Support Services (ESS) or Learners with Special Education Needs (LSEN) services had never been comprehensive enough. Sadly, where the need was the greatest, the service was the poorest, due to low levels of funding. Insufficient funding has downgraded ESS and LSEN services to the periphery. Consequently ESS and LSEN provision for non-white learners were inadequate whether through mainstream or specialised facilities and schools (Department of Education, 1995, p.28).

Participants in the present study recorded that historically disadvantaged Special Schools were described as lacking in resources. This lack included: physical infrastructure, human resources, finance and other material resources which were described as highly limited. The limited resources meant that the participants were not able to perform their work optimally and this negatively impacted on their emotions, on how they perceived themselves in their workplaces and generally on their mental health in terms of their subjective well-being. The lack of resources on participants' mental health produced various negative perceptions, including: experiencing the work environment as stressful, feelings of disillusionment, a loss of interest in the profession, teaching became more difficult and the quality of teaching and learning dropped. The following excerpts indicate participants' descriptions of the effects of limited resources on their mental health:

“...die tekort aan hulpbronne...is nie net stressvol nie maar dit lei tot 'n volledige ontnugtering van die professie... [en] ...jy word moedeloos en gefrustreerd...”

“...the lack of resources...isn't only stressful but it leads you to complete disillusionment of the profession...[and]...you become disheartened and frustrated...”

“...dit [tekort aan hulpbronne] affekteer my [negatief]...jy [onderwyseres] begin belangstelling verloor in die professie...”

“...it [limited resources] affects me [negatively]...you [as teacher] start losing interest in the profession...”

“... [n tekort aan hulpbronne] impakteer op my...jy voel skaam...ek kan nie die kwaliteit werk lewer wat ek graag wil...dis sleg, dis werklik sleg...onderwys word meer ingewikkeld meer moeilik...”

“... [limited resources] impact on me ...you feel embarrassed...I cannot give the quality of work that I want to give [to my learners]...it sucks, really it sucks...teaching becomes more intricate more difficult ...”

Lack of adequate infrastructural facilities reportedly hampered the teaching and learning process and affected the academic growth and development of learners. Consequently, participants expressed dissatisfaction with their workplaces' poor infrastructural facilities and identified this challenge as a negative influence on their mental health in terms of their subjective well-being. The following excerpt reflects this:

“...jy kan nie doen wat jy wil doen en wat van jou verwag word [in terme van leerders leer]... ek sal daarvan gehou het om meer te doen maar, ons het nie apparaat vir die leerders...ons het nie die infrastruktuur...ons het nie genoeg spasie...”

“... you can't do what you want to do, [in terms of teaching your learners], and what is expected of you ...I would have loved to do more but we don't have apparatus for the learners...we don't have the infrastructure...we don't have enough space”.

Further analysis of participants reported experiences in their workplaces, revealed that the limited human resources, in terms of the inadequate number of teachers in the Special Schools meant increased workloads and the performance of multiple roles. Participants stated further that they were not prepared or trained for some of these roles. Some excerpts of interview transcriptions in this regard are as follow:

“...jou rol as onderwyser en opvoeder is verskriklik moeilik...jy is moeder, vader, maatskaplike werker, priester alles vir die kinders [leerders] dit word woes...”

“...your role as teacher and educator is extremely difficult...you a mother, father, social-worker, and priest everything to these children [learners] it becomes hectic...”

“...al die rolle by die skool word net meer, meer, meer...moeder, verpleegster, maatskaplike werker, jy is alles vir die leerder terwyl die leerder in jou sorg is...”

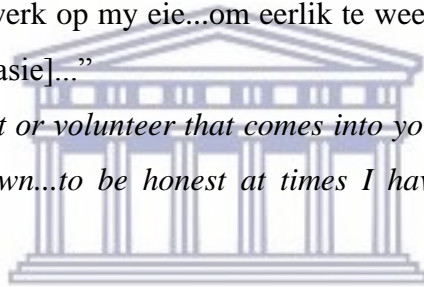
“...all the roles at school is just getting more, more ,more...mother, nurse, social worker, you everything to that learner while the learner is in your care...”

“...aan die einde van die dag voel jy soos ’n kinder-oppasser, jy moet die leerders beheer...dit gaan nie meer oor die liefde vir onderwys...jy is alleen met die leerders in jou klas van 08h00 tot 14h30”.

“...at the end of the day you feel like a baby-sitter, you have to control the learners...it is not about the love of teaching anymore...you are alone with the learners in your class from 08h00 to 14h30”.

“...daar is geen assistent of vrywilliger wat inkom om jou in die klas te ondersteun...ek doen hoofsaaklik die werk op my eie...om eerlik te wees by tye sukkel ek om alles te hanteer [stresvolle situasie]...”

“...there is no assistant or volunteer that comes into you class to assist you...I mostly do the work on my own...to be honest at times I have difficulty coping [stressful situation]...”



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Some participants also reported while feeling overwhelmed with their many roles and responsibilities they also struggled with difficult-to-teach learners:

“...jy wen nooit...jy probeer om dit uit te balanseer...jy voel onbevoeg...jy bevraagteken jou eie vermoëns...jy begin luister na die strooi waarop jy jouself bevraagteken [stresvolle situasie]...by tye is dit net so moeilik om hulle [leerders] die mees basiese goed aan te leer...”

“... you never quite win ...you feel incompetent...you question your own ability...you start listening to the crap you question yourself about ...at times it is just so difficult to teach them [learners] the most basic things...”

“...daar is altyd ’n tekort [in terme van hulpbronne]...jy moet na ander maniere kyk om die kind [leerder] te stimuleer...jy moet na ander opsies kyk om iets oor te dra [aan die leerder]...”

“...there is always a shortage [in terms of resources] ...you have to look at other ways to stimulate the child [learner]...you must look at other avenues to get something across...”

6.3.2. Poor interpersonal relationships with colleagues

Participants reported enjoying positive relationships with various colleagues. Alternatively, participants also reported that they experienced negative, distrustful and troubled interpersonal relationships with other colleagues. These relationships were thus intricate and challenging. It is common knowledge that individuals and colleagues often struggle to get along due to their unique personality characteristics, position of power and status at work but also due to the expectation they have of others, vice versa (Garelick & Fagin, 2004).

Negative relations constrained teacher well-being and hampered optimal functioning in the workplace while dampening the team spirit. Poor collegiality as well as poor school leadership and management led to psychosocial dysfunction and instability at work while affecting the morale and hence mental health of participants as indicated in the excerpts from interview transcriptions below.

a) Poor collegiality: The larger cohort of colleagues

A participant discussed the lack of unity among the members of staff as follows:

“... aan die einde van die dag werk almal [kollegas] nie saam om die skool op te bou nie...”

“... at the end of the day people [colleagues] are not working together to build up the school...”

She explained that a lack of staff unity had negative consequences in terms of teacher well-being.

“...dit strek tot nadeel [affekteer mens negatief] van ons [onderwysers] wat graag dinge wil doen [skool wil opbou]...”

“...it is to the detriment of us [teachers] who want to do things [build up the school]...”

Another participant pointed out the issue of distrust and said the following:

“...by die skool [werk] het ek nie vriende...jy kan nie almal vertrou nie...”

“...at school [work] I don't have friends... you can't always trust everybody...”

This affected her well-being negatively. She explained:

“...dit laat 'n bitter smaak...”

“...it leaves a bitter taste...”

Still another participant described the negative collegial culture and poor social atmosphere in the school in the following manner:

“Almal [kollegas] wil in die hoof [skool bestuur] se goeie boekies wees ... almal [kollegas] trap op almal [mekaar]...”

“Everybody [colleagues] wants to be in the good books of the school managers...colleagues step on each other...”

She explained the effects on her well-being as:

“... dinge [jou woorde] word verdraai... tot andere [kollegas] se voordeel ...dis nogal 'n slegte situasie vir my...hartseer...”

“... things [your words] get twisted around...perhaps that it can suit certain people [colleagues]... it is a pretty bad situation...”

Competitive behaviours between teachers and their colleagues had a negative influence on the well-being of some participants. One participant explained:

“...hulle [kollegas] wil net jou idees steel en niemand sal jou 'n klop op die skouer gee as jy iets goed doen...”

“...they [colleagues] just want to steal your ideas and nobody will give you a pat on the back if you do something well...”

b) Poor leadership and management

Poor leadership and school management were identified as major factors that influenced the well-being and mental health of teachers negatively.

In this regard, one participant had the following to say about school management and the principal's authoritarian way of running the school:

“...die manier waarop die skool bestuur word...die diktatorskap en daardie outoritêre en outokratiese gedrag... die hoof neem al die besluite... ons is Japies [die personeel volg net] en die hoof die baas ...”

“...the way in which the school is managed...the dictatorship and the authoritarian and autocratic behaviour...the head [principal] makes all the decisions...we are the Japies [we staff just have to obey] and the principal is the boss ...”

She stated further that this leadership style or school management style had negative effects on her well-being by stating:

“...dit laat my woedend...”

“...it makes me furious...”

Another participant reported that school-management is not professional in how they treat the staff:

“...hulle [skool-bestuur] hou jou soos ’n valk dop... ek het agtergekom goed [jou optrede] word teen jou gehou [deur skool bestuur]”

“...they [school management] watch you like a hawk... I discovered that things [your actions] are kept against you [by school management]”

She pointed out how this affected her well-being by stating that:

“...dit gee my koue rillings [laat haar ongemaklik voel]...”

“...it gives me cold shivers [makes her uncomfortable]...”

Another participant stated that she was distrusting of her school managers and that she found them to be unprofessional in the way that they handled school matters:

“Ek moet versigtig wees wat ek sê omtrent skoolsake...selfs as jy na die skoolbestuur gaan [i. v. m problem en uitdagings] word dit oor gezyk [geignoreer]...”

“I need to be cautious what I say regarding school matters...even when, and if you approach school management [regarding problems and challenges] it is glossed over...”

She discussed how this influenced her mental health:

“...ek is versigtig en ongemaklik [half bang] met hulle [skool bestuur]...”

“I am cautious and uncomfortable [wary] when it gets to them [school-management]...”

6.4. Personal and occupational factors or influences associated with participants’ mental health.

The presentation of the results in this section is with regard to the third research question on personal and occupational factors or influences associated with participants’ mental health. The self-reports on the life experiences of the participants were analysed and the results revealed a number of personal and occupational factors which participants stated have impacted on their mental health. Some of the personal factors which participants stated to have seriously impacted on their mental health include their family financial status, their family tradition, their gender, household and parental responsibilities. Occupational factors which participants indicated as impacting on their mental health revolved around working with sick learners, heavy workload, and the political climate of the schools where they worked.

6.4.1. Personal factors affecting participants’ well-being

a) Family of origin financial status

Most participants pointed out that their families struggled financially while they were growing up, and as a result they went through tough times. One participant reported that:

“...ons het opgegroeï in ’n spasie waar daar nie baie was, finansieël was daar nie baie...ons het in harde tye opgegroeï [Apartheid era]”.

“...we grew up in a space where there was not much, financially there was not much...we grew up in very hard times [Apartheid era]...”

Participants further reported that they experienced many difficulties due to their family’s poor financial situation which meant that they could not pursue further education and this negatively impacted on their mental health in terms of their subjective well-being. Excerpts of interview transcriptions in this regard follow:

“...daar was nie regtig geld vir my om te gaan studeer nie... my ouers was nie van die rykstes nie...”

“...there wasn’t really money for me to study...my parents were not the richest...”

“...my ouers kon dit nie bekostig om my te laat studeer...”

“...my parents couldn't afford to pay for me for further studies...”

Participant's poor family financial conditions negatively affected many of the participants' emotional well-being. However, some of the participants reported being offered opportunities in the form of financial assistance or study bursaries to pursue higher education. For the latter category of participants this resulted in feelings of hope for the future as it was seen as a life changing opportunity. It also improved their sense of self and self-esteem which subsequently led to positive mental health. Some participants had the following to say:

“...ek was bevoorreg om die beurs wat die staat beskikbaar gestel het te kry...dit het my moed en hoop gegee vir die toekoms...”

“...I was privileged to receive the bursary that the state made available...it gave me courage and hope for the future...”

“...ek het 'n volle [Staats] beurs van die Departement van Onderwys gekry...ek het dit as 'n seën ervaar...”

“...I received a full [State] bursary from the Department of Education ...I experienced it as a blessing...”



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b) Teaching as family occupation

Teaching as a profession provided good employment opportunities with promising prospects that improved the quality of livelihoods of individuals by raising their socio-economic status and breaking the cycle of poverty. Participants revealed that a considerable number of their family members were teachers. These family members served as positive role models to emulate. Therefore, participants were inspired to enter the teaching profession. The following excerpts reflect the important influence of teaching as a profession on the lives and career choices of participants:

“...my ma was 'n onderwyseres, my pa was 'n onderwyser, jy kan natuurlik ander goed [beroepe gekies het] gedoen het... maar jy besluit jy volg ook hulle rigting [aangesien jy jou ouers se beroepe as positief en betekenisvol ervaar het]...”

“...my mom was a teacher and my dad, you could have done something else [choose a different career]... but you decided to follow in their footsteps [since you have experienced their careers as something positive and meaningful]...”

“...my ouma was ’n onderwyseres, dis nou my ma se ma...en my ouma en oupa grootjie was ook onderwysers... [die onderwys professie was positief ervaar binne haar familie]”.

“...my grandmother was a teacher, my mothers’ mom...my great grandmother and grandfather was also teachers...most of my family members were teachers... [teaching as a profession was viewed in a positive light within her family]”

“...die meeste van my familie aan my ma se kant was almal onderwysers, almal is in die onderwys, dan is jy ook maar in daai rigting...”

“...most of my family members on my maternal side were teachers, everybody was into teaching, and you take the same direction...”

“...die dag toe ek gaan registreer [by die universiteit] het ek ingeskryf vir onderwys omdat die meeste van my familie lede onderwysers was...”

“...the day I registered [at university] I signed up for teaching because most of my family members were teachers...”

Participants reported that entering the teaching profession was an honour and a privilege in their families as it was seen as a respected position hence their choice to enter the profession. Participants stated that family members were an inspiration to them through the examples that they had set as teachers. This impacted positively on the personhood, as indication of positive psychological well-being and therefore fairly good mental health of participants.

c) Teaching as a traditional female career

Teaching has its caregiver and nurturing elements which are strongly related to the traditional role of being a woman and mother. However, many participants reported that they entered the teaching profession because of their love for children and because it was part of their life goals. This enhanced their self-esteem, personhood, psychological well-being and therefore their mental health. Participants had the following to say:

“...van ’n baie jong ouderdom het ek al geweet ek wou onderwyseres word...ek dink ek was so gebore...”

“...from a very young age I knew I wanted to become a teacher...I think I was born that way...”

“...ek wou nog altyd onderwys, van kleins af, as ek ’n speletjie gespeel het sou ek altyd die onderwyser wees, dit was a lewenslange droom...”

“...I always wanted to teach ever since I was small, if I played a game I will be the teacher, it was a lifelong dream...”

“...ek wou maar altyd onderwys, onderwys is my roeping...”

“...I always wanted to teach, teaching is my calling...”

d) Women: Household and parental responsibilities

Participants felt that being a woman meant having different identities as one performs different life roles. These roles were often reported as being conflicting and intense thus impacting negatively on most teachers’ emotional and psychological well-being, hence, mental health. Participants explained the multi-faceted roles of a woman as follows:

“...om ’n vrou te wees is harde werk, ek wens ek was ’n seekat met baie arms wat alles tergelyk kon doen...daar is baie dinge wat gedoen moet word...”

“...to be a woman is hard work, I wish I was an octopus with many hands that can do all things at once...there are lots of things that needs to be done...”

“... jy moet vrou by die huis wees, jy is ’n werkende vrou...dis baie moeilik vir my...uitdagend [met verwysing na al haar verpligtinge]”.

“...you have to be a woman at home, you a working woman ...I find it difficult ...challenging [with reference to all her responsibilities]”.

“...daar is baie druk op die vrou ... jy werk ook lang ure [soos jou man] so daar is meer druk op die vrou...dis soms net te [emosioneel en sielkundig] veeleisend vir my...”

“...there is lots of pressure on women...you also work long working hours [as in the case of your husband] so there is more pressure on a woman...it is sometimes just too [emotionally and psychologically] demanding for me...”

Most of the Coloured women participants in this study revealed that they felt obligated to take on the traditional roles of a woman with negative consequences in terms of their personal and psychological well-being, hence, mental health. A participant explained:

“...ek moet sien [voel verplig] dat sekere goed [huis take] net in orde is...as my man kom dan is alles klaar gedoen...dit laat my tam fisies en geestelik...”

“...I need to see that certain things [household tasks] are in order [feel obligated]...when my husband gets home everything is done already...it leaves me tired physically and mentally...”

Household tasks are therefore integrated with, and related to the multiple roles of women, and are inclusive of her role of mother, wife and career woman. Participants shed light on the household responsibilities that they performed as part of their perceived gender role and shared how these impacted on their mental health.

“Ek moet kosmaak en skoonmaak en wasgoed was...daar is inkopies...ek moet die skuld betaal, ek moet die finansies doen by die huis, ek moet sorg dat die plek ordentlik is, so daar is skoonmaak by betrokke...as ek nie die skottelgoed vandag kan was nie, was ek dit môre... daar is genoeg om te doen...dis baie hooi op my vurk...glad nie maklik [uitdagend], dis maklik om depressief te begin voel ...”

“I must cook and clean and do the washing...there is shopping to do...I must pay the bills, I have to see to the finances at home, I must see that the house is decent, so there is cleaning involved...If I don't have a chance to wash the dishes today, I will wash them tomorrow...there is enough to do...it is a lot of responsibility...it is not easy [challenging] and you can easily start to feel depressed...”

“...ek moet die inkopies doen...die kos moet aan die gang kom...die wasgoed mandjie loop oor...ek voel ek verloor beheer, soms voel ek onbeholpe...”

“...I have to do the shopping...the food needs to be prepared...there is lots of washing that needs to be done...I feel I am losing control at times I feel helpless...”

Furthermore, one participant revealed that as a woman she hardly had time to see to her own needs, which may be indicative of poor subjective well-being and mental health. She had the following to say:

“...jy is so besig jy het letterlik nie tyd vir jouself nie... ek kom nie by my eie behoeftes uit en dit maak my moedeloos...”

“...you are so busy you literally have no time to yourself...I don't get to my own needs and that leaves me miserable...”

A number of participants also reported on the challenges of being a parent and mainly focused on the extended responsibilities that accompany this role while sharing how this impacted on their subjective well-being and mental health. A participant explained the situation as follows:

“...die verantwoordelikhede wat jy het as jy kinders het, jou eie kinders, dis swaar [moeilik]...”

“...the responsibilities you have when you have children, your own children, it is heavy [difficult]...”

Another participant mentioned that since her husband worked away from home she had a dual parental responsibility which she experienced as challenging and impacting negatively on her emotional well-being and mental health:

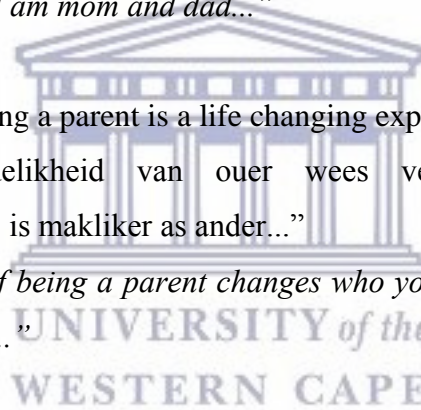
“...dit is baie stressvol; ek is pa en ma...”

“...it is very stressful; I am mom and dad...”

A participant revealed that being a parent is a life changing experience:

“.....die verantwoordelikheid van ouer wees verander wie jy is as ’n persoon...sommige dae is makliker as ander...”

“...the responsibility of being a parent changes who you are as a person...some days are easier than others...”



Another participant revealed that parenthood is a huge responsibility. She said the following:

“...daar is die persoon [kind] wat jy [as ouer] moet beskerm en opstaan voor, asook ’n rolmodel voor moet wees...jy moet daar wees... dis ’n henge verantwoordelikheid...”

“...there is this person [child] that you [as a parent] need to protect and stand up for, and be a role model to...you have to be there...it is a huge responsibility...”

A participant revealed that her children have a sense of entitlement that impacted negatively on her emotional well-being:

“...my kinders het daardie sin van ’n reg hê op dinge ...hulle verwag van my om skoon te maak en op te tel agter hulle...hulle gewoontes stress my uit... jy kry stank vir dank [impakkeer negatief op haar]”

“...my children have that sense of entitlement...they expect me to clean and pick up after them...their habits stress me out...you get stench for peace [impact negatively on her]...”

Acknowledging all the comments made, and feelings shared by various participants I make the inference that parental responsibilities at times can be debilitating in terms of an individuals' personhood. Responsibilities that accompanied parenthood were reported to be primarily intense, emotionally draining and depleted participants' mental energy. Participants focused on how parenting at times impacted negatively on their well-being and mental health.

e) Extracurricular activities: Community involvement

This is another area of focus for Mockler (2011) however this area was sufficiently covered and answered in the first research question under social well-being with specific reference to social contribution.

6.4.2. Occupational factors influencing teachers' well-being

Factors reported by the participants of this study that influenced their mental health included: working with learners with behavioural difficulties, working with ill, dying learners or dealing with the death of learners, dissatisfaction with the service conditions of Special Schools, a preference for teaching in a Special School as well as the loco parentis relationship associated with teaching at Special Schools.

a) Working with learners with behavioural difficulties

The participants interviewed reported on working with learners with discipline problems. It is common knowledge that teaching as a profession is potentially stressful due to the many difficulties teachers are experiencing in dealing with learners' ill behaviour and in-discipline. A participant explained the situation:

“Jy [onderwyser] het dissiplinêre probleme [met die leerders]. Die leerders is uit die hand uit [onmanierlik]... hulle het gedragsprobleme...”

“You [teacher] experience discipline problems [with the learners]...the learners are out of hand [disrespectful] ...they have behavioural problems...”

Many participants expressed their dissatisfaction with teaching learners who are ill-disciplined and presenting with behavioural problems. This specific aspect of their lives as teachers indicated that their subjective well-being and mental health were negatively affected. They had the following to say:

“...dit [negatiewe leerder gedrag] affekteer jou want jy loop rond met frustrasies...”

“...it [negative learner behaviour] affects you because you walking around feeling frustrated...”

“...’n mens raak moedeloos, ek meen ons is mens ek raak kwaad ...ek het al somtyds ’n [negatiewe] ding gesê vir ’n kind waaroor ek spyt was agterna...”

“...you become despondent I mean you get angry and I often said [negative] things to a child which I regretted afterwards...”

“...dit lei tot daardie punt waar jy [as onderwyser] dink die enigste ding wat gaan deurdring tot die kinders [leerders] is geweld [fisiese straf]...”

“...it leads you to that point where you [as teacher] think the only thing that is going to get through to these kids [learners] is violence [physical punishment]...”

Participants explained the reasons why they found it emotionally challenging to work with learners that presented with behavioural difficulties in the excerpts below:

“...die kinders [leerders] hulle wil uithak en hulle wil in die gange skop en trap en hulle wil skree en jou lewe omkrap...”

“...those kids [learners] they want to lose control and perform-kick and shout in the corridors and turn your life upside down...”

“In my klas het ek so 3-4 leerders wat my heeldag uitdaag...dit dryf jou teen die mure uit...”

“In my class I have 3-4 learners that challenge me whole day...it drives you up the wall...”

b) Working with ill, dying learners or dealing with the death of learners

Participants' discussed their processes of teaching ill learners and the difficulties experienced when learners die. They reported feeling stressed, sad, traumatized, and at times they were unable to cope as indicated in interview quotations below. A participant reported on her experiences and stated as followings:

“...jy werk met sterwende kinders...”

“...*you work with children that are dying...*”

Another participant explained that a class with ill learners is potentially stressful:

“Die een oomblik is leerders hier [in jou klas en sorg] en die volgende oomblik is hulle nie meer hier by jou nie [sterf hulle] ...dit is nogal stressvol...”

“*The one moment learners are here [in your class and care] and the next moment they gone [deceased]...it is stressful...*”

A participant described how intense she has experienced the death of a learner:

“...ek was so getraumatiseer ... ek kon dit nie hanteer nie...”

“...*I was so traumatised...I couldn't handle it ...*”

Furthermore, a participant reported that learner' deaths were on-going, which resulted in teachers being re-traumatized:

“...dit gebeur nie een keer nie, dit gebeur talle kere [die dood van leerders] ...om eerlik te wees, dis moeilik om te hanteer ...”

“...*this doesn't happen once [the death of learners] it happens often...to be honest it is difficult to deal with...*”

One participant reported that when she was initially employed by the school she was not informed by the school management about the problems that she might encounter in terms of learner illnesses and deaths. She explained the situation as follows:

“...dit was nie vir my in die onderhoud of vooraf genoem of in oriëntasie week dat ons baie sterftes by die skool het, of dat ons baie siek kinders by die skool het nie...hulle [senior skool bestuur] het nie vir ons voorberei...daar word net van jou verwag om aan te pas [te verstaan] en aan te gaan soos normaal [na die dood van 'n leerder]”

“...it wasn’t mentioned in the interview, before the time or during orientation week that at this school we had a lot of deaths and a lot of ill children...they [senior management team] didn’t prepare us...it is just expected from you to adjust [and to understand] and to carry on as normal [after the death of a learner]”.

A lack of adequate information and proper orientation regarding workplace expectations was pointed out as an important occupational factor that influenced the mental health of participants negatively. After taking up positions at some of these Special Schools some teachers said that they were left disillusioned. I however, make the inference that it is not necessarily the case that prospective employees were not aware or informed about these challenges but rather that when they were faced with the unexpected deaths they were not fully prepared and supported well enough by school management to deal with the challenges and the trauma.

c) Dissatisfaction with the service conditions at Special Schools

Participants reported on their dissatisfaction with the working conditions of the Department of Basic Education [DBE] which include the political bureaucracy, unrealistic expectations in terms of demands placed on teachers and the implementation of inclusive education. Participants’ frustration with the bureaucratic nature of the working environments is aptly reflected by the report of one participant:

“...ek waardeer nie die politieke rompslomp... dit kan baie beperkend wees vir jou groei as persoon [onderwyser] veral as jy iets [spesifiek] wil doen...dit is verskriklik frustrerend...”

“...I don’t appreciate the political red-tape ...it can be restrictive to you growing as a person especially if you want to do certain [specific] things...it is extremely frustrating...”

Many participants reported on the nature of Special School teachers’ work coupled with the unrealistic expectations and demands that are placed on them by the DBE, increased their workload and resulted in poor subjective well-being. A participant had the following to say:

“...die regering verwag van ons om die pas te volg van ’n hoofstroom skool...dit gaan nie uitwerk...hierdie is ’n skool met spesiale behoeftes...dit dryf jou teen die mure uit...”

“...the government is expecting from us to follow the pace of a mainstream school ...it is not going to work...this is a special needs school...it drives you up the wall”.

The policy of inclusive education which is currently emphasized by the DBE officials has resulted in an increased workload for Special School teachers which consequently led to unhappiness and stress. A teacher participant explained that:

“...in die Apartheid jare het ons Spesiale skole gespesialiseer, gefokus op spesifieke gestremdheid ...nou [met inklusiewe onderwys] kry jy al daardie leerders wat inkom van hoofstroom skole met gedrags-probleme, leer probleme...daai kind verg die meeste aandag...die [hoofstroom] kurrikulum kom nou daarby...baie frustrerend”

“...in the Apartheid years our Special Schools specialized, focused on specific disabilities...now [with inclusive education] you get all those learners entering from mainstream schools with behavioural difficulties and learning problems...that child [ex-mainstream learner]demands the most attention...added to that, the [mainstream]curriculum [that needs to be covered]...very frustrating...”

The reasons why participants felt discontented with the conditions of service under the auspices of DBE included; feelings that governmental officials and administrators are ill equipped to make decisions around educational issues, curriculums which are based on Western education system and constant transformation.

One participant said that she believed that only people who have experience in the field of Special education are equipped enough to make decisions around the nature of work in Special Schools. She therefore stated:

“Ek voel dat die helfte van die mense [in die regering] wat besluit oor ons werk, wanneer laas was hulle in ’n skool...jy moet mense het wat uit ’n sisteem kom om ’n sisteem te laat werk...”

“I feel that half of the people [governmental officials and administrators] that decide on our work, when last were they in a school... you need people that come from the system to make the system work...”

One participant reported that the South African school system and curriculum is often based on Western education systems with a few adjustments made, without taking into consideration the unique contexts of local conditions:

“...ek voel die sisteem moet verander en hulle [DBO] moet daai mense [politikusse] af kan bring en sê: “Kom kyk wat regtig hier onder [op grondvlak] aangaan”. She stated, “...die gemors [Westerse kurrikulums] word nou net hier en daarweggeneem [aangepas vir die Suid-Afrikaanse konteks]...hulle [DBO] moet dit [n kurrikulum] vir die Suid-Afrikaanse konteks ontwerp...”

“...I feel the system should changes, they [DBE] should bring those people [politicians] down to ground level and tell them: “Come and see for yourselves what is really going on”. She stated: “...the rubbish [Western curriculums] is just adapted here and there...they [DBE] need to design it [curriculum] for the South African context...”

Another participant discussed her frustrations surrounding constant changes within the DBE which is causing the teacher some frustrations:

“...jy doen al die werk en drie maande later en die department [DBO] wil hê jy moet dit verander, jy moet van voor af begin...konstante hervorming van beleide van hoe die werk gedoen moet word, hoe dit voorgedra moet word...aan die einde van die dag is daar so baie admin wat jy moet doen, soms vra jy jouself, “Is ek n opvoeder of administriewe beampte?”

“...you do all this work, three months down the line and the department [DBE] wants you to change it, you have to start all over again...constant reform of policies of how the work must be done, how it must be presented...at the end of the day there is so much admin that you need to do, sometimes you ask yourself whether you an administrator or an educator”.

Despite the above mentioned difficulties most of the participants indicated that their workplace influenced their mental health positively. The participants indicated two very important aspects of teaching in Special Schools which they considered as satisfactory. These two aspects include having a preference for teaching in Special Schools and teachers loco parentis relationships with their learners.

d) A preference for teaching in Special Schools

Despite the negative aspects of teaching at Special Schools most participants described their experiences of teaching in the Special School system as positive. These participants reported that they always had an interest in teaching learners with special needs and preferred teaching at Special Schools rather than at mainstream schools. I therefore, make the inference that their teaching experiences in these particular environments contributed to their positive mental health and satisfaction with life. The participants reported on their experiences in this regard as follows:

“...in my eerste jaar op kollege...ek het toe al ’n belangstelling in spesiale onderwys ontwikkel”.

“...in my first year at college... I already developed an interest in special education”.

“...ek het altyd geweet dat ek nie in ’n hoofstroom skool wil werk...ek wou met leerders met spesiale behoeftes werk, ek was opgelei om met hulle te werk...’

“...I knew all along that I don’t want to work in a mainstream school...I wanted to work with special needs learners, I was trained to work with them...”

“...ek behoort nie in ’n hoofstroom skool nie, daar is mense [ander onderwysers] wat ’n baie beter werk as ek kan doen...ek weet ek kan hierdie kinders [leerders met spesiale behoeftes] help...”

“...I don’t belong in a mainstream school, there are people [teachers] that can do a much better job than me...I know that I can help these [special needs] learners”

e) Loco parentis relationship and teaching Special Schools

Participants in this study explained the demands of their role as Special School teachers from the perspective of a loco parentis relationship with their learners. Parents send their children to school to spend teaching time in the company of teachers who assume parental status and responsibility for learners while in their care (<http://usedulaw.com/345-in-loc-parentis.html>). Participants placed emphasis on the caring, rearing and nurturing aspects of their roles. They reported that they felt good about the fact that they could provide special affection to learners which some of them believe male teachers are unable to do.

Regarding their loco parentis relationships with the learners, participants explained:

“...dit gaan oor ’n ma wees vir hulle [leerders met spesiale behoeftes], hulle wil hoor, ek is lief vir jou...moenie bekommerd wees juffrou is hier...jy kry onmiddellike waardering”.

“...it is about being a mother to them [learners with special needs], they want to hear, I love you...don’t worry teacher is here...you get immediate appreciation”.

“...ek het seker maar net op een of ander manier daai gawe...ek het baie deernis vir hulle [leerders met spesiale behoeftes] siektes...”

“...in some or other way I have that gift...I have a lot of compassion for their [learners with special needs] illnesses...”

Some participants in the study also pointed out that male teachers’ are unable to provide the gentleness and motherly love that female teachers are able to provide. Participants explained:

“...ons [onderwyseresse] is baie moederlik teenoor die leerders [in vergelyking met mans]...hulle [leerders] het dit nodig...ek het daardie liefde vir die kinders [leerders]”.

“...we [female teachers] are very motherly toward the learners [compared to men]...they [learners] need that...I have that love for the children [learners]”.

“...daardie konsep van vrou wees, daai sagtheid kom in die klas uit...wanneer ek na my mans kollegas luister dan besef ek daai sagtheid ontbreek...om ’n ma [by die skool] te wees is nou net nie deel van man wees...”

“... that concept of a woman, that gentleness comes out in class... when I listen to my male colleagues then I realize that gentleness lacks...being a mom [at school] is just not part of being a man...”

“Mans [onderwyser] kan nie altyd daai omgee wys, hulle kan nie al daai goeters vervul en ma wees nie...jy moet ’n groot hart hê, jy moet geduld hê...”

“Men [teachers] can’t always show that they care, they can’t see to all those needs and be a mother...you need to have a big heart, you need patience...”

6.5. Types of support available to teachers related to mental health challenges associated with their work places.

This section addresses the fourth research question. Furthermore, this section presents a summary of categories, explaining who and what participants identified as ‘support’ or ‘supportive’ in terms of assisting them to cope with the demands of their jobs. Three key categories were identified as supporting or enhancing participants’ well-being namely: family, school level or collegial support and self- regulatory strategies. The greatest level of support for the well-being of the study participants came from support systems directly within the Special School system, these were, support from colleagues, both peers (at the same post level) as well as members from the senior school management teams (SMT). A discussion of the sources of support to assist participants with work-related mental health challenges follows:

6.5.1. Family

Support from family, a spouse, parents or siblings was mentioned by a few teachers as enhancing or supporting their well-being. This was discussed in detail in research question one of this chapter. Please refer to section 6.3.1.2 Psychological well-being (Positive relationships, p. 277).

6.5.2. School level or support by colleagues

6.5.2.1. Peer support from members on the same post level

Participants reflected on the types of support they received from their colleagues on the same post level. Collegial support was mostly provided in the form of supportive relationships which encompass emotional support in the form of approachable colleagues with an emphasis on personal and professional sharing and the giving of advice, as well as having somebody who listened and understood. Colleagues furthermore took care of each other in the form of providing assistance with the management of difficult learners. In this manner colleagues shared and demonstrated positive relationships. Participants explained that peer support was provided by colleagues on an individual basis but also in small groups at times were they gathered informally in places such as the school staffroom or outside of the school premises and outside of normal working hours.

In terms of emotional support received on an individual basis participants had the following to say:

“...sy gee my advies...”

“...*she gives me advice ...*”

“Sy is kalm, sy luister na my....sy gee my baie goeie raad...”

“*She is calm, she listen to...she gives me very good advice...*”

“...sy [kollega] het ’n manier om my met haar woorde te kalmeer...”

“...*she [colleague] has a way of calming me with her words...*”

Small group participants reported that colleagues took care of each other in the following manner:

“...ons [groepie] kollegas...ons praat dieselfde taal [dink dieselfde omtrent dinge]

“...*our [small] group of colleagues...we speak the same language [think the same way about things]*”

“Ons [kollegas] ondersteun mekaar...”

“*We [colleagues] support each other...*”

“...ons [vroue kollegas] is daar vir mekaar [persoonlik en professioneel]....ons los mekaar af [verlig die las]”

“...*we [group of female colleagues] are there for each other [personally and professionally] ...we relieve each other [relief the burden]...*”

In terms of the challenges experienced with difficult learners participants reported on behaviour problems presented by learners rather than academic challenges as reflected in the following excerpts:

“Jy [onderwyser] het dissiplinêre probleme [met die leerders]. Die leerders is uit die hand uit [onmanierlik]...hulle het gedragsprobleme...”

“*You [teacher] experience discipline problems [with the learners]...the learners are out of hand [disrespectful] ...they have behavioural problems...*”

“...die kinders [leerders] hulle wil uithak en hulle wil in die gange skop en trap en hulle wil skree en jou lewe omkrap...”

“...those kids [learners] they want to lose control, perform-kick and shout in the corridors and turn your life upside down...”

Participants described a practice of care; sharing advice and the giving of support between colleagues in terms of the management of difficult learners, as follows:

“... as ’n leerder in my klas of in die klas van ’n kollega die lewe vir een van ons moeilik maak dan sal ons tussen mekaar sê: “Stuur hom bietjie na my [kollega] toe [vir tyd uit]”.

“...if a learner in my or one of my colleagues classes makes life difficult for one of us then we will discuss amongst us, “Send him to me [colleague] for a while [time out]”.

“... kom ons hanteer daardie leerder so [bespreking deur kollegas]...stuur hom [leerder] na my [kollega] toe...ek sal met hom praat oor sy houding”.

“...let us address the learner in this way [colleague discussion]...send him [learner] to me [colleague]...I will speak to him about his behaviour”

Participants described their sense of well-being as being enhanced, because of the supportive relationships they enjoyed with various colleagues on an individual basis. This included, feeling lighter or less burdened after interactions, feeling that someone understood and assisted by putting structures in place to contain emotions (e.g. getting her someone to guide her spiritually). Participants had the following to say:

“...ek voel beter as ek daar by haar [kollega] was... sy het ’n wonderlike manier om my te her-fokus”.

“...I feel better when I come from her [colleague]...she has a wonderful way of helping me to refocus...”

“...sy [kollega] verstaan my en kan my gevoelens te lees...sy sien as ek emosioneel is en plaas strukture in plek om my te help... sy [kollega] verstaan my”

“... she [colleague] understands me, she is able to read my feelings...she picks up immediately when I am emotional and puts structures in place to assist me... she [colleague] understands me”

Participants furthermore, defined their sense of well-being in relation to the supportive relationships they enjoyed with small groups of colleagues. This involved having an outlet during challenging times as well as laughing together and sharing a special bond with colleagues. Participants had the following to say:

“... dit is soos ’n uitlaat klep hê [leerder besprekings met kollegas] wat my help om my werk te kan doen...ek hoef nie skaam of onbevoeg te voel nie want die kollegas verstaan en ervaar daardie kind [leerder] op dieselfde manier...”

“...it is like having an outlet [discussing learners with colleagues] that assists me to do my work...I don’t have to feel shy or incompetent since my colleagues understand and experience that child [learner] in the same way...”

“...ons [groepie kollegas] kan lag oor goeters, dis ’n hegtheid wat ek saam met hulle het...”

“...we [group of colleagues] can laugh about things; I share closeness with them...”

“...ons [groepie kollegas] sal bietjie afkoel [tyd saam spandeer] ...”

“...our [small group] of colleagues we will chill [hang out]...”

6.5.2.2. Support received from senior school management (SMT)

Responses falling under this specific category referred to the personal (personal interest) and professional support received from certain members of the SMT which some participants found meaningful. Participants specifically pointed out how open and caring relationships were. Some members of the SMT also showed personal interest but also the opportunity to speak or communicate freely regarding professional or school matters. These occurrences had improved participants sense of well-being. Participants had the following to say about their school principals and deputy principals:

A participant described the emotional support received from her school principal on a personal level as caring and friendly:

“...my hoof, met haar kan ’n mens reguit praat, ek het daardie soort oop verhouding met haar... ons is soos vriende...ons bid saam... sy is baie ondersteunend”.

“...my principal, with her you can talk straight, I have that kind of open relationship with her ...we like friends...we pray together.....she is very supportive”.

Another participant compared the type of support she received from her deputy-principal to a father showing a personal interest in his child:

“...hy [adjunk-prinsipaal] is soos ’n pa vir my... hy [adjunk prinsipaal] sal my altyd vra: “Hoe gaan dit vanoggend? ... En sulke goed ... [is belangstellend]”.

“...he [deputy-principal] is like a father to me... he [deputy-principal] will always ask me: “How are you today? ... Including many other things... [shows an interest]”.

Another participant explained that her deputy-principal allowed her the opportunity to express herself freely. Therefore, she felt that her deputy-principal considered her opinions and concerns as important:

“...my adjunk prinsipaal... as iets nou regtig krap met skool sake, sal ek na haar toe gaan... sy [adjunk prinsipaal] luister na my klagtes en probeer my punt insien...by haar tel my punt en dit is bevredigend...”

“...my deputy principal... if there is something that is really bothering me regarding school matters, I will go to her... she [deputy principal] listens to my complaints and tries to see my point of view... with her my point of view counts and that is rewarding...”

Participants reported that they not only felt cared for, lighter and accepted by certain members of the SMT but there was also a sense of trust and feeling important as human beings. Participants described the role and effectiveness of the support received from certain members of the SMT on their well-being as positive and had the following to say:

“...ek voel baie beter na ’n besoek aan haar [prinsipaal] se kantoor”.

“...I feel much better after a visit to her [principal] office”.

“Hy [adjunk prinsipaal] laat my belangrik voel...”

“He [deputy principal] makes me believe that I am important...”

“...ek vertrou haar [adjunk prinsipaal]”.

“...I trust her [deputy principal]”.

6.5.3. Self-regulatory / Self-help and supporting self-management strategies

Participants mentioned that they took personal agency or responsibility and drew on their own subjective resources to promote their personal well-being in order to help them deal with work-related stress. In this manner they protected themselves against burn-out. Some of the participants explained how they accessed private psychological or counselling services, involved themselves in spiritual and religious practices, but also mentioned the use and effectiveness of other self-help strategies.

6.5.3.1. Private psychological service

Some of the study participants reported that they often had to access private psychological or counselling services to assist them working through personal challenges or work-related difficulties which included death of learners as well as difficult relationships with some colleagues and learners. Interview transcripts of participants are as follows:

“...as dinge te veel word vir my... dan gaan ek vir persoonlike sessies, by ’n privaat sielkundige...”

“...if things are getting too much for me...then I go for personal sessions [counselling] at a private psychologist...”

“...dit was reregwaar ’n stressvolle maand of wat vir my...dit was so stressvol ek het sielkundige toe gegaan...”

“...it was really a stressful month or two for me ... it was so stressful I saw a psychologist...”

Participants described the type of support received from private counselling or psychological service (or private psychologists) as empowering and comforting. Participants reported that they learnt through these sessions how to alter approaches to work-related situations, and how to make objective evaluations about work situations. Participants explained their experiences in the ensuing excerpts:

“...jy word geleer om omstandighede by die werk anders te benader vir jou eie beswil...”

“...you are taught to approach circumstances at work differently for your own good...”

“...die sessie forseer jou om na die werk situasies meer objektief te kyk...”

“...the sessions force you to look at your work situations more objectively...”

Participants reported on the benefits and the role and effectiveness of support received, in contributing to their well-being and positive mental health. Participants reported that private counselling sessions were beneficial and assisted them in getting through challenging times. The following excerpts highlight the benefits for participants’ well-being:

“...dit is wonderbaarlik hoe die sessies my deur dinge [uitdagings] daardie tyd gehelp het”.

“...it is amazing how the sessions helped me through things [challenges] during that [difficult] time”.

“...daardie sessies het my goed gedoen...”

“...those sessions did me well...”

“...ek het ontdek dat dit [sessies] my regtigwaar gehelp en deur gedra het...”

“...I realized that it [sessions] really helped me and pulled me through...”

6.5.3.2. Spiritual practices and religious coping

Some participants revealed that they often felt despondent in the workplace. They then turned to spirituality more specifically religion to find inspiration. Participants reported that their religion with specific emphasis on Christian beliefs and values had a positive effect on their subjective well-being and mental health. Participants cited religious teachings to give spiritual meaning to their roles in teaching learners with special needs. Participants explained and compared the teaching of special needs learners with Christ-like challenges that accompany their roles. Participants reported the importance of showing and sharing the love and patience of God through the act of teaching. The following excerpts reflect the religious association with their work roles:

“...om spesiale behoefte leerders te onderrig is ’n reis, en jy kan nooit sê dat ’n reis reguit verloop. Ek dink aan God waar Hy in die tuin van Eden sit en sê: “God neem die bitter beker van my weg...die uit einde is ek staan op en ek doen dit weer... [gaan voort met die reis]”.

“... teaching special needs learners is a journey, and you can never look at a journey as straight forward...I think of Christ sitting in the garden of Eden when He said: “Lord take this bitter cup from me... the bottom-line is I get up and I do it again...[continue the journey]”

“...onderrig moet Goddelik wees...Ek kyk na dit [onderrig] uit ’n Bybelse oogpunt... Verbeel jou Christus het gesê: “Nee dit is te veel vir my, ek gee op...” Wat sou gebeur? ...dit is dieselfde met onderwys. As ek net skielik stop en sê: “Jy weet wat, dit is te veel vir my, wat sal gebeur?”

“...teaching has to be Christ like... I look at it [teaching] in a biblical sense... Imagine if Christ said: “No this is too much for me, I am getting out”. What would have happened? It is the same with teaching. If I just suddenly stop and say: “You know what, this is too much for me, what will happen?”

Another participant had the following to say:

“Somtyds is daar leerders wat jou tart...daar is dae wat ek voel vandag is nie my dag nie... maar ek is ’n Christen...die volgende dag dan kyk ek na dinge anders en is ek meer positief...”

“Sometimes there are learners that defy you...there are days that I feel today is not my day...but I am a Christian...the next day I look at things differently and I’m more positive...”

6.5.3.3. Other self-help strategies

Participants mentioned a variety of strategies that they applied to manage stress in order to reach a state of relaxation. These strategies included: reading, listening to music, shopping, going to the movies and doing physical exercises. A participant reported on her sources of escape which allows her to relax:

“...my ontvlugting is lees...en ek geniet dit ook om na musiek te luister”.

“...my source of escape is reading...and I also enjoy listening to music”.

Participants reported on the effectiveness of reading and listening to music, on their well-being and mental health:

“...lees en musiek is goed vir my siel...”

“...reading and listening to music is good to my soul...”

Another teacher explained how she dealt with stress:

“... ek gaan doen inkopies of ek fliiek”.

“...I do some shopping or I go to the movies”.

Participants reported on the effectiveness of methods applied to support their well-being:

“Ek voel weer goed na so ’n uitstappie...”

“I feel good on my return from such an outing...”

Some of the participants reported that they do physical exercise in order to relief stress. They stated the following:

“...met my werk stress gaan ek gimnasium toe...”

“...I go to gym with my work stress...”

“...ek gaan gimnasium toe, ek oefen ...”

“...I go to the gym, I exercise...”

Participants explained the effectiveness of going to gym and reported on the benefits of exercise with its relaxation properties as a coping mechanism on their personal well-being:

“...dit [om na die gymnasium te gaan] is soos ’n verdedigings meganisme...”

“...it [going to gym] is like a coping mechanism...”

“...die gymnasium [oefeninge] laat my ontspan...”

“...the gymnasium [exercising] leaves me relaxed...”

6.6. Summary of the chapter

In this chapter the findings were presented. The study investigated the mental health of Coloured female teachers working in historically disadvantaged Special Schools, in 3 districts of the Cape Metropole, in the Western Cape Education Department. A broad overarching question is supported by four sub-questions to guide the study. The analysis of the responses of the participants yielded information to answer the research questions. Both the inductive

and deductive approaches to analyse the data were used. Data analysis was conducted using content, thematic and hermeneutic methods.

In order to answer the first research question, I used The Dimensions of Emotional, Psychological and Social well-being a model [instrument] proposed by Keyes (2005) as framework to analyse the participants self-reports on their mental health status. I adapted it for use in a qualitative study. Data analysis revealed that the participants experienced low-levels of emotional well-being but an overall satisfaction with life. They however reported on positive psychological and social well-being. Spiritual well-being with specific reference to religion was another dimension that emerged and was reported by participants as fostering subjective well-being and mental health.

The second research question concerned the evaluation of the unique workplace challenges of historically disadvantaged Special Schools and how it affected or influenced the teacher participants' mental health or subjective well-being. The participants reported on challenges related to limited resources [physical and human] which they experienced while performing their roles as teachers in these schools as well as on issues related to a more appropriate Special School curriculum. The study findings revealed that curriculum-related challenges and limited resources hampered the optimal functioning of participants in the workplace and were reported as reasons that contributed to participants' poor subjective well-being and mental health.

The third research question related to the occupational and personal factors that impact negatively on participants' mental health. I drew on Mockler's (2011) model that conceptualises teachers' professional identity, as a framework which assisted me in exploring the self-reports of teachers with regards to factors that might possibly have impacted negatively on their mental health. I believe one cannot separate an individual's personal and professional identity since they are intertwined and both are significant dimensions in an individual's overall identity development. Mockler's model is based on three dimensions, namely: personal, professional and the external political environment which I used as themes to assist me in analysing the data. In terms of the personal experiences most participants revealed that they became teachers due to family tradition, socio-economic circumstances and limited career opportunities because of limited opportunities offered to coloured people as a

designated race group during the Apartheid era in South Africa. However, they were glad for the opportunity afforded to them to enter the teaching profession. In terms of family context these women's household responsibilities as well as their experiences of parenting and raising children contributed to the participants' poor subjective well-being and mental health.

The professional context, including specific occupational hazards, as well as the positive points of working in historically disadvantaged Special Schools were reported and discussed. The following factors were all mentioned as contributing negatively to participants' mental health: working with ill learners and their death and dying, working with learners with learning difficulties and behavioural problems as well as the service conditions of the Department of Basic Education [DBE]. Participants' loco parentis relationship (which in Latin means 'in the place of a parent') with learners as well as teaching in the Special School system was reported as factors that contributed positively to participants' mental health.

Research question four explored the types and roles of support structures for teachers to cope with mental health problems associated with their workplace. Participants' personal accounts were explored through content analysis. A summary of categories of what participants identified as 'supportive', in terms of coping with the demands of their job, were identified. These included: support received from family and colleagues (which included support from peers on the same post level as well as support from certain members of their senior management teams). Self-regulatory/self-help and supporting self-management strategies used by participants included: private psychological services, spiritual practices and religious coping as well as other self-help strategies.

In the next chapter I will discuss the findings in relation to the research questions.

CHAPTER 7

DISCUSSION OF RESULTS

7. Introduction

This chapter presents the findings of this study. This study investigated four primary research questions. In this chapter the results of the analysis of the participants' mental health status in terms of their subjective well-being or satisfaction with various experiences related to personal and occupational related experiences are discussed.

All human beings are wrapped up in various interpersonal relationships that affect their mental health and subjective well-being. Individuals co-exist in a world where differences and conflicts are commonplace. Human relationships are therefore complex and enormously difficult to understand (Oreilly, 2013). Reis, Collins and Berscheid (2000) explain that the notion of relationships incorporates various nominal types; these are friendships, romantic, parental, sibling, neighbour, and co-worker relationships. To understand but also predict behaviour, it is important to be aware of the contexts these relationships are embedded in (Reis, Collins & Berscheid, 2000). People do not respond to the same incitements in the same manner across relational contexts, the meaning of incitements may therefore radically change with changes in the nature of specific relationship contexts (Reis et al., 2000). This explains why participants in the present study reported both positive and negative relations with individuals and groups of individuals such as certain members of the senior management teams at their schools. The findings reported in this chapter may therefore appear contradictory at times, but in effect they reflect the complexity of human relationships which should be taken into consideration when reading the presentation of the findings.

Positive relationships are indicative of friendship, and or membership in a group, information sharing and collaboration while negative relationships signify hostility while the interactions between individuals and groups are often beset by disagreement, conflict and controversy (Easley & Kleinberg, 2010). Almost et al. (2015. p. 2) state that in order to engage in teamwork one "requires a clear understanding and articulation of the positive and negative behaviours that act as facilitators and barriers to effective collegial workplace relationships".

7.1. Discussion of the findings related to research question one

The findings in relation to research question one focus on the participants' mental health status. Participants reported on various aspects of their lives that affect their well-being both positively and negatively in relation to Keyes' (2002, 2005, 2007) model of determining mental health according to three categories: Emotional, Psychological and Social well-being. I however, adapted Keyes quantitative questionnaire for use in a qualitative study by only using the three broadly mentioned categories deductively, to guide the analysis of the data, this is not usual practice.

Data analysis revealed that participants experienced low-levels of emotional well-being. They however reported on good psychological, social and spiritual well-being. A discussion of the findings related to each of the categories of well-being follows.

7.1.1. Emotional well-being

Emotional well-being is described as the presence of positive affect, the absence of negative affect plus an evaluation of life satisfaction (Diener, 1984). Emotional expressions or utterances remain complex. Emotions are commonly thought of as short-lived reactions that are connected to external stimuli as well as specific events (Frijda as cited in Diener, Scollon and Lucas, 2009). I therefore contend that in order to completely understand emotions one should develop an understanding of people's emotional responses to life events. Frijda as cited in Diener et al. (2009) indicate that there are five basic features of emotions. Emotions firstly, comprise of affect which means that they are linked to feelings of pleasure and pain. It secondly, involves an appraisal of an event as either good or bad. Thirdly, the elicitation of an emotion is normally related to changes in behaviour towards the environment. It fourthly, involves automatic arousal. And lastly, it involves changes in an individual's cognitive activity.

Participant interviews in this study elicited different emotions based on a variety of life experiences and is therefore based on a compilation of current and past events.

a) Negative affect/ expressions

Participants reported various reasons for negative expressions of emotions including feeling doubly-triply oppressed in terms class, gender (women) and race (Coloured), coupled with

feelings of anger, being discriminated against in terms of limited opportunities, feeling disadvantaged and inferior or having a low self-esteem as well as feeling depressed due to the loss of loved ones. In terms of feeling doubly oppressed King (1988) indicates that the notion of double jeopardy is not a new one and states that black women or women of colour have for long recognised the special circumstances of their lives. The systematic and dual discriminations of racism and sexism continue to be omnipresent and often class inequality make these oppressions more complex (King, 1988). The conclusion of King's study is in line with the findings of this study. A participant explained:

“...you were being disadvantaged because you were a woman...you were being disadvantaged because you were Coloured, your whole life you were being disadvantaged because you were Coloured, on top of that you are being disadvantaged because you a woman...”

In terms of class another participant explains:

“...White had all the privileges...I saw what type of work my mom did...it was difficult...cleaned homes in upmarket areas to put food on the table...”

De La Rey (1997), as a South African Coloured woman, prefers to refer to the term “triple oppression” which is said to be an accumulative model of oppression inclusive of race, gender and class. De La Rey posits that Coloured women are shaped by their lived realities not only in terms of their gender and race but also by their class. How, De La Rey experiences the social world and other peoples' responses to her are inextricably linked to all these axes of difference. Erasmus (2001) postulates that the central defining terms of middle class Coloured women's experiences are respectability and shame.

The reported experiences of the participants as Coloured women in this study resonate with Erasmus and De La Rey's descriptions of Coloured women's lived experiences. The interactive oppressions that restrict their lives provide a unique context for the womanhood of women of colour. Terrell cited in King (1988, p. 42) purports that “not only are coloured women... handicapped on account of their sex, but they are almost everywhere baffled and mocked because of their race. Not only because they are women, but because they are coloured women”. The systemic discriminations of racism and sexism remain omnipresent and for many women, class equality amalgamates these oppressions (King, 1988).

Lorde (1981) states that she responded to racism with anger and that anger consumed her in many ways. Her anger was a response to racist attitudes and the beliefs and actions that arose from these attitudes. “Women responding to racism mean women responding to anger, the anger of exclusion, of unquestioned privilege, of racial distortions, of silence, ill-use, stereotyping, defensiveness, misnaming, betrayal, and coopting” (Lorde, 1981, p. 7). The finding of this study is consistent with Lorde’s conclusions. Participants reported that they were initially very angry with being identified Coloured during the Apartheid era especially because of the repercussions of this negative social identity on their personhood and self-esteem. One participant mentioned that:

“Apartheid was unfair... [as]...it affected you...[and]...made you angry...”

“...still today I feel indignant...it sticks in my throat and makes me angry...”

Phenice and Griffore (2000) confirm that the social identity formed by ethnic minorities is the result of being identified as a member of a negatively defined social group which is coupled with intergroup comparison in the context of traditional in-group/out-group status. According to Adhikari (2006) Coloured South Africans experienced the Apartheid racial hierarchy as a three-tiered system in which they held an intermediate status between the dominant White minority and non-dominant Black majority. Coloured identity was the carrier of a series of negative derogatory connotations. Coloureds formed a small echelon within the racial hierarchy in South Africa and lacked political and economic leverage (Adhikari, 2006). Minority groups always have unequal or limited access to power in society. Inequality and limited access become dimensions of the social identity of members of ethnic minorities as they are mostly singled out, labelled and treated unequally due to their different cultures and physical appearances that differ from that of the dominant group (Phenice & Griffore, 2000). This was also reflected in official definitions of the term Coloured in South Africa. Coloureds were frequently described as people who were neither White nor Black. Bowler and Vincent (2011) argue that Apartheid ideology created Coloureds as a midway on a hierarchy of being, not as good as Whites but better than Blacks. Coloureds were, as a rule not defined in a positive manner, their identity construction has been shrouded by illegitimacy and a lack of authenticity which to a great extent psychologically disempowered the carriers of this identity (Hendricks, 2005). Bush and Moloï (2007, p. 46) state that “to be told that your culture and history count for nothing is to invoke responses ranging from low self-esteem and lack of

confidence to political opposition and resistance”. In contemporary South Africa the Coloureds still occupy the mid-position in society (Bowler & Vincent, 2011) which remains a challenging status for this group as one participant pointed out:

“...I will always be the wrong colour [be disadvantaged], I was the wrong colour in the White era [previous Apartheid regime] and still I am the wrong colour in the Black era [post-Apartheid]...we [Coloureds] will remain in the middle [inferior and disadvantaged], it is what it is...”

In post-Apartheid programmes of redress as well as economic and political empowerment many Coloureds now experience themselves as not Black enough in order to benefit, damned partly by the uncertain and scanty privileges of being treated as Coloured rather than Black by the Apartheid architects (Bowler & Vincent, 2011). Their in-between position thus remains with them. These views resonate with Phenice and Griffore (2000. p. 29) who comment that “to be a member of an ethnic minority group is to engage in battle with the forces of negative social identity”.

Keyes (2009) confirms that social hierarchies, hence inequalities, are commonplace throughout human history. The placement of people in social hierarchies implies that they have been ascribed and attained a social rank in the social system. In Apartheid South Africa, Whites were the highest ranked group who received the best of everything including more choices and better access to a variety of resources compared to the other race groups lower down the social strata (Indians, Coloureds and Blacks). According to Keyes (2009) this kind of social order comes at the cost of displacing disadvantage and stress onto subpopulations rather than onto the whole population. Social ranking does not happen by chance and results in many individuals experiencing disadvantage all of their lives as in the case of Coloured South Africans. Social ranking is a non-random mechanism referred to as discrimination (Keyes, 2009).

Besides participants’ history of being doubly-triply oppressed, they also suffered personal losses that evoked negative feelings. Participants reported feelings of sadness and depression due to grieving the loss of a loved one or family member. The American Psychological Association (2017) states when losing a loved one the grief can be particularly intense. Although loss is understood as a natural part of human life one can be overcome by shock

and confusion which might lead to prolonged periods of sadness or depression. Lofland (as cited in Gentry, Kennedy, Paul and Hill, 1995) asserts that the passing of a loved one remains a multi-faceted loss which involves an emotional loss, a loss of a relationship which is at times coupled with status, a way of living, the loss of daily support and assistance as well as possible disruptions in plans for the future. The extent of loss through death is often, for those who remain behind, of such a nature, that it seems to shut down life processes. The liminal state that is associated with the death of a loved one is mostly of a negative nature (Gentry et al., 1995). The findings in the present study echo the views of Gentry et al. in relation to the potentially negative impact that the death of a loved one has on the emotional well-being of the individual. The effect of this loss is reflected by the following participant comments:

“...I was emotional and sad...I probably cried for days on end...I went through a dip...I went on sick- leave as I was diagnosed with depression...”

“...when my father died I was devastated...I went through a dark period, a very dark period...”

Myers and Diener (1995) posit that women are twice as vulnerable as men to depression and sadness and that women's more intense sadness which is displayed in difficult situations must be considered in the light of their capacity to experience greater joy during good circumstances or when life is good. One can therefore make the deduction that women have the potential to experience emotion much more deeply than men, both in a positive and negative sense.

In conclusion it is safe to say that the negative expressions of the Coloured female participants of this study regarding their emotional well-being is in line with the arguments of critical theorists who insist that mental health problems result from disadvantaged social situations (Doucet et al., 2010).

b) Positive affect/ expressions

Based on their reports, participants in this study did not allow the negative emotions evoked by being classified as Coloured, to debilitate and totally affect their emotional well-being. Garcia, Nima and Kjell (2014) refer to well-being as positive mental health. Well-being is a social construct therefore its meaning is always shifting. What well-being means to a person

at any given time depends on what that person perceives her or his well-being to be, taking into consideration different influences in terms of various philosophical traditions, world views as well as systems of knowledge (Jackson, 2013). Ellis (1991) explains that emotions can change drastically, emotions are thus not absolute. People also tend to feel different emotions simultaneously. This raises the possibility that any pair of opposite-valence can co-occur and these include happiness (positive valence) and sadness (negative valence). People may report mixed emotions of happiness and sadness even when they merely vacillate between the two types of emotions (Larsen & Mc Graw, 2014; Schimmack, 2001). The total amount of good feelings an individual experiences over a period of time does not signify the total amount of bad feelings the individual experiences (Myers & Diener, 1995).

Some participants in this study expressed positive emotions with specific aspects of their lives such as their careers or their employment and reported that they enjoyed happy family lives and positive relationships with their spouses. This finding concurs with comments made by Myers and Diener (1995) who state that people who experience feelings of well-being experience positive feelings and general satisfaction of life in aspects related to family life and work. Happy family life and affirmative relations with husbands will be discussed under psychological well-being (Section 7.2.1.2) with special reference to positive interpersonal relations.

In terms of employment, Momeni, Anvari, Kalali, Raoofi and Zarrineh (n.d) confirm happiness relates to success in work. This contention also applies to the positive expressions of emotions that were reported by the present study's participants. Similarly, Boehm and Lyubomirsky (as cited in Momeni et al., n.d.) claim that individuals who experience more positive or happy feelings tend to give more in unknown situations and are said to be more involved in their work. These individuals look for behaviours that will guarantee their success and consequently, are more engaged in their jobs. These individuals are more satisfied and accomplish more when compared to their counterparts. They are also said to be less isolated in their workplace, healthier, more successful and tend to remain in their jobs longer, possibly because they feel content (Boehm & Lyubomirsky as cited in Momeni et al., n.d). Positive feelings related to their work experiences expressed by participants in the present study included factors such as enjoying their profession in terms of working with their learners. A participant explained:

“...I enjoy my profession; I always wanted to work with children [learners] with special needs...”

Wood, Joseph and Maltby (2009) contend that grateful people hold positive views regarding their social environments, in this instance their work environment. A participant explained:

“...I am so thrilled that I am here at the school, I am so blessed, I am so happy, I feel the angels sent me here ... I love what I am doing, I really do, I really love what I am doing...”

As seen in the present study, positive emotions are beneficial in terms of the well-being of individuals. Fredrickson (2004, p. 1369) is of the opinion that through the experiences of positive emotions, people are able to transform themselves by becoming healthy individuals that are more creative, knowledgeable, and resilient and socially integrated. Machado et al. (2015) argue that the long- term benefits of positive emotions contribute to a person’s capability to continue his or her development.

7.1.1.1. Psychological well-being

The study identified certain factors that supported participants’ psychological well-being. “Psychological well-being is about lives going well; it is described as a combination of feeling good and functioning effectively” (Huppert, 2009, p. 137). Ryff and Keyes (1995) define psychological well-being as a multi-dimensional concept that incorporates a breadth of wellness. These are: personal growth, self-acceptance, environmental mastery, autonomy, life purpose and positive relations. These dimensions guided the analyses of data with regard to psychological well-being and are discussed next.

a) Personal growth

Self-reflexivity assisted participants to look into aspects of their personal self which are inclusive of their professional growth. Personal growth is about a need to develop continually and being open to new experiences, seeing the self as expanding and growing, realising ones potential, experiencing improvement in the self over time and change in a manner that reflects both self-knowledge and effectiveness (Ryff, 1995).

In their roles as Special School teachers, the participants in the present study indicated a commitment to personal growth, which included their need to improve themselves professionally through on-going learning or further studies. Such growth and development was central to the psychological well-being of this study's participants. This finding is similar to the conclusions drawn by Sumsion's study (2004) which focussed on early childhood teachers working in New South Wales, Australia. The aim of that study was to identify what factors influenced teachers' constructions of their resilience and ability to thrive. Sumsion's study found that participants learned continually from their daily encounters at work and also sought opportunities to learn outside and beyond their immediate work settings.

A participant in the present study shared her thoughts about professional growth as follows:

"I studied for four years, I was successful every year... I went on to do sign language classes...basic, then advanced... after that I was ready for new things [learning opportunities]... I went on and do my Honours degree".

Banks and Kohn-Wood (2002) argue that many African American women have developed a way to cope with a low self-esteem linked to their inferiority status as non-whites as well as being female by using deflective strategies of coping. According to Murtagh, Gatersleben and Uzzel, "deflection strategies include the denial of the existence of a threat, the reconstruction of its meaning, and any negativism, or the confrontation of the source of treat" (2012, p. 6).

These strategies may also have been employed by the present study's participants when considering the manner in which they approached their life challenges. These women pursued further education and training opportunities, despite limited options, and under trying circumstances. Considering the negative and painful effects of being classified as Coloured during the Apartheid era, and the repercussions of Coloured identity on their personhoods, it is safe to say that participants had shown resilience by making conscious decisions aimed at improving their lives. Resilience is about healthy psychological and physical functioning after experiencing traumatic events (Butcher, Hooley & Mineka, 2015).

Keyes (2009) contends that racial socialisation along with ethnic identification may infer resilience by presenting individuals with an explanatory style of discrimination that additionally installs pride and commitment to the goal of personal growth. Crocker and Major

cited in Myers and Diener (1995) note that despite discrimination, people who form part of disadvantaged groups maintain their self-esteem. They do so by valuing the things at which they excel (in this study, participants seemed to have excelled as Special School teachers and by making comparisons within their own groupings (to be a teacher is a position of status in Coloured communities) while ascribing their challenges to sources such as prejudice being directed towards them from the outside. Keyes, Shmotkin and Ryff (2002) contend that people have a tendency to feel good about themselves even when they are aware of their limitations or that they are perceived as being different.

In the present study, participants had a strong need to continually improve themselves professionally. The findings of the present study are consistent with the findings of a study conducted by Govender (2015) in which she explored the self-directed professional development of five teachers in the Durban area of Kwazulu-Natal. Govender (2015) looked into the professional development strategies which these teachers adopted amidst what Sayed (as cited in Govender, p. 487.) described as “the turbulence and turmoil of governance and curriculum change that characterises the South African schooling system”. Similar to the present study, participants in Govender’s study also received education that was considered inferior in Apartheid South Africa as these participants were subjected to race and class discrimination. Govender (2015) found that some of the participants in her study engaged in professional development in formal spaces where they registered for post graduate studies in order to elevate their status as teachers but also to become resources for learners and other colleagues. We can thus make the inference that continuous professional development resulted in improved self-esteem and self-confidence as also seen with participants of the present study. A participant explained:

“... doing the Advance Certificate in Education [ACE] in leadership and management... this is the chance [opportunity] to improve myself [qualifications] ... I need to spread my wings a bit ... I want to feel that I have grown as a person ...”

According to Garcia et al. (2014) a harmonious life relates to both self-acceptance and environmental mastery. These two aspects are perceived to define adaptations to the self and the environment. This means that a harmonious life might stem from accepting all parts of oneself and one’s past but also from a person’s capability to fit in with different environments that are fitting for their strengths. A discussion of these two aspects follows.

b) Self-acceptance

Self-acceptance is about possessing a positive attitude toward the self while acknowledging and accepting the multiple facets of the self, which is inclusive of good and bad qualities while also feeling positive about one's past life (Ryff, 1995).

Some participants in the present study revealed judgements of themselves which were full of self-rejection or low self-esteem to indicate psychological ill-being or distress. This was predominantly apparent in situations where some of the participants compared themselves with other racial groups, especially Whites. A participant explained:

"...you felt that you are not good enough [in terms of skin colour]..."

"...when it comes to the other colour [Whites] ...you needed to know what you say and how you behave [as Coloured]"

A study conducted by Ryff, Keyes and Hughes (2003, p. 285) drew comparisons between Blacks and Whites in a national survey of Americans as well as with additional city-specific samples of Mexican Americans in Chicago and African Americans in New York. The aim of the study was to examine the relationship between status and inequality which are mainly defined in terms of race or ethnicity, gender as well as educational standing and humanistic existential facets of well-being. It is about the realization of the potential of human beings but also about the fight to make life meaningful even when adversity is faced. This can be compared to the struggles that many Coloured people experienced in the Apartheid era and their current status stuck in the middle man position in terms of opportunities and programmes of redress in post-Apartheid South Africa.

Ryff et al. (2003) found that perceived discrimination was a strong predictor of negative self-acceptance. Perceived discrimination is about an individual's subjective experiences of being treated unfairly in relation to others (Ryff et al., 2003). This was also the case in Apartheid South Africa for non-white people. The finding in Ryff et al. (2003) study is therefore consistent with the findings of the present study where participants felt that they were discriminated against since they were denying certain privileges which impacted negatively on their self-acceptance.

In this regard a participant explained:

“...as Coloured, you couldn’t go in here...you were not allowed to go in there [prohibited areas for non-whites]...you had to drive pass their [Whites] beaches and swim at a different place, they [Whites] had everything of the best...we [Coloureds] were pushed down constantly...”

Ryff et al. (2003) indicated that self-acceptance which is a measure linked to self-esteem was significantly predicted by gender and race. Sheldon, Oliver and Balaghi (2015) remind that self-acceptance and self-esteem are theoretically similar since both include positive affect about the self. Ryff et al. (2003) study found that education is a major positive predictor of self-acceptance; an increase in education thus leads to an increase in self-acceptance. Ryff et al. (2003) also found that as education increased, the racial gap in self-acceptance lessened. The finding of the study is consistent with those of the present study as participants reported to feel better about themselves after pursuing educational opportunities. These attitudes were articulated as:

“I accept myself...I feel proud...”

“I feel smart [good about myself] ...I am a good person...”

c) Environmental mastery

Ryff (1995) explains that environmental mastery is about having a sense of mastery and competence in managing ones social environment, while controlling a complex range of external activities through self-reliance, being able to adapt and resourcefulness. It is about the effective use of opportunities and the ability to choose or create a context that is suitable to the personal needs and values of an individual.

Often greater educational attainment is an indicator of an individual’s social status within society, while this type of success promotes the idea that educated people can master their circumstances (Stafford, Deeg & Kuh, 2016). Stafford et al. (2016) assert that challenging circumstances, such as being socially disadvantaged often requires from individuals to become increasingly self-reliant by developing skills to cope with their negative experiences and life events. According to Mirowsky and Ross (as cited in Stafford et al., 2016) education is seen as a context that enables the development of mastery since it provides opportunities to advance proficiency skills, such as communication, problem-solving and planning skills.

Stafford et al.'s contention also resonates with the findings of the present study. For example, in terms of her ability to communicate effectively a participant explained:

“...I will state my point...I will challenge people, I will take you on if I have all my facts straight...”

Another participant mentioned her proficiency in planning:

“...I had to work out things alone, push myself, set goals, set my own aims...”

Still another participant explained how through being adaptive and resourcefulness she was able to problem-solve and made things work in her favour:

“...I made the necessary adaptations... you need to invent to make things work”

Rutter (as cited in Stafford et al., 2016) speaks of toughening which refers to undergoing earlier experiences and circumstances which were challenging but not necessarily overwhelming. Some contexts provide resources to meet challenging circumstances that habitually facilitate the accumulation of mastery. Rutter's view is echoed in the present study where resources in the form of scant privileges were available to Coloureds in their in-between status in Apartheid South Africa as expressed in the following excerpt:

“...I did the best with what I had, with what was available [in terms of resources]...”

d) Autonomy

Ryff (1995) explains that autonomy is about being self-determined and independent. It is about resisting social pressure and the ability to act and think in a certain way while regulating one's behaviour from within and according to one's personal standards. Participants in the study of Govender (2015) for instance, exercised their agency as they took responsibility for their own learning and changes as also seen with participants in the present study.

This dimension of autonomy is also reflected through Sumsion's dimension of professional freedom and agency. Similar to Sumsion's (2004) study most of the teachers in the present study reported that they are autonomous in that they take the liberty to construct their identities as well as their work in ways they valued. Sumsion (2004, p. 284) explains that the teachers “demonstrated a considerable agency in capitalizing on their freedom”.

The teachers in Sumsion's study, inter alia, challenged the status quo, campaigned for change and put unorthodox methods in place that served their purpose. Some of the participants in the present study adopted a similar attitude by demonstrating autonomy during the interview by expressing a sense of self-confidence, independence and held strong convictions of who they were. These expressions are reflected in the following excerpt:

"... I can do things... don't come and tell me I can't do it... I make my own waves, I create my own path..."

Sumsion (2004) also found that teachers' campaign for change within their workplace amongst many other alternative strategies aimed at improving their workplace conditions. In spite of adverse structural conditions, these teachers nevertheless manage to bring about change. This finding is also in line with that of the present study. Participants' reports in this regard, included:

"I know who I am [in terms of personal and professional identity] ... nothing is going to disturb me...I have my own sense of what I want to see materialize [in the workplace]..."

e) Life purpose

According to Ryff (1995) life purpose refers to having life goals and a sense of directedness. It is about feeling that present and past lives are meaningful while having objectives and aims for living. These goals are influenced by factors such as values espoused from their religious affiliations, their passion for working with children and teaching as a calling, rather than just a job. Life purpose can be viewed and explained in terms of Sumsion's (2004) category of moral purpose and philosophical stance. All participants (teachers) in Sumsion's study were influenced by a moral purpose which was underpinned by the work they perform with special reference to making a positive contribution to the lives of the children and families they work with but also to the larger community.

Similar to Sumsion's study (2004), the participants of the present study displayed a strong sense of moral purpose coupled with a strong purpose in life accompanied by high levels of commitment to contribute positively to the lives of their learners. Ilgan, Özü-Cengiz, Ata, Akram (2015) state that optimism and a willingness to use personal potential for the benefit

of the self and the work organisation (in the case of this study, the Special School system) creates happiness in the worker and the individual continues to flourish. For participants of the present study, their life purpose was to make a positive contribution to the lives of children and that added to their psychological well-being. A participant had the following to say:

“I wanted to make a contribution to this world...I always wanted to work with children...”

Similarly, a South African study conducted by Carstens (2004) found that teachers working in a Hospital School view their work “as a calling” or life purpose. Although, working with special needs learners are at times stressful, teachers loved their jobs. Carstens found that teachers’ commitment stems not only from professional practice but rather from a core set of personal values and beliefs.

f) Positive relations with others

This dimension is about the enjoyment of warm, trusting and satisfying relations with others. Individuals are concerned with the welfare of others and able to show empathy, intimacy and affection. Relationships are of a reciprocal nature (Ryff, 1995). In terms of positive relationships Myers and Diener (1995) note that relationships might exacerbate both illness and misery but fortunately the benefits of close relationships usually outweigh the stresses. Burke, Greenglass and Schwarzer (1996) state that both the social and emotional support of significant others has been shown to benefit teachers who are under pressure.

Participants in the present study reported feeling well supported by their family members especially their spouses but also by their colleagues. Diener, Gohm, Suh and Oishi (2000) argue that married individuals, like most of the participants in the present study, consistently report greater subjective well-being than unmarried or previously married individuals. Myers and Diener (1995) contend that intimate and supportive relationships are among life’s greatest joys. It is claimed that three out of four married people reported that their spouses are their best friends while four out of five say that they would marry the same person again (Greeley cited in Myers & Diener, 1995). There are various benefits attached to being married. These include both basic and universal human needs such as companionship and freedom from loneliness. Confiding in a spouse also lessens the strains encountered in daily

life and increases an individual's ability to cope with stress. Furthermore, the ability to successfully fulfil the role of a spouse also increases the individual's coping effectiveness because it enhances both one's self-esteem and a sense of mastery. Furthermore, interpersonal intimacy and emotional support provided by a spouse leads to well-being (Diener et al., 2000).

In the present study, family relationships were characterised by factors such as open communication between spouses, dependability of spouses and close family bonds (both within families of origin and current household relations).

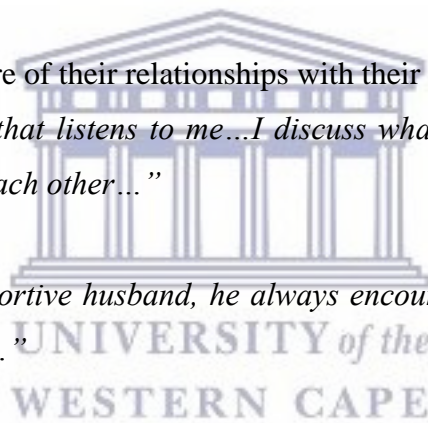
A participant shared how she experienced her relationship with her parents:

"I grew up in a loving home...protective environment...my parents...they invested in us...they still are..."

Participant explained the nature of their relationships with their husbands:

"...I have a husband that listens to me...I discuss whatever is happening in my life with him...we talk to each other..."

"...I have a very supportive husband, he always encourages me...he will always tell me not to get panicky..."



Positive relationships with colleagues were characterised by: support outside school time, mutually beneficial (reciprocal) relationships, providing structure during times of vulnerability, identifying with a group of peer supporters and the use of humour. Positive relationships with colleagues will be discussed under research question four (Chapter Seven, p. 365-368).

Lyubomirsky, Sheldon and Schkade (2005) contend that happiness reduces stress but also has various other benefits for individuals which includes a positive state of mind as well as other larger rewards such as positive family and marital relationships, more friends, stronger relationships in general and better social support. These findings are in line with that of the present study as participants reported feelings of satisfaction or happiness with regards to the relationships that they enjoyed with a variety of people as mentioned above. Positive

relationships with others therefore positively influenced the mental health status of participants.

7.1.1.2. Social well-being

Mozaffari , Nayeri and Dadkhah (2014) asserts that the social dimension of mental or social well-being has not received equal attention in comparison to the other aspects of health despite the WHO emphasis on the social aspects of health. This present study therefore makes a contribution to the body of literature on the social aspect of well-being and mental health. Keyes (1998) points out that social well-being are a general but also a social criterion for evaluating the social interactions of individuals throughout their lives, including shared actions with other people. Jackson (2013) argues that social well-being is related to the notion of ‘social capital’ where the social networks that people enjoy are valuable to the individual, community and the wider society that the individual is part of.

According to (Diener et al. as cited in Mohamadabadi, Abbad & Abbad, 2013) social well-being is a personal notion that is defined according to how people evaluate their own social life. The present study identified the dimensions of participants’ social well-being in terms of Keyes (1998) dimensions of social well-being. These are: social contribution, social integration and social acceptance, social actualisation and social coherence. The participants however made no mention of the latter two dimensions.

Participants in the present study indicated how they used their positions as teachers to make a positive impact on the world around them. Their impacts, as teachers on their social environments are discussed next.

a) Social contribution

Social contribution is about evaluating one’s social value (Keyes, 1998). The findings of this study coincide with those of Sumsion’s study (2004) which investigated resilience and thriving in early childhood teachers. Some participants in Sumsion’s study viewed themselves as custodians of their communities and they were committed to making a positive contribution to the children whom they taught; but also to the wider community in various ways, similar to the participants in the present study. The following transcripts reflect participants’ social contributions:

“...I am a mother of the nation...I am very involved [in the community]”

“...I am currently busy with a gardening project in my neighbourhood...I beautify our environment...”

b) Social integration

According to Keyes (1998) social integration is about the quality of an individual's relationship to both society and community. Keyes' (1998) study investigated the relationship between community involvement and social integration. Keyes found that individuals who had been involved in their communities for 12 months prior to the study, felt more socially integrated than others. Similarly, participants in the present study indicated that they were well integrated into their communities mainly through their church memberships. As explained by a participant:

“...I hold a strong position [people respect me] ...in my community and the congregation where I attend church...”

Ferriss (2002) states that religious organisations contribute majorly to individuals integration into their communities and that such community integration contributes to social well-being, happiness or satisfaction with life.

c) Social acceptance

Keyes (1998) explains that social acceptance is the understanding of society through the qualities and character of other individuals. Those who show social acceptance, hold positive views of others, they think that people are capable of kindness, that they can trust others while believing that people can be industrious. In the present study, some participants placed specific emphasis on similarity despite difference in race classifications (being Black versus being White). With regards to this a participant explained:

“The core person remains the same...I treat people with respect...I treat all people the same... [irrespective the colour of their skin and their background]”

Keyes (1998) argues that social acceptance is also said to be the referent to personal acceptance. The passing of time and the process of improving one's self-concept also played a role in coming to terms with the Apartheid past. This is reflected in the following excerpt:

“I went through a process...I have changed my mind set about people...when things changed in my life [for the better] I started to feel different...I now had a place in the broader South Africa...”

Keyes (1998) argues that those individuals who feel positive about their personalities and are accepting of both the bad and good parts of their lives epitomise good mental health. Social acceptance of others might therefore be the social equivalent to self –acceptance according to Keyes.

7.1.1.3. Spiritual well-being and mental health

In this study, the important influence of spirituality/religion on participants’ lives and mental health emanated from the analysis of participants’ responses. According to Ypinazar, Margolis, Haswell-Elkins and Tsey (2007) the majority of empirical studies rely on cross-sectional data that has influenced the understanding and delivery of mental health services to minority cultural groups. The importance of understanding the social, economic, cultural and historical factors that play a role in the mental health challenges of minority groups are emphasized in various reports. Ypinazar et al., (2007) however point out that after wide consultation and collaboration with indigenous groups their voices remain silent or not heard clearly enough in terms of their mental health challenges. For example, Ypinazar et al. (2007), about ten years ago, highlighted that the mental health concerns of indigenous Australians created a major health problem in Australian society and that there was hardly any empirical research that specifically addressed the mental health views and needs of indigenous people. The same may apply today to the indigenous Coloured people of South Africa since there is a dearth in the academic literature related to the mental health status of this grouping.

In addition to Keyes’ (2002, 2005, 2007) Mental Health Continuum, the present study identified spirituality, with specific reference to religion (Christianity in this instance) as an additional element that stood out as prominent when exploring the status of participants’ mental health. It was a thread that ran through all aspects of participant’s lives. Mjosund, Eriksson, Keyes, Espnes and Vinje (2015, p. 13) point out that “theoretical models can never exactly mirror reality”. They are derived with a purpose, from one reality, in a historical time and place and must be interpreted accordingly”. We need to keep in mind research findings

that do not necessarily fit into our scientific worldviews and that cannot thoroughly be explained by westernized theoretical models. Therefore, Keyes Mental Health Continuum (2002, 2005, 2007) had to be extended given the findings of this study.

Mjosund et al. (2015) remind that the interpretation of mental health is fluid and forms part of our being; it is omnipresent and entrenched in all the small activities of our daily lives. In the present study, participants' perceptions of spirituality and religiosity was linked to their well-being and thus included in their unique understanding of their mental health.

Behere, Das, Yadav and Behere (2013) posit that presently there is a movement favouring a rapport between religion and psychiatry which aims to better understand the religious factors influencing health and mental health in order to provide a more compassionate and comprehensive mental health care system. Macaskill (2012, p. 8) defines "spirituality as having meaning in one's life and some sense of involvement and capability, as opposed to feeling alienated and powerless". Keyes (2009) admits that spirituality and religion are essential sources of mental health for all people but suggests that it may be of particular importance in maintaining positive mental health in the face of significant obstacles to success. This may, to a certain extent, be true for Coloured people who are the primary focus of this study, especially those who faced discrimination in terms of limited opportunities to improve the quality of their lives.

According to Joshi, Kumari and Jain (2008) as well as Van Cappellen, Toth-Gauthier, Saroglou and Fredrickson (2014), research has shown a positive association between multiple indicators of religion and spirituality, stating that individuals who reported higher spiritual striving indicated greater purpose or meaning in life, improved life satisfaction, optimism, hope, a sense of self as well as elevated levels of well-being. Behere et al. (2013) argue that from a mental health perspective religion offers much needed guidelines that assist human beings to create a course for their lives. In addition it is said that the stresses, strains and the uncertainties of life are usually more bearable for believers while they have less psychological distress than the uncommitted (Behere et al., 2013; Joshi et al., 2008; Van Cappellen et al., 2014). According to Myers and Diener (1995) religious people in comparison to those who are non-religious, are more prone to making correct lifestyle choices and therefore tend to be physically healthier and live longer. Religious people across

North-America and Europe also reported higher levels of happiness and satisfaction with life (Myers & Diener, 1995).

Most of the participants in the present study reflected on their religious identity as practising Christians and shared how their religious values had supported and enhanced their mental health and well-being as Coloured people. These findings are consistent with claims by Ferriss (2002) that individuals with a denominational preference or [religious] commitment reported stronger happiness than those who have no preference. Ferriss (2002) also indicates that Jews, as well as Christians from different denominations (e.g. Catholics and protestants), differ very little in terms of levels of happiness, thus suggesting a relationship between religion and mental health regardless of the kind of religion being followed.

Campbell (1997) claims that different group memberships constitute an individual's social identity. Group memberships are associated with a range of 'recipes for living' that consist of norms of behaviour as well as interpretative frameworks for making sense of the world. 'Recipes for living' associated with church membership prevail upon members of the congregation to refrain from anything negative in terms of feelings and behaviour for a range of religious reasons. Forgiveness, prayer, faith, hope and trust enjoy special attention in the spiritual world of people. In the present study, a participant recalled that through communion with others in her congregation, she learnt to adopt a forgiving attitude towards those benefitting from Apartheid South Africa. This conscious decision to forgive had improved her sense of well-being. She reported deriving joy and improved mental health from becoming more accepting and forgiving of others 'different' to herself.

Joshi et al. (2008) and Ellison and Henderson (2011) explain that forgiveness is a practice that is encouraged by various spiritual and religious traditions; it is about forgiving others for their misdeeds and giving up the urge for retaliation by not seeking revenge or holding any grudges (Macaskill, 2012). The act of forgiveness results in less anxiety and depression as well as improved health outcomes, an increased ability to cope with stress but also an increased closeness to others and God (Joshi et al., 2008). Emmons and Paloutzian (2003) argue that most religions embrace the capacity to look for and grant forgiveness as essential elements of a well-functioning human personality. Ellison and Henderson (2011) argue that there is a positive link between religiousness and the extent to which individuals claim that

they are forgiving. It is fairly reasonable to expect that persons, who are able to let go of negative feelings like anger, betrayal, and shame that stem from definite stressors, are more likely to experience lower levels of depression, distress and other unpleasant affective states. An additional 'recipe for living' associated with church membership is prayer. Prayer is thoughts; attitudes and actions that are designed to express and experience a sense of presence and communication with God (McCullough & Larson, 1999). Through the church the message is conveyed that prayer helps in times of trouble. In almost all religions, prayer is possibly the most omnipresent, essential and personal of all religious experiences, used by individuals to assist them to cope with life's problems (McCullough & Larson, 1999). The role of prayer in coping with life was also evident in the present study. A participant revealed that in order to have certainty that she makes the right choices in life she asks God for guidance through prayer.

"Lord what do you want me to do?"

Francis and Kaldor (2002) insist that prayer contributes positively to a higher level of psychological well-being. This was also true for participants of the present study. A participant explained:

"I just had to trust the Lord...that same day the Lord answered my prayers and blessed me with a teaching post..."

Levin (2010) states that both private and group prayer may produce beneficial emotions including grace, gratitude, humility, love and forgiveness. Prayer is said to be used as a self-enhancing intervention which has a differential association with effective coping in terms of overall well-being and life satisfaction.

Myers and Diener (1995) report a link between a person's faith and coping with a crisis. In Christianity, faith and the important role it plays in religious life stems from its significance in the New Testament of The Bible. In this context trust is closely related to trusting God and His promises. In this sense faith is more of an attitude than a state of belief or knowledge. Faith is described as a virtue along with hope and charity. It is explained that when you trust a person, you believe what they say; this connects faith to belief, which is a cognitive state. The attitude that is most associated with faith is trust in God; therefore faith rests on the belief that God exists (Myer & Diener, 1995). Religious people learn to put their hope and

trust in God in challenging life circumstances. This was also true for the participants of the present study. One participant shared how her religion inspired her to remain hopeful when her husband lost his job. One participant explains:

“...you expect certain things but God has His time when He opens doors...”

Faith is known as religious certainty. Faith has the potential to create positive expectations that inspire hope and optimism that are capable of preventing or ameliorating distress while believers gain a sense that the world and their personal affairs are under ultimate control that rests with a higher power (Levin, 2010). Levin’s view about the role of faith also resonated in the findings of the present study. A participant shared:

“...He [God] knows how to speak [comfort] to me...the word in the Sunday service came from 1 Peter 5 verse 7: Leave all your worries with Him, because He cares for you...”

Joshi et al. (2008) insist that individuals with a stronger religious faith reported higher levels of life satisfaction, as well as greater personal happiness coupled with less negative psychosocial consequences of traumatic life experiences.

7.1.2. Discussion of workplace influences on participants’ mental health

The findings related to the second research question focus on unique workplace influences. The findings indicated that certain factors within the workplace negatively influenced the mental health status of the participants of the present study. Significant influences that impacted on some of the participants’ subjective well-being included limited finances and resources within their schools as places of work as well as poor interpersonal relationships with some of their colleagues while poor leadership and management was also reported on.

The relationship between the subjective well-being of teachers and work-related conditions has been established in a number of local (e.g. Jackson, Rothman & Van der Vijer, 2006; Oliver & Venter, 2003; Rothmann, 2003; Schulze & Steyn, 2007) as well as international studies (e.g. Evers, Tomic, Brouwers, 2004; Friedman, 1991; Patterson, Collins & Abbott, 2002). As human service workers, teachers experience many stressful events in their careers (Evers et al., 2004). Stressors in schools as work environments include: unfavourable working conditions, retrenchments, redeployment, new curriculum approaches and reform,

heavy workloads, interpersonal and organisational problems, bureaucracy, time pressure, scarcity of resources, lack of autonomy and decision-making as well as physical stressors (Antoniou, Ploumpi & Ntalla, 2013; Guglielmi & Tatrow, 1998; Oliver & Venter, 2003).

Similar to the findings of the studies mentioned above, the present study found that scarcity of resources, heavy workloads as well as interpersonal and organisational problems, increase the nature of the demands placed on participants who were teaching in historically disadvantaged Special Schools. These challenges reportedly impacted negatively on their well-being and mental health. Van Horn, Schaufeli and Taris (as cited in Antoniou et al. 2013, p. 349) state that when teachers feel that they invest more in their students, colleagues, and school than they receive in return, they are more prone to face emotional, psychological and occupational difficulties. This means that if there is an imbalance between what teachers put into their workplaces as professionals and what they get out of it on a personal level, then this scenario increases the risk of experiencing various mental health challenges. Significant workplace influences reported to impact on participants' mental health are discussed next.

7.1.2.1. Limited resources

Both local and international studies suggest that a lack of special educational teaching and learning materials and equipment in Special Schools are identified as one of the major restrictions that affect the quality of service delivery to children challenged by disabilities (Chitiyo & Chitiyo, 2007; Marsay & Higson-Smith, 2011; Strydom, Nortje, Beukes, Esterhuysen & Van der Westhuizen, 2012). These findings are similar to the reported experiences of many participants in the present study. These teachers identified a lack of resources including: physical infrastructure, human resources, finance and other material resources. For example, one participant explained that:

“... [limited resources] impact on me...you feel embarrassed...I cannot give the quality of work that I want to give [to my learners]...it sucks, really it sucks...teaching [learners] becomes more intricate more difficult...”

Sedibe (2011) explains that infrastructural facilities refer to those facilities and structures that make it easier or possible for the teachers and school to perform its functions effectively. Inadequate or unequal and poor facilities means disadvantaged schools cannot function at

their full potential (Sebide, 2011). The present study also echoed Sebide's contentions. A participant explained the inadequate work infrastructure as follows:

"...you can't do what you want to do, [in terms of teaching your learners] and what is expected of you...I would have loved to do more but we don't have apparatus for the learners...we don't have the infrastructure...we don't have enough space..."

Ahmed, Flisher, Mathews, Mukoma and Jansen (2009) assert that the legacy of Apartheid is still evident in the education sector. Currently historically disadvantaged schools remain disadvantaged. According to Lemon (2004, p. 269) national policies are replete with the political symbolism of equity and redress but with "very limited implementation of change on the ground", little has changed and schools remain poorly resourced.

Govender (2015) argues that schooling communities are still shaped by racialised experiences and identities since schools continue to be racialised spaces of learning. Sedibe (2011) posits that the promises of equal distribution of resources have yet to materialise and that conditions remain very much the same as in the Apartheid era. Davids and Waghid (2015) explain that the availability as well as the quality of facilities, and quality of education continue to be better at most historically privileged schools.

The lack of financial and material resources also impacts negatively on teachers' mental health since it hampers the teaching and learning process in Special Schools (Oliver & Williams, 2005). This legacy of imbalance in the education sector is echoed in this study. Participants' comments in this regard are:

"I taught at a special needs school but prior White [historically advantaged], the resources were phenomenal, I mean there I had everything. Where I teach here [historically disadvantaged] I literally have to make everything...you feel disadvantaged immediately when you compare our school to prior Whites schools..."

"...the lack of resources... isn't only stressful but it leads to complete disillusionment of the profession... [and...] you become disheartened and frustrated..."

In the present study, participants reported that the inadequate number of teachers at Special Schools with the concurrent high workloads and multiple roles, also had a negative impact on their mental health. Participants mentioned:

“...all the roles at school is just getting more, more ,more...mother, nurse, social worker, you everything to that learner while the learner is in your care...”

“...your role as teacher and educator is extremely difficult...you a mother, father, social-worker, and priest everything to these children [learners] it becomes hectic...”

In terms of the Social Identity Theory, a working person has multiple roles and multiple identities within the workplace and individuals usually try to fit all of these identities into a coherent whole. Although often successful there might be factors that can hinder the balancing and integration of these roles (Turniansky & Hare, 1998). A study conducted by Oliver and Williams (2005) in the Special School system in South Africa found that special education involves lots of additional work and responsibilities. Teachers often have to assume the roles of class aid, nurse, social worker and therapist (Oliver & Williams, 2005). Marsay and Higson-Smith (2011) as well as Bechuke and Debeila (2012) concur with Oliver and Williams by pointing out that one of the multitude of problems faced by teachers in South African schools is the scarcity of social and mental healthcare workers.

Pillay, Goddard and Wilss (2005) conducted a study in Queensland Australia and found that the number of difficult-to-teach learners in primary and secondary schools is on the increase. This increase as well as limited additional support for teachers in the school system leads to decreased levels of job satisfaction which, in turn affects teacher mental health and well-being. The findings of the present study concurs and indicate that an increase in the number of difficult-to-teach learners as well as limited support, were challenges faced by the Special School teachers who participated in this study. Participants mentioned that:

“... you never quite win ...you feel incompetent...you question your own ability...you start listening to the crap you question yourself about ...at times it is just so difficult to teach them [learners] the most basic things...”

“...there is always a shortage [in terms of resources] ...you have to look at other ways to stimulate the child [learner]...you must look at other avenues to get something across...”

Extensive roles and responsibilities require exceptional reserves of emotional strength and teachers become vulnerable (Marsay & Higson-Smith, 2011). Ilgan et al. (2015) are of the opinion that the quality of work life is an important predictor of overall life satisfaction as well as the psychological well-being of employees. Higher job demands may result in more stress in the work environment therefore negatively affecting both the health and well-being of employees. The findings of these studies concur with the findings of the present study; that extensive and additional work roles have a negative influence on the well-being of the Special School teachers who participated in this study.

7.1.2.2. Poor interpersonal relationships with colleagues

According to Evans (2001, p. 302) collegiality refers to “the work-related product or output of workplace interpersonal relationships. It includes features such as the degree and quality of teamwork, cooperative working, consultation and interdependence and support among colleagues”. According to Jarzabkowski (2002) collegiality has a communal aspect, a group property or characteristics associated with a group of professionals. Teacher collegiality refers to teachers’ involvement with their peers or colleagues on various levels, be it professionally, socially and/ or emotionally or intellectually, morally and politically.

Garelick and Fagin (2004) argue that both the patterns and style of interaction between colleagues will differ according to the task at hand and the context. The relationship between senior and junior staff members, is affected by status and power and this will play a role in the quality of relationships between colleagues.

Negative social relationships between teacher colleagues and principals are described as environmental stressors that are debilitating to the well-being and mental health of teachers (Evers et al., 2004). In terms of Social Identity Theory, individuals have different ‘selves’. Behavioural responses towards others depend on whose company an individual find her or himself in. A lack of unity among some teacher colleagues together with distrust, were mentioned as hugely problematic by participants in the present study. Similarly, a survey

conducted in Canada with healthcare providers; found that negative social encounters between colleagues are exhausting or energy intensive. It contributes to spirals of increasing distress at work that negatively influences the mental health and well-being of employees (Leiter, Day & Price, 2015). According to Jonas (2001) studies have indicated that collegial support buffers stress reactions among teachers while those individuals who lack support encounter more physical and psychological symptoms than those who receive support.

Antoniou et al. (2013) reiterate that among the most important factors affecting teachers negatively is the competitive behaviours between teachers and their colleagues. Similarly, the present study also reports that competitive behaviours between teachers had a negative influence on the well-being of some participants. One participant explained:

“...they [colleagues] just want to steal your ideas and nobody will give you a pat on the back if you do something well...”

Another participant in the present study complained about teachers not working together for the greater good of learners and not developing the school. Inglis (2003, p. 3) points out that teaching in South Africa is a lonely profession and definitely not a team effort while Johnson (2003, p. 337) encourages a collaborative way of working since it helps most teachers to feel better about themselves and their work which in turn improves teacher well-being and mental health.

Additional factors mentioned by Antoniou et al. (2013) that influence teachers' mental health are: the negative relationships between teachers and superiors (principals, vice-principals and section heads), a lack of participation in the decision-making process regarding school affairs, a lack of recognition of the professional role of teachers as well as teachers' frustration with expectations not being met, coupled with a clash in values. Oliver and Venter (2003) point out that the management style of principals and unmotivated leadership within South African schools are problematic since it affects the morale of teachers. The conclusion of these studies is in line with the findings of the present study. In this regard one participant had the following to say about the principal's authoritarian way of running the school:

“...the way in which the school is managed...the dictatorship and the authoritarian and autocratic behaviour...the head [principal] makes all the decisions...we are the Japies [we staff just have to obey] and the principal is the boss ...”

Another participant stated that she was distrusting of her school managers and that they were unprofessional in the way that they handle school matters:

“I need to be cautious what I say regarding school matters...even when, and if you approach school management [regarding problems and challenges] it is glossed over...”

Littrell, Billingsley and Cross (1994) agree that the leadership behaviour of the principal strongly influences teachers’ job satisfaction and that teachers health are adversely affected by the non-supportive behaviours of principals. However, despite the unique workplace influences that impacted negatively on the mental health and well-being of participants in this study, they remained mostly committed to their work in the Special School system.

7.1.3. Discussion of the findings of research question three

This research question focused on personal and occupational factors or influences that were associated with participants’ mental health status. Participants reported on various factors in their lives that affected their well-being both positively and negatively in relation to Mockler’s (2011) framework or model for conceptualising teacher professional identity. These factors are discussed next.

7.1.3.1. Personal factors affecting participants’ well-being

The principle of ‘recipes of living’ as explained by Campbell (1997) (mentioned earlier on p.342) is also of relevance in this section. Campbell (1997) explains that each individual’s social identity is associated with an array of ‘recipes for living’. In terms of this assumption, the aim of ‘recipes for living’ is to develop an explanation that is associated with different group memberships. A range of choices or ‘recipes of living’ is available from group memberships consisting of different norms, behaviours and interpretative frameworks that assist individuals to make sense of the world (Campbell, 1997). The choices that individuals make are therefore influenced by different circumstances and people. The conclusions of Campbell’s study are in line with the findings of this study. The ‘recipes for living’ identified in the present study relating to family was centred on family members educational qualifications as social guides. Additional family ‘recipes’ in response to challenges related to being non-white females was associated with the behavioural guideline that participants should focus on available educational opportunities that would advance and uplift them

socially and economically. These recipes for living as reported by participants in the present study are discussed next:

a) Family of origin financial status

Participants came from poor family backgrounds coupled with limited career or educational opportunities for Coloureds which initially negatively affected participants' mental health status. Participants were under the impression that poverty would hamper them from obtaining formal education and from progressing in life. However, some of the participants reported being offered opportunities in the form of financial assistance or study bursaries to pursue higher education in the field of teaching. A participant explained:

"...I was privileged to receive the bursary that the state made available...it gave me courage and hope for the future..." Participants felt grateful and they took what was offered to them by the Apartheid regime in terms of the limited educational opportunities. These available opportunities were found between the boundaries that the Apartheid government set for Coloureds. Participants felt privileged. I, on the other hand question how this offer was any different to "petty apartheid". I however agree with (Mc Dougall, 2013) that this form of psychological indoctrination can easily be overlooked during times of adversity, violence, police brutality and poverty. This is also one of the key reasons why the Black Consciousness Movement focussed on issues that revolved around liberating the minds of the oppressed (McDougall, 2013).

b) Teaching as family occupation

Various participants pointed out that they were inspired by several members of their families who were teachers by profession; they experienced how teaching as family occupation raised the socio-economic status and improved the livelihoods of their families. Participants thus grabbed the opportunity to become teachers when it arose and followed in the footsteps of these family members. Participants took this step in order to improve their lives; it also improved their sense of self and self-esteem which subsequently led to positive mental health. A participant explained:

"...my grandmother was a teacher, my mothers' mom...my great grandmother and grandfather was also teachers... most of my family members were teachers [teaching as a profession was viewed in a positive light within her family]..."

Behavioural options for participants that were associated with their families or parents 'recipes for living' centred on their parents or other family members educational qualifications as social guides. Shim (2014) explained that the collective consciousness, or psyche of various racial groupings are transferred from one generation to the other. People of the same race thus behave in a similar fashion or think alike. The fact that participants were encourage and exposed to teaching as an occupation through family members, gave them prior knowledge of the benefits of teaching as an occupation. I can however confidently argue that the psyche of participants were influenced and manipulated by the Apartheid regimes policies, laws and what can be described as partial privileges. I further need to point out that racial job discrimination and the denial of various educational opportunities might have limited participants contact and exposure to people having other occupational experiences – outside their socio-political circles of reality. Participants' view of the world and job variety were thus compromised. The group membership of educated people, in this case teachers mostly (Campbell, 1997) inspired participants to improve their lives in many ways. These findings resonate with the Mozaffari et al. (2014) study conducted with a group of Iranian nurses which investigated their social well-being. Mozaffari et al. (2014) study also found a noteworthy relationship between nurses' social well-being and their knowledge of nursing at the time of pursuing the profession. The decision or choice to become teachers thus enhanced the present study's participants' well-being. Harter, Schmidt and Keyes (2003) argue that informed career choices are connected to an increase in positive and pleasurable feelings including heightened work-related happiness, improved loyalty towards the organisation and its consumers, better productivity and healthier interpersonal relationships.

c) Teaching as a traditional female career

In this study, traditional family gender roles coupled with its care-giving and nurturing elements was said to have inspired some participants into entering the teaching profession. Most participants additionally reported that entering the teaching profession was also tied to their lifelong dreams or a calling. According to Robeyns (as cited in Lumby & Azaola, 2014) women are socialised by the discriminatory practice of society in terms of gender roles and therefore their views are often distorted by their experiences. It is claimed that women often display preferences that signify that they have become accustomed to their second-class status (Nussbaum as cited in Lumby & Azaola, 2014). However, in my opinion the significance of the statements made by participants during interviews and the interpretation of

the data depends on the stance of the researcher; but primarily on the voices of the participants that were interviewed. Most participants reported that they loved the idea of becoming teachers. A participant reported:

“...from a very young age I knew I wanted to become a teacher...I think I was born that way...”

Like some of the participants in Sumsion’s (2004) study, participants in the present study also exhibited self-insight which they linked to their actions, feelings and experiences in a manner that contributed to their awareness of themselves and how they operated in the world. These insights were valued by them as interpretative lenses through which they constructed their identities as child care professionals or teachers. Campbell (1997) posits that young women are no longer caught up in traditional gender roles, they rather take the opportunity to reshape the ‘recipe for living’ traditionally associated with gender group membership. An increase in growing educational opportunities afforded many women with the opportunity to become economically independent but also with the possibility of attaining a greater degree of independence over their own lives (Campbell, 1997). The findings of Campbell’s study are in line with that of the present study. A participant explained:

“... this is the chance [opportunity] to improve myself [qualifications]...I need to spread my wings a bit...it is your responsibility to improve yourself...”

Ashforth and Humphreys (1993) state that the stronger an individual identifies with her or his role the bigger will the positive impact of fulfilled expectations be on psychological well-being as also seen in the reported experiences of most of the participants of this present study. Thoits (1991) states that the more important a role-identity is to an individual the more meaning, but also behavioural guidance the individual will get from performing it. In terms of emotional labour and social identity Ashforth and Humphreys (1993, p. 99) argue that “the greater the relevance of a positive event to an important identity (in this case becoming teachers) the greater the enhancement of psychological well-being (Thoits, 1991).

d) Women: household and parental responsibilities

Participants in the present study reported on their different and conflicting life roles which often negatively impacted on their mental health status. To be a woman equates to having

various identities as it is often expected from women to perform different life roles. A participant explained in detail:

“...to be a woman is hard work, I wish I was an octopus with many hands that can do all things at once...there are lots of things that needs to be done...”

Knowles, Nieuwenhuis and Smit (2009) conducted a qualitative study with the aim of exploring the social, emotional and experiential phenomena regarding the multiple roles that mother-teachers fulfil. Knowles et al. (2009) point out that female teachers find themselves faced with the conflicting as well as complementary dimensions of their multiple roles as mothers and professional women. Women have a tendency to set high standards and expectations for themselves as mother-teachers while worrying about failing themselves but also others who form part of their worlds. Society and culture have certain expectations of women which they often feel they need to aspire to (Knowles et al., 2009).

Knowles et al. (2009) adduces that often the challenge that underpins the integration of motherhood and employment gets overlooked and that mothers struggle to develop an understanding of themselves by feeling a deep sense of division when they attempt to merge these two worlds. This conclusion is consistent with the present study. A participant in the present study explained:

“...you have to be a woman at home; you a working woman...I find it difficult...challenging [with reference to all her responsibilities]”

Another participant explained:

“...there is lots of pressure on women...you also work long working hours [as in the case of your husband] so there is more pressure on a woman...it is sometimes just too [emotionally and psychologically] demanding for me...”

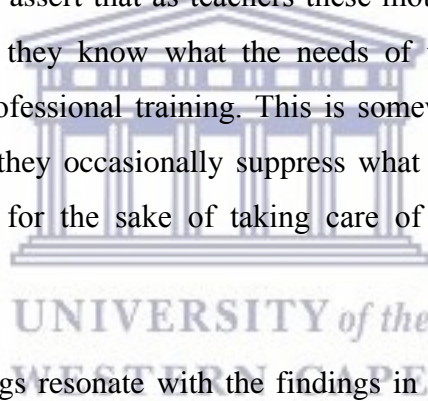
Many mother-teachers feel exhausted and overwhelmed by attempting to balance their paid commitments with their household and parenting commitments hence feeling emotionally, psychologically but also intellectually drained (Knowles et al., 2009). In the present study some participants mentioned that they hardly have time to see to their own needs as illustrated by the following transcription excerpt:

“...you are so busy you literally have no time to yourself...I don't get to my own needs and that leaves me miserable...”

This statement is in line with the feminist writings of Sedehi, Talif, Wan Yahya and Kaur (2014) who claim that individual women have their own feelings, thoughts and desires yet in patriarchal families women's desires are not treated with respect.

Knowles et al. (2009) explain that mother-teachers think that their roles have to take priority over their sense of self. Forna (as cited in Knowles et al., 2009) argues that as soon as a woman or mother sacrifices herself or her identity, it is to be expected that she will experience feelings of depression, exhaustion, stress, irritability, tension, isolation and internal conflict amongst many other negative feelings.

Knowles et al. (2009, p. 338) assert that as teachers these mothers deal with other people's children while claiming that they know what the needs of these children [learners] are, because they had undergone professional training. This is somewhat ironic because “when it comes to their own children they occasionally suppress what they know by sacrificing the needs of their own children for the sake of taking care of the needs of other people's children”.



Knowles' et al. (2009) findings resonate with the findings in the present study in that it is difficult for mother-teachers to strike a balance in terms of their multiple role expectations and that they often neglect their own children. One participant reflected this tension between her roles as parent and teacher by stating this:

“...there is not enough time to put your own children in their place and to teach them the right thing...so you neglect to discipline and train your own children as to what you expect from them...”

In conclusion it became clear that the reports of participants on personal factors that affect their well-being are in line with arguments of critical theorists. According to Ponterotto (2015) critical theory maintains that reality is constructed by cultural, ethnic, economic but also social, political and gender values which are historically rooted while acting as sources of oppression.

7.1.3.2. Occupational factors influencing teacher well-being

According to Hamama, Ronen, Shachar and Rosenbaum (2013) student-teacher interactions within Special School settings, subject teaching staff to on-going stress and emotional overload as part of their demanding daily routine. Such encounters have the potential to impair the well-being of teachers physically, emotionally, behaviourally and mentally.

Factors reported by participants of the present study that constrained their well-being included: working with learners with behaviour difficulties, working with ill learners and death and dying as well as dissatisfaction with the service conditions of the South African Department of Basic Education.

a) Working with learners with behavioural difficulties

Participants reported that the disruptive behaviour of learners was one of the many contributing factors to teacher occupational stress, and hence their decreased well-being (Antoniou, Ploumpi & Ntalla, 2013).

This was also the reported experiences of the participants of this study. A participant reflected on the situation:

“You [teacher] experience discipline problems [with the learners]...the learners are out of hand [disrespectful]...they have behavioural problems...”

Hamama et al. (2013) argue that the main stress factor for those teaching in Special Schools is the learners' problematic disciplinary behaviour that is encountered during activities in the classroom. In a study done in South Africa, Oliver and Williams (2005) state that learner discipline and behavioural problems are common within Special School settings. These learners are often restless, moody, and overly sensitive due to their diagnosis and treatment. Managing difficult learners requires lots of effort and energy from teachers that often negatively affect their mental health status. Evers et al. (2004) focus attention on various studies regarding disruptive behaviour that have found correlations between disruptive learner behaviour, teachers competence to cope with challenging learner behaviours and burnout among teachers.

b) Working with ill, dying learners or dealing with the death of learners

Participants of the present study needed to be able to deal with unexpected relapses concerning their learners' health which affected their mental health status negatively. A participant shared her thoughts:

"...this doesn't happen once [the death of learners] it happens often...to be honest it is difficult to deal with..."

The findings of the present study is consistent with the findings of a study done by Carstens (2004) in a Hospital School in South Africa in terms of the challenges that some participants experience in teaching ill or dying learners but also with the death of learners. Khaneja and Milrod (1998, p. 909) point out that "the death of a child is disturbing because it contradicts the natural order of things: children are not supposed to die".

Some participants in this present study reportedly found it difficult to have high expectations of dying learners in terms of meeting the demand of the school curriculum. This was explained by a participant:

"...the child [learner] is already busy dying, I am not going to kill the child [with schoolwork] I will do what the child can do and if I notice on a specific day the child is not well then I will leave the child... it is probably something to do with my motherly heart..."

Carstens (2004) states that teaching the ill and dying is demanding as teachers need to be flexible in that they continuously have to adapt their teaching styles. Teachers also need to consider a variety of diagnoses in order to develop individualised learning methods and management programmes to make teaching more effective for all learners. Carstens (2004) reminds that teaching ill learners is emotionally taxing as the teacher needs to figure out how far to 'push' the learner in order to keep up with curriculum expectations while taking into consideration the abilities of individual learners. What and when to teach daily are dependent on how learners feel physically and emotionally. Eiser, Davies and Gerrard (2003) posit that teachers' have to deal with the contradiction/paradox of meeting the needs of ill learners both professionally and holistically. This places high demands on teachers since they have to draw professional and personal boundaries that generate emotional and psychological stress within them as it is extremely difficult for some teachers to remain objective and professional because of the nature and sensitivity around teaching ill and dying learners (Carstens, 2004).

Marsay and Higson-Smith (2011) investigated compassion fatigue and trauma in South African school settings. Their study explored the incidence and nature of traumatic experiences that teachers have to deal with in their work environment as well as the effects of these experiences on teachers. They found that 61% of the teachers in the study stated that dealing with trauma in the classroom had a negative effect on them. These teachers reported feeling tired and drained while experiencing interference with their sleep patterns. They also reported negative emotions like anxiety, anger, depression, and reduced confidence in their abilities coupled with a sense of helplessness and hopelessness. A participant explained how she experienced the trauma related to the death of a learner:

“...our children [learners] are chronically ill...I had a child that was here in my class until 2 weeks before his death...it is draining to you as teacher, it is draining...”

c) Dissatisfaction with the service conditions at the special schools

Participants of the present study reported their dissatisfaction with the service conditions of the South African Department of Basic Education (DBE) which included role overload, unrealistic expectations and frequent policy reforms including inclusive education. These conditions were described by most of the participants of the present study as hampering their effective functioning at work and hence influencing their well-being.

Vance, Miller, Humphreys and Reynolds (1998) stress that issues such as accountability, tenure, diverse responsibilities and fast changing ideas or reform within the education system have made teaching extra stressful for teachers. Little involvement in decision-making, inadequate support from administrators, and pressure from external parties (education departments and government) was mentioned as annoying. The constant curriculum changes as a source of dissatisfaction was also reported in the present study and is aptly reflected in the following excerpt:

“...you do all this work, three months down the line and the department [DBE] wants you to change it, you have to start all over again...constant reform of policies of how the work must be done, how it must be presented...at the end of the day there is so much admin that you need to do, sometime you ask yourself whether you an administrator or an educator”.

Webb (2002) purports that teachers are often thought of as powerless, subordinates at the bottom of the educational hierarchy, those who carry out the tasks that were developed by others perceived to be more knowledgeable professionals than them. Policy-makers, state legislatures, as well as curriculum developers are constantly irritated by the idea of teacher autonomy. Teacher autonomy often frustrates those who understand teaching to be a subservient act and when teachers dare to challenge, doubt or resist curricular policy they are seen as defiant, selfish and full of fears and worries that burden the busy and more important administrators (Webb, 2002). Teachers face struggles when they have to implement curricular policies that were stipulated by others, this struggle becomes apparent when teachers need to modify curricular platitudes to meet the specific needs of their learners (Webb, 2002). These views are aptly reflected in the following excerpts:

“...the people from the Department [curriculum advisors]... they don't really contribute [to teacher learning and development] ...they don't really know what is going on in Special needs schools...”

“I feel that half of the people [governmental officials and administrators] that decide on our work, when last were they in a school...you need people that come from the system to make the system work...”

The findings of the present study are consistent with the study of Littrell et al. (1994) who point out that teacher's personal health may be negatively affected by non-supportive behaviours while management policies and regulations may contribute to stressors that result in illnesses including fatigue, sleeplessness, depression, anxiety and irritability. These factors are troubling to education delivery in many countries (Jackson et al., 2006). Jackson and Rothman (2005) point out that these negative outcomes including job-dissatisfaction, burnout and depression are also evident in the South African education system.

Some participants also specifically reported negative feelings regarding inclusive education and shared that it has resulted in unhappiness and stress. A participant explained the difficulties she experienced with inclusion:

“...in the Apartheid years our Special School specialised, focused on specific disabilities...now[with inclusive education] you get all those learners entering from mainstream schools with behavioural difficulties and learning problems... that child

[ex-mainstream learner] demands the most attention... added to that the [mainstream] curriculum [that needs to be covered] ...very frustrating...”

Donohue and Bornman (2014) are of the opinion that new inclusive policies require from teachers to challenge or question their current ideas around best practices when educating learners with disabilities. However, in some cases this leads to cynicism, hopelessness, and often a rejection of transformation policies (Oswald & Swart cited in Donohue and Bornman, 2014). This might also be true for some of the participants of this present study.

Lomofsky and Lazarus (2001) highlight the importance of implementing human resource development programmes that provide teacher training and support. This is an essential factor that will strengthen the successful implementation of inclusive education practices (Lomofsky & Lazarus, 2001). However, most participants in this present study complained about a lack of support received. A participant explained:

“...our curriculum advisor...she told my next door colleague straight, “Sorry, I know nothing about Special Schools and inclusive education”, and that she won’t be able to help us.”

Previously teachers in South Africa received training in either general or special education which was based on the views of the medical model, this model encouraged separate education of learners with disabilities since problems were seen as embedded within the individual. Contemporary teacher training in South Africa [apparently] now prepares student-teachers how to accommodate dissimilar learners in a single classroom. This training method is based on the social model of disability which views disability as a social-construct created by an ability-orientated environment. Disability is seen as a problem that exists due to societal, cultural, economic, political and educational systems that fail to address the needs of these specific individuals. A belief exist that old or traditional methods of teacher training left teachers without the necessary skills to teach learners with disabilities. Apparently these teachers, who were trained according to these old fashioned methods, find it difficult to cope and are therefore viewed as barriers to inclusive education (Donohue and Bornman, 2014).

d) A preference for teaching in a Special School

Some participants in the present study indicated that when the opportunity arose to teach in the Special School system they made a conscious decision to apply, since they had an interest in teaching special needs learners in the Special School system. A participant explained:

“...I knew all along that I don’t want to work in a mainstream school...I wanted to work with special needs learners, I was trained to work with them...”

This finding corresponds with one of the findings in the study of Sumsion’s (2004) regarding career decision-making. In Sumsion’s study participants mentioned that they purposefully sought places of work that had a character consistent with their moral attitudes. They chose workplaces that would allow them to thrive and grow professionally, thus positively influencing their well-being.

e) Loco parentis relationship

The ‘loco parentis relationship’ was another factor that was reported as positively contributing to most participants’ mental health status in the workplace. One could argue that the [female] participants in this study explained the demands of their role as Special School teachers from the perspective of substitute mothers. Participants placed emphasis on the caring, rearing and nurturing aspects of their roles and reported that they felt good that they could provide special affection to learners. Participants explained:

“...it is about being a mother to them [learners with special needs], they want to hear, I love you...don’t worry teacher is here...you get immediate appreciation”.

“...in some or other way I have that gift...I have a lot of compassion for their [learners with special needs] illnesses...”

This is consistent with the conclusions drawn by (Lumby and Azaola, 2014) who conducted a study with female head teachers in Gauteng and the North-West provinces of South Africa. Lumby and Azaola (2014) found that the female participants in the study assess the demands of their various roles from the perspective of mothers especially when dealing with health issues and poverty amidst their learners. A motherly approach in the school environment is similar to the positives that mothers bring to a family by providing physical and emotional care which is based on a specific protective commitment to one’s child. The qualities, skills and priorities of idealised mothers are adopted and translated into the school context (Lumby

and Azaola, 2014). The participants in Lumby and Azaola's (2014) study claimed that as women and mothers they had obtained affective or practical skills either through learned experience or intrinsically. This gives them an advantage over their male counterparts in the school system. This finding is also consistent with the findings of this present study:

“... that concept of a woman, that gentleness comes out in class... when I listen to my male colleagues then I realize that gentleness lacks...being a mom [at school] is just not part of being a man...”

Half of the participants in Lumby and Azaola's (2014) study placed emphasis on their nurturing and rearing responsibilities; they did not hide their femininity in their role as Special School teachers but rather used it to the advantage of their learners and in their efforts to challenge the abilities of their male colleagues. They also did not succumb to the dominant ideology of mothering where women strongly and often solely, focused on their own families like stay at home mothers who do not work. Rather they had their own interests and undertakings outside of their families and often left their children in the care of family members or professionals (Lumby & Azaola, 2014). Female teachers thus emphatically align themselves with the reference group of 'mothers' whether they have given birth to a child [learner] or not, they subsequently 'do gender' at their place of work (Lumby & Azaola, 2014). The same can be said from the participants of this present study who enjoyed the caregiving aspect of their career or job.

7.1.4. Discussion of research question four

This research question is about the participants' experiences of different types of support systems and coping resources that they used to deal with mental health challenges associated with their workplaces.

Keller as cited in Strümpfer (1995, p.2.) reminds that “although the world is full of suffering, it is also full of overcoming of it” hereby saying that people can work through their life challenges.

7.1.4.1. Salutogenic functioning in the workplace

Taking the self-evaluation experiences of participants of this study into consideration I make the inference that participants displayed the ability to manage their stress effectively. Females

teaching in historically disadvantaged Special Schools presented with the personality profile of salutogenic individuals. These females handled life and work stress effectively while functioning optimally in their daily existence and therefore they maintained well-being.

Data analysis in the present study has revealed that resources that supported the mental health of females teaching in historically disadvantaged Special Schools were related to both their private and professional lives as these two aspects of teachers' lives are interrelated.

Three key themes were identified by participants in this study as supporting their well-being, these included: family, school level/ collegial support (which is about social support but also interpersonal relationships) and self-regulatory/ self-help or self-management strategies.

a) Family and school level / collegial support

Family and colleagues involve relationships which are of primary importance to most people's sense of well-being. Keyes (1998) examines this through the lens of social well-being and points out five dimensions (as seen in Chapter 3, point 3.1.4.2., p. 144-145). According to Jackson (2013) social well-being is strongly related to 'social capital' which can be personified in relational bonds. For example those found amongst an individual and family members as well as individuals and colleagues in the workplace as also reported and explained in the present study.

b) Self-regulatory / Self-help or supporting self-management strategies

Participants reported on how self-regulatory strategies acted as a protective factor in times of stress. Self-regulation embroils the modulation of an individual's emotions and thoughts which will ultimately assist in the maximization of adaptive adjustment (Park, Edmondson & Lee, 2012). Self-regulation is an intricate process that involves setting goals, the engagement in role directed behaviour, constant monitoring of goal achievement and the adjustment of behaviour when progress is insufficient (Terry & Leary, 2011). Self-regulation strategies used by participants in this study included private psychological or counselling services, spiritual practices/religious coping and other self-regulatory strategies that acted as protective factors which supported participants' well-being. These included a variety of leisure time activities such as reading, listening to music, shopping, going to the movies and doing physical exercises.

7.1.4.2. Salutogenic personality profiles of participants

Various constructs were identified by Strümpfer (1990) which were previously developed independently. According to Strümpfer six of these constructs supposedly form the core of salutogenic but also fortigenic functioning. While the salutogenic paradigm focuses on the origins of health in terms of ease/disease, the fortigenic paradigm focuses on the strengths of an individual.

These constructs are: 'sense of coherence' (Antonovsky, 1987); personality hardiness (Kobasa, 1982a); learned resourcefulness (Rosenbaum, 1990); potency (Ben-Sira, 1985); internal locus of control (Rotter, 1966) and self-efficacy (Bandura, 1982). Breed (1997) reminds that self-efficacy is not principally conceptualised in the fortigenic paradigm. However, like Sense of Coherence (SOC), self-efficacy is concerned with a person's experiences of forcefulness in the world that she/ he is living and functioning in. Research on salutogenic orientations explains the extent to which individuals are able to cope with stressful circumstances and subsequently are able to perform their roles satisfactory (Kossuth & Cilliers, 2002).

All of these mentioned constructs are apparently integrated into the personality profile of a salutogenic person which consists of various behaviours including: cognitive, affective, motivational and interpersonal characteristics as explained by various scholars (Cilliers and Ngokha, 2006; Viviers, 1996). Participants in this study presented with the personality profile of salutogenic individuals as discussed below.

a) **Cognitive characteristics:**

Most of the constructs that form the personality profile of a salutogenic person refer to an aspect of understanding or comprehensibility (Cilliers & Ngokha, 2006). The individual's perceptions make cognitive sense while there is an inclination towards making life understandable coupled with flexibility towards change. It is about control and the ability to interpret, evaluate and incorporate external stimuli in a manner that allows them to fit into a person's life plan. This process necessitates flexibility relating to choices between various possibilities. The individual regulates internal responses by means of cognitive control and self-regulating mechanisms. The individual has the ability to control stimuli by adapting it to her/his normal life functioning, these individuals re-evaluate their coping skills in a positive

way while ensuring a positive outcome (Cilliers & Ngokha, 2006). As mentioned in chapter 6 (see section 6.3.1.2) one participant mentioned:

“...I am a strong woman...I can get up [out of a negative experience] dust myself off, and laugh about it and carry on with life...”

b) Interpersonal characteristics:

This is one of the behaviours that forms part of the salutogenic personality profile (Viviers, 1996; Viviers & Cilliers, 1999) displayed by most participants in this study which assisted them in managing stress related to the workplace. This behaviour refers to the individual's commitment to be involved in effective interpersonal relationships in a reciprocal or interdependent manner both in the workplace and society (Kossuth & Cilliers, 2002). Individuals make use of social support systems to assist them in times of strain and stress. Participants in this study mentioned that they received social support from both family and colleagues. The support that participants receive from family was discussed in detail in research question one under psychological well-being with specific reference to relationships with others (p. 278-280 in Chapter 6). The greatest level of support, more so than other types of support was, school level or collegial support received from within the historically disadvantaged Special School environment.

At organisational level factors that enhanced teachers' mental health as reported by Coloured females' participants of this study were mainly supportive personal and professional relationships with colleagues. These included peer collegial support from other teachers on the same post level. Support was offered by peers in their individual capacity, but also in the form of small intimate groups of colleagues. Some of the participants additionally reported that they received support from specific members of their senior school management teams. The literature also mentions the importance of such support in the workplace. For example, Hamama et al. (2013) explain that organisational theories highlight that different sources of social support have a positive effect on the subjective well-being of employees. Perceived organisational support is a general feeling of enjoying support from your peers as well as your direct supervisors and management at work. Peer support assists employees in feeling good while they develop a culture of sharing and joy in the workplace whereas the support of

managers and supervisors assists employees in solving problems. Receiving support from managers conveys to employees that the organisation cares about them as people (Hamama et al., 2013).

Support received from colleagues in the present study was mainly for meeting emotional and social needs, which was reported to be beneficial to participants' well-being. Jackson et al. (2006) argue that good relationships and effective communication with colleagues create psychological significance and safety, which is a pre-requisite to be fruitfully engaged in one's job. The quality of interpersonal relationships in the workplace is vital to school success (Jarzabkowski, 2002). According to Maslach, Schaufeli and Leither (2001) and Leither, Day and Price (2015) there is convincing evidence that social relationships at work have a fundamental impact on the health, burnout and strain of an individual. Greater social support is associated with a decrease in stress since social support buffers stressful work demands when encountered (Hamama et al., 2013; Leisher et al., 2015; Turniansky & Hare, 1998).

i) Collegial support: Peer support from colleagues on the same post level

The friendships received from female colleagues in the present study were described as reciprocal in nature. Morrison (2009) contends that women attain a level of closeness with each other through verbalising and sharing their emotions and feelings. Social and emotional support is thus more likely to be a function of relationships between women. The friendships that women offer are usually more communal than friendships between men. Friendships between women are more intricate as it involves more self-disclosure and support given and received in times of distress and unhappiness (Morrison, 2009).

Similar to findings by Amabile and Kramer (cited in Jackson, 2013), the present study identified 4 categories which nurture well-being, productivity and creativity in the workplace. These categories are: emotional support, respect, encouragement and affiliation.

Emotional support is important since individuals feel more connected to those individuals at work who validate their feelings and emotions. This pertains to endeavours at work that cause frustrations but also relates to events in the personal lives of individuals. According to Amabile and Kramer (cited in Jackson, 2013) the recognition of emotion and empathy lessen negative feelings thus intensifying positive feelings with favourable results.

Participants in the present study explained peer friendships with other female colleagues as:

“...she gives me advice [personal and professional] ...I feel better when I come from her [colleague]...she has a wonderful way of helping me to refocus ...”

“... she [colleague] is able to read my feelings...she picks up immediately when I am emotional and puts structures in place to assist me... she [colleague] understands me”

Affiliation: The findings of the present study is consistent with the finding of Amabile and Kramer (as cited in Jackson, 2013) who point out the importance of affiliation which is another one of the four categories that nourishes well-being in the work environment.

Nussbaum (as cited in Jackson, 2013) explains that affiliation means living with others and towards others, showing concern towards people and engaging in various forms of social interaction. Work friendships or associations are often based on social-categorization and a sense of belonging to a chosen group of colleagues. Jarzabkowski (2002) notes that these kinds of relationships are usually based on commonalities that teachers identify in themselves and others. Amabile and Kramer (as cited in Jackson, 2013) state that individuals have a need to feel connected to their colleagues. Therefore, actions that develop bonds of appreciation, mutual respect but also affection are vital in nourishing the spirit of participation in the work environment. This also applies to the present study. Affiliation is aptly reflected in the following excerpts:

“...our small group of colleagues...we speak the same language [think the same way about things]

“...we [group of female colleagues] are there for each other [personally and professionally] ...we relieve each other [relief the burden]...”

Colleagues in the present study also reported having fun together. Several participants indicated that they enjoyed spending time with colleagues:

“...our [small group] of colleagues we will chill [hang out]...”

Ashforth and Humphrey (1995, p. 115) argue that work and play are typically perceived as dichotomous. Work is usually perceived as serious structured activity in pursuit of productive

goals while the focus is on outcomes, fun on the other hand is seen as light-hearted activity pursued for personal enjoyment. The work context and work activities are however naturally mixed with elements of play and humour. According to Ashforth and Humphrey (1995) playful activities provide a social identity, a sense of community, togetherness, “groupness” and an appreciation, or affiliation with one’s peers as whole people and not just as role occupants. The conclusions of Ashforth and Humphrey (1995) are consistent with the findings of this present study that colleagues not only work together but often have fun together.

A participant refers to the fun element in group friendships:

“...we [group of colleagues] can laugh about things; I share closeness with them...”

The authors Jarzabkowski (2002) as well as Ashforth and Humphreys (1995) recognise that humour and laughter among colleagues decrease tension, bring about relaxation and maintain a sense of social cohesion. They additionally promote staff morale and individual confidence hence improving the subjective well-being of individuals.

ii) Collegial support: Senior school management support

Similar to Sumsion’s study (2004) with early childhood teachers in Australia, some participants in the present study pointed out that employer support contributed positively to their well-being. Several of the participants in the present study reported that they enjoyed positive or supportive working relationships with selected members of their school management teams (SMT); these included school principals as well as deputy principals. The nature of support also reflected Amabile and Kramer’s (cited in Jackson, 2013) emotional support, respect and encouragement.

Emotional support as discussed by (Amabile and Kramer as cited in Jackson, 2013) is also of importance in the present study where participants felt more connected to those members of their senior management teams who validated their feelings and emotions. The following excerpts highlight the benefits experienced by participants’ with regard to SMT support:

“...I feel much better after a visit to her [principal] office”.

“...He [deputy principal] makes me believe that I am important ...he is like a father to me...”

Littrell et al. (1994) aver that support from school principals is likely to decrease or break the link between stress and burn-out while reducing teacher stress through communication. How managers act towards staff contributes to whether individuals feel respected or not in the workplace. The most important of these actions is recognition (Amabile and Kramer as cited in Jackson, 2013) as also found in this study and reflected in the following excerpt:

“...my deputy principal... if there is something that is really bothering me regarding school matters, I will go to her... she [deputy principal] listens to my complaints and tries to see my point of view... with her my point of view counts [respect participants utterings] and that is rewarding...”

Respect and encouragement: Respectful and supportive principals have a positive effect on teacher’s commitment, their job satisfaction as well as retention especially when they offer feedback, encouragement, acknowledgement and collaboration (Billingsley & Cross, 1994; Amabile & Kramer cited in Jackson, 2013). This was also true for this study as reflected in the excerpts mentioned in this section.

c) **Motivational characteristics**

This behavioural characteristic refers to the individual’s ability to manage life events in a flexible manner while experiencing change and perceived stimuli as a challenge. The individual has intrinsic motivation and directs her/his energy to cope with and solve problems in order to achieve results (Viviers 1996, Viviers and Cilliers, 1999). This statement is consistent with the findings of the present study. In this study, several participants reported that they took personal responsibility to improve their work situation by effectively managing their surroundings or the workspaces thereby managing their stress (as also seen under Keyes’s dimension of Psychological well-being more specifically Environmental mastery (Chapter 6, p. 275). The following excerpts reflect the initiatives taken by participants in managing their environments:

“...I made the necessary adaptations... you need to invent to make things work”.

“I do the best with what I have, with what is available...”

The above statements of participants are also about displaying resilience. Gu and Day (2007) refer to resilience which provides a promising perspective in terms of understanding the way teachers manage to sustain both their motivation and commitment in changing times, especially when considering changes that might occur within their personal and professional lives. Resilience is about ‘bouncing back’ in order to improve both strength and spirit quickly and resourcefully in the face of adversity. Patterson, et al. (2002) argue that resilient teachers take charge and solve problems.

d) Affective characteristics

According to Viviers (1996) an individual who displays affective characteristics functions with self-awareness, confidence and self-fulfilment while experiencing life as meaningful. The individual acts towards life with commitment in a mature way by taking control over a given situation, by using available resources and in this manner manages stressful situations. The individual is able to control emotions while failure is worked through and not rationalised away (Cilliers & Ngokha, 2006). This statement is consistent with the findings of the present study where most participants managed their stress by taking control over their emotions (controlled emotional release) example by handling challenging work situations through the use of *psychological or counselling services, spirituality and/or religious practices and various other strategies* as discussed below:

Psychological or counselling service: Rothman (2003) states that tertiary level interventions like counselling is recuperative. Bickford (2005) contends that counselling assists employees and their families with problems that arise from both work related problems and external sources. This was confirmed in the research findings of the present study and is reflected in the following excerpt:

“...if things are getting too much for me...then I go for personal sessions [counselling] at a private psychologist...”

Counselling is a form of short term therapy that is aimed at helping the client in times of change, choice and crises (Bickford, 2005). The benefit of counselling to participants in the present study is reflected in the following excerpt:

“...it is amazing how the sessions helped me through things [challenges] during that [difficult] time”.

Counselling is seen as an opportunity to learn problem solving, coping or stress reduction skills as well as time management and interpersonal skills such as assertiveness skills. These skills assist with creating new life choices which in turn might enhance positive mental health (Bickford, 2005). The findings of the present study are in line with the conclusions of Bickford. Participant statements included:

“...you are taught to approach circumstances at work differently for your own good...”

“...the sessions force you to look at your work situations more objectively...”

Viviers (1996, 1999) furthermore explains that on an affective level individuals are committed to life through their belief and value systems while believing there is a purpose in all life's events. This statement is in line with the findings of the present study.

Spirituality and/or religious practices forms part of individuals value and belief systems and were reported as a thread that ran through the lives of all participants' in the present study. These dimensions are seen to be the more traditional means of coping as they encourage an internal locus of control in situations that are perceived as stressful (Amjad & Bokharey, 2014). Ellison and Henderson (p. 25) state that there are a few productive coping methods that are frequently used including: “benevolent religious reappraisal or reframing potentially negative conditions in religious terms ... seeking spiritual support and comfort from God”. The present study echoes the sentiments of both Ellison and Henderson, and Amjad and Bokharey (2014) who point out that spiritual and religious activities assist with the reframing of stressful events in a manner that motivates a person intrinsically to handle stress. The following excerpts demonstrate how participants found their strength in God and inspiration from their religion.

“Sometimes there are learners that defy you...there are days that I feel today is not my day...but I am a Christian ...the next day I look at things differently and I'm more positive...”

“... teaching special needs learners is a journey, and you can never look at a journey as straight forward...I think of Christ sitting in the garden of Eden when He said: “Lord take this bitter cup from me... the bottom-line is I get up and I do it again...[continue the journey]”

The findings of the present study are also in line with the findings of Lloyd, Roodt and Odendaal (2011) who conducted a study with a group of employees with diverse job titles. The aim was to examine the critical elements in defining a work-based identity in post-apartheid South Africa. In their study, Lloyd, Roodt and Odendaal (2011), identified the sub-theme of religion which represented the attitudes, values, beliefs and moral standards by which people live, as also seen in the present study.

Other alternative strategies: Marsay and Higson-Smith (2011) conducted a study with a group of teachers exploring compassion fatigue and trauma in the South African learning environment. Teachers were asked how they take care of themselves when dealing with individuals who have experienced trauma. Females teaching in Special Schools in the present study also reported that they often experienced trauma in the workplace.

According to Marsay and Higson-Smith (2011) some participants in their study only became aware during the research process that they never consciously used self-care activities to buffer stress however those study participants who reported that they found self-care strategies useful were holistic in their approach. The most general self-care activities used were relaxing or leisure time activities which included hobbies, reading and enjoying music. Peer support and the attendance of counselling sessions were also mentioned as well as spiritual activities, with special reference to faith and prayer (Marsay & Higson-Smith, 2011). The mentioned strategies also coincide with the findings of the present study where ‘me-time’ and looking after the self, included going to gym, reading, listening to music, shopping and going to the movies but also the use of spiritual practices. A combination of palliative and cognitive strategies is useful and often used in times of stress. These coping styles generate psycho-social benefits for individuals hence supporting their well-being and mental health (Mapfumo, Chitsiko & Chireshe, 2012; Pillay, Goddard & Wilss, 2005).

7.2. Summary of chapter

The purpose of this chapter was to discuss, interpret but also describe the significance of the present study findings in the light of what is already known about the research problem under investigation. It further aims to explain new understandings and insights about the problem after the findings were taken into consideration.

The findings in relation to research question one; focus on the participants' mental health status. Data analysis revealed that participants experienced low-levels of emotional well-being. They however reported on good psychological, social and spiritual well-being. Being identified as Coloured during the Apartheid era had negative repercussions on the social identity, personhood and self-esteem of participants. Findings of the present study are in line with statements made by international (Lorde, 1981; Phenice & Griffore, 2000) and local scholars (Adhikari, 2006; Bowler & Vincent, 2011; Bush & Moloji, 2007; Hendricks, 2005) regarding personhood and social identity. Participants' also suffered personal losses that evoked negative feelings. The findings in the present study echo the views of (Gentry et al., 1995) in relation to the potentially negative impact that the death of a loved one has on the emotional well-being of the individual.

Participants acknowledged certain factors that supported their psychological well-being including a commitment to personal growth, which included their need to improve themselves professionally through on-going learning or further studies. Ryff et al. (2003) found that as education increased, the racial gap in self-acceptance lessened. Most of the participants reported that they were autonomous in that they took the liberty to construct their identities as well as their work in ways they valued. Participants displayed a strong sense of moral purpose coupled with a strong purpose in life accompanied by high levels of commitment to contribute positively to the lives of their learners and the social world in general.

The second research question related to the evaluation of the unique workplace challenges of historically disadvantaged Special Schools and how it affected or influenced participants' mental health or subjective well-being. Significant influences that impacted negatively on some of the participants' subjective well-being included limited finances and resources within their schools as places of work. The findings of this present study is in line with

statements made by both local and international studies (Chitiyo & Chitiyo, 2007; Marsay & Higson-Smith, 2011; Strydom et al., 2012) in which it is suggested that a lack of special educational teaching and learning materials and equipment in Special Schools are identified as one of the major restrictions that affect the quality of service delivery to children challenged by disabilities. The findings of the present study also resonated with findings of studies done by other scholars (Ahmed et al., 2009; Govender, 2015; Lemon, 2004; Sedibe, 2011) who point out that historically disadvantaged schools remain disadvantaged after post-apartheid South Africa. Poor interpersonal relationships with some of their colleagues and poor leadership and management were also reported on. Negative social encounters and relationships in the workplace are environmental stressors that are debilitating to the well-being and mental health of teachers (Antoniou et al., 2013; Evers et al., 2004; Leiter et al., 2015).

The third research question related to the occupational and personal factors or influences that impacted both positively and negatively on participants' mental health status. The principle of 'recipes of living' as explained by Campbell (1997) was of relevance in this section. The 'recipes for living' identified in the present study related to family and centred on family members educational qualifications as social guides but also family 'recipes' in response to challenges related to being non-white females. Traditional family gender roles coupled with its care-giving and nurturing elements was said to have inspired some participants into entering the teaching profession. Being able to choose a career that participants were passionate about improved their subjective well-being. These findings resonate with that of Mozaffari et al. (2014) as well as Harter et al. (2003). The findings of this present study echo those of Knowles et al. (2009) who reported that many mother-teachers feel exhausted and overwhelmed by attempting to balance their paid commitments with their household and parenting commitments hence leading to poor subjective well-being. Other factors that constrained participant well-being included: working with learners with behaviour difficulties, working with ill learners, death and dying as well as dissatisfaction with the service conditions of the South African Department of Basic Education. The findings of the present study are consistent with the findings of studies done by international and local scholars (Antoniou et al., 2013; Carstens, 2004; du Plessis & Subramanien, 2014; Donohue & Bornman, 2014; Evers et al., 2004; Hamama et al., 2013; Marsay & Higson-Smith, 2011;

Oliver & Williams, 2005) who confirmed numerous factors are constraining to teacher well-being.

Research question four addressed participants' experiences of different types of support systems and coping resources that they used to deal with mental health challenges associated with their workplaces. Participants' personal accounts regarding what they perceived as 'supportive' in terms of coping with the demands of their job included; support received from family, colleagues. Various scholars (e.g. Burke et al., 1996; Diener et al., 2000; Myers & Diener, 1995) point out the benefits of positive relationships with significant role players in the life of an individual. Self-regulatory/self-help and supporting self-management strategies used by participants were reported as being beneficial to individuals finding themselves in stressful positions.

In the next chapter I will reflect on my research journey.



CHAPTER 8

REFLEXIVITY, POSITIONALITY AND FEMINIST RESEARCH

“I cannot look at the world objectively because the world is not, and cannot possibly be, outside me, since I am and always have been since birth in the world existing as part of it. I am inextricably linked to all other entities in the world-wide web of significance.”

(Heidegger as cited in Watts, 2001, p. 12)

8. Introduction

Reflexivity is a vital element of feminist research and therefore, the personal and theoretical assumptions and beliefs of the researcher need to be dissected and explicated in terms of the effects it has on the research process (Burman, Batchelor & Brown, 2001; Fitzgerald, 2004; Hunter, 2002; Lyons, 2006). Research of this nature is said to inevitably involve issues of the personal, emotional and the self (Burman et al., 2001). It is important to take cognisance that researchers approach research projects as both academics and individuals with personal lived experiences. “As women that were once girls we shifted between being a researcher/observer/listener to participant, as aspects of girls’ experiences resonated within our own” (Burman, et al., 2001, p. 13). Positionality is embedded in many locational feminisms, this refers to the reality that people are not defined by fixed identities but rather by their location within shifting networks of relationships, a positional approach thus calls for a third eye that supports continuous self-reflection (Enns, 2010). The way, in which our subjectivities become entangled in the lives of others, have concerned scholars of various disciplines, and philosophers for decades. Shakespeare (as cited in Hammell, Carpenter & Dyck, 2000, p. 7) states that “...the idea of a neutral researcher is ultimately a fiction” while England (1994) warns that the world is an inter-subjective creation and because of this reason we cannot put our common- sense knowledge of social structures aside and treat human beings like research objects. Those who are researched should be treated like people and not as mines of information that are exploited by the researcher as the natural collector of ‘facts’ since this stance is morally unjustifiable (Stanley & Wise cited in England, 1994).

According to Burman et al. (2001) feminists have been very vocal on the issue of power relations between the researcher and those being researched. Feminists refuse to treat women

as objects of research but instead try to engage them as active subjects in the research process. Reflexivity has become one of the most fundamental themes in the discussions of feminist researchers. Feminists are active agents in constructing knowledge, they are analytical and they critically examine, reflect on and explore the nature of the research process (Fonow & Cook, 2005). In this chapter, I reflect on my own process as a feminist researcher by sharing the experiences that formed an integral part of 'doing' this research project.

8.1. Feminism and the importance of being reflexive

Feminist concerns with reflexivity stress the situating of the researcher and understanding her personal history or 'her story', her lived experiences. These concerns include the relation of the researcher to her own experiences as well as the effect of fieldwork on the researcher herself (Burman et al., 2001). Fitzgerald (2004, p. 236) states that "...reflexivity challenges researchers to reflect on and understand their own personal, political and intellectual biographies by making explicit their social world and the crucial role they play in creating, interpreting as well as theorizing their research". Often the stories of the researcher's personal experiences remain untold because some practices of reflexivity have been criticised for making the research more about the researcher while drowning out the voices of the participants (Lyons, 2006). Not telling the researcher's story may create a false belief that research for the researcher is an uncomplicated and straightforward process. Okely (as cited in England 1994, p. 244) states that reflexivity in feminist research "is often misunderstood as a confession to salacious indiscretions," "mere naval gazing," and even "narcissistic and egoistic," the implication being that the researcher lets the veil of objectivist neutrality slip". However, England (1994) counters this criticism by claiming that reflexivity is instead a self-critical sympathetic introspection and self-conscious analytical scrutiny of the self as a researcher. My work as a therapist has reiterated my belief that a level of self-awareness is important when interacting with others, even if those others momentarily cross one's life path for a brief moment. This belief is even more relevant when doing research. In conducting research, the researcher's personal assumptions, experiences, perspectives and feelings should be considered in relation to their effect on the research participants as well as on the research process as a whole. Reflexivity is crucial in research as it pertains to the need for critical examination of the manner in which the researcher shapes the entire research project and interprets the findings. It urges for an awareness of the factors that influence the

researcher's construction of knowledge and how these influences are played out in the planning of and the carrying out of the research as well as the reporting of the research findings (Guillemin & Gillam, 2004; Hammell, 2002; Walsh & Downe, 2006).

Watts (2008) warns that researchers, who do not, to some degree, tell their research story or neglect to be transparent regarding their personal experiences and emotions in pursuit of 'good' research are being dishonest. In support, Conneeley (2002) states that it is useful to identify the researchers' personal responses as well as their professional and academic backgrounds as this will assist in making explicit subjectivity. In this manner, the reader will be afforded an opportunity to critically analyse and develop a deeper understanding of the thought processes involved.

8.1.1. The study and my personal experience

As Johnson (2009) I was one of those fortunate individuals who started my doctoral studies with no doubt about the topic I wanted to explore as my research focus. My certainty about my research topic is consistent with the advice given to me by others who had completed, or was in the process of completing their doctoral studies. They highlighted the importance of choosing a topic that is of interest to the researcher. They also mentioned that the researcher should have a relatively good knowledge base of the topic to ensure sustained curiosity and attention until completion of the study.

However, at the start of my scholarly adventure, I was concerned that my topic may be perceived as inappropriate because in my experience in post-Apartheid South Africa, there is often a focus on promoting an integrated society. Therefore, there are at times, no sharp focuses on the damaging effects of Apartheid that still exist, at different levels of society. I am of the view that a happy 'rainbow nation' is an illusion and that it is impossible to address the hurt and pain that Apartheid caused to many people; programmes of reform mostly fail to repair the damages. Hence, my strong belief in the need to pursue this topic and that this research project allowed me to explore the mental health experiences of female teachers who were classified as Coloured during the Apartheid era and who currently work in historically disadvantaged Special Schools. At the same time, I wanted to give a voice to a group of 'different' women who were born into a unique situation which possibly affected them in a unique way. In this manner, I hoped to make a valuable contribution to the literature base of a

relatively understudied area. Guillemin and Gillam (2004, p. 274) state that “...our choice of research design, the research methodology, and the theoretical framework that informs our research are governed by our values and reciprocally, help to shape these values”.

8.1.2. Biographical and philosophical positioning

My work experience as an Occupational Therapist (O.T.) ranges from working in a psychiatric hospital for 12 years to being an Educational Therapist working in the Special School System for the past nine years. My interest was always in children, youth, women and people with disabilities. My Master’s thesis focussed on adolescent substance abuse. Since then I developed an interest in researching women’s mental health issues. All of these have influenced my personal identity in terms of how I view and experience the world. These multiple parts of ‘who I am’ forced me to consider my positionality as a middle-class educated Coloured woman, and feminist researcher. Deutsch (2004) points out that feminist researchers highlighted the importance of positionality. Deutsch (2004, p. 889) further asserts that the researcher’s awareness of her personal subjective experiences in relation to that of her research participants is crucial in acknowledging the limits in objectivity as it recognises the bidirectional nature of research, that is, ‘I am subject, object, and researcher and my participants are subject, object and actors’. The Funk and Wagnall’s Standard College Dictionary (as cited in Van Heertum, 2005, p. 1) defines objectivity as:

- Free or independent from personal opinions, feelings and prejudice, [therefore] being unbiased and detached.
- Related to what is independent or external to the mind. Meaning the opposite to what is subjective.
- Treating, dealing or stressing external phenomena without inner feelings and thoughts clouding it.

Van Heertum (2005) questions the limits in objectivity and argues that if a definition of objectivity is turned towards social science research, various questions appear, including:

- Are researchers able to eliminate all partialities that they bring into their research?
- Is there any methodology that is truthfully external to any knowledge obtained or either independent of the mind? and,

- How free of personal feelings, opinions and prejudice is objectivity in itself?

Deutsch (2004) argues that researchers cannot ignore their social positioning and the personal values they take with them to the research site since it influences the research to be conducted and the human relationships that are formed in the process. Self-reflexivity is a traditional part of feminist research and it requires acknowledging the numerous positions that the researcher occupies in relation to both her participants and the world as a whole.

8.1.3. Being a researcher

I was theoretically aware of the complex relationship between the participants and researcher in qualitative research. During this journey I was even more aware and I 'wanted' the interviews to be 'good' interviews with a balanced power dynamic, equal and non-exploitive, where participants feel at ease with the interview and with me as the researcher. I wanted to create a space where the participants were able to share and discuss their personal views openly. By striving for the objective lens for which scientific theories called, I realised that I would be disconnecting myself from my own personal motives for conducting this research. These motives were to increase public understanding of how social forces, and not only pathogens and biological matter, contribute to women's health but also to encourage emancipatory outcomes (Ironston-Catterall et al., 1995).

8.1.4. Researcher as integral part of the research process

At the time I started to interview the participants, I began to realise that I had become an integral part of the study, maybe even before I had a full understanding of the true level of my involvement. According to Perry, Thurston and Green (2004) those who study a social world, of which they form part of, will inevitably have a degree of emotional involvement with the subject of the study. This is referred to as 'insider' research where researchers conduct social interviews with participants who share similar experiences with them in terms of culture, ethnicity, language, nationality and religious heritage. Through 'diversity in proximity' insiders are better able to recognise the ties that bind and the fissures that divide them (Ganga & Scott, 2006).

According to Guillemin and Gillam (2004) as well as Westmarland (2001), human beings are unable to process information without some degree of subjective interpretation, the

researchers' social and political locations affect the research that they embark on. This reality starts with the first stage of research where identifying the topic to be studied invariably involves a level of subjectivity, the process continues with the introduction or literature review that is found at the beginning of the report, which, in fact, is a review of the literature that the researcher has experienced as relevant for the study. The process continues further with the questions we pose; but also the questions we discard as part of the process, and this reveals aspects of 'who we are'.

Johnson (2009) claims that very often researchers explore topics in which they could have been a participant themselves. I could have easily been a participant in this study since I grew up as a Coloured female under the Apartheid era and I am currently working in the Special School system. However, I am an Occupational Therapist by profession with a different 'frame of reference', in terms of work experience, which includes 12 years of work experience in a psychiatric hospital treating both children and adults. Additionally, my job-description and experiences of work in the Special School system is different from that of teachers since they teach to a curriculum. Occupational Therapists, on the other hand, provide a supportive therapeutic service in terms of learning difficulties, developmental delays, and scholastic problems. Occupational Therapists also facilitate social and life skills groups. Occupational Therapists mostly offer services to individuals and clients in small groups. These are realities that cannot be ignored since they influence my lived experiences, including the relationship I have towards research (Maynard as cited in Burman et al., 2001). I attempted to reach a level of 'objectivity'; I had regular supervision meetings with my thesis supervisor and talked about my experiences throughout my research journey. This practice promoted introspection and helped maintain my professional distance and boundaries throughout the research process. The support and supervision that I received also assisted me to evaluate and report the research data as objectively as possible.

8.1.5. The role of the emotions in feminist research

Ramazanoglu (as cited in Westmarland, 2001) states that it makes sense to accept one's subjective emotions and socially grounded positions, and not to assume that one can rise above all of these realities. Furthermore, Deutsch (2004) notes that the personal is not only political; it is also intellectual, theoretical and part of the research process. Deutsch (2004) contends that researchers should be mindful of not acting in ways contrary to their own

values and warns that the total removal of emotionality from the research process might seem 'correct' but if it feels profoundly unnatural it probably is. As I became more familiar with feminist theory, I became more relaxed with the position in which I found myself. I began to understand that I was not battling alone in terms of the thoughts, feelings and internal struggles that the research process evoked within me. The disjuncture between personal experience and scientific expectations has been a challenge for many other feminist researchers.

Hubbard, Backett-Milburn and Kemmer (2001, p. 123) point out that "... in a man's world there was no role for acknowledging emotion in research methods or in the creation of knowledge because it was soft, subjective, irrational, passionate, and dangerous and potentially out of control: in sum, feminine". Hubbard et al. (2001) state that the beauty of feminist methodology is that it makes the role of the researcher's personal emotions explicit in terms of the importance it holds as part of the research process. England (1994) argues that there is a need to dismantle the cover-up surrounding the canons of neo-positivist research that support impartiality and objectivist neutrality which supposedly prevents the researcher from contaminating the data. Dubois (as cited in Deutsch, 2004) points out that the 'knower' and 'known' are inseparable.

Deutsch (2004) and Hubbard et al. (2001) contend that it is inevitable when spending time with a community of people, to feel connected to those in the circle. Those who work closely together with others, even for a short while, will recognise that much of their work includes an emotional component. On this point, Conneeley (2002) and Dickson-Swift, James, Kippen and Liamputtong (2006) argue that there is no way that research can be free from societal influences and values since society is not totally unbiased. The argument here is that it is not possible to totally neutralise subjectivity in qualitative research since both the researcher and researched are part of the social world under investigation. The researcher's own place in society, as well as the effect of this position on the research process, is vital elements in all research projects (Deutsch, 2004). Carpenter (as cited in Hammell et al., 2000, p. 13) warns that "...in such circumstances it is both impossible and undesirable to claim neutrality".

It is important to acknowledge that the researcher plays a crucial part in feminist research and that both the impact of her experiences and values on the research must be considered. Being

boundaried is part of my personhood, the way I was raised by my parents and my subsequent development. Throughout my training and work as an Occupational Therapist, I have learnt to appreciate my boundaried nature since I have seen how it benefits and protects both the therapist and client. Psychological boundaries are about limits. Psychological limits are about behaviour that does not cause emotional harm. I have also learnt that taking on the pain of others/clients, contaminates the professional relationship, though there is nothing wrong with being empathetic and thoughtful. I decided to approach the research relationship as my normal, professional self, in this way I remained true to my nature but also as objective as possible given the circumstances.

8.1.6. The importance of self-disclosure

Working for the Western Cape Education Department (WCED), in the Special School system, which is a relatively small community, meant that people might know me professionally as an Occupational Therapist because of the limited number of such posts in the WCED. Conneeley (2002) argues that it is important to identify yourself in the context of both research and practice in order for research participants to position themselves in relation to you as the researcher. This is important since the whole research process is built on relationships which in essence involve the researcher as a person. In conducting my study I made explicit the fact that I am an Occupational Therapist working in the Special School environment. I also provided participants with the purpose and motivation of the study. Mizock, Harkins and Morant (2011) note that this kind of self-disclosure may assist the participant to better understand the researcher's position. My reason for self-disclosure was linked to me being a standpoint feminist. Harding (as cited in Van Heertum, 2005) explains that standpoint theorists have a particular perspective that serves a specific set of interests. Standpoint theorists believe that investigation in itself is a political project which might empower the oppressed. The goal is thus to bring about an "oppositional consciousness" that moves away from the oppressive knowledge of the popular discourse and ideology, it is thus about change.

8.1.7. Role of researcher/practitioner and colleague

As a practising clinician and Occupational Therapist, I am accustomed to conducting interviews and putting people at ease. Interviewing is an integral part of my 'frame of reference' and something I thought was relatively uncomplicated to me. However, in my

capacity as researcher, it was different since I was interviewing in a different capacity, I was interviewing colleagues and that gave me an 'insider-status'. This created some anxiety within me.

I began all interviews by introducing myself and thanking the women for their participation in the study in order to establish some type of rapport. I then gathered their demographic data before starting the actual interview as suggested by McNulty (2012). As I gathered this information I began to feel more at ease and so did the participants. In retrospect, for both parties to feel more at ease was what I was aiming for since I intuitively knew that it would assist me in building a relationship of trust before I commenced the interview. Dickson-Swift, James, Kippen and Liamputtong (2007) remind us that it is priority for qualitative researchers to initiate a rapport-building process with research participants, beginning with their first encounter, so as to build a trusting relationship that will allow the researcher the opportunity to access the participants' stories.

I used an interview schedule to provide some structure to the interview and to contain my anxiety and also to assist me in asking the pertinent questions. I believe that my natural interviewing ability but also my warm, caring, empathetic and compassionate approach and personality, allowed the participants to share their thoughts freely with me. Their responses, in turn, assisted me to probe more when clarity was needed around their lived experiences, and how these related to their mental health and well-being. According to McNulty (2012) and Dickson-Swift et al. (2007) a humane approach of interacting with research participants may result in participants feeling more comfortable and being more forthcoming when sharing information with the researcher.

8.2. Transcribing the audio-recorded interviews

I have noticed that issues around transcription are hardly ever addressed in reports of qualitative research or discussions of qualitative methodologies (Lapadat & Lindsay, 1999; Tilley & Powick, 2002). Transcriptions are central to qualitative research. However, scant attention has been given to transcriptions (Davidson, 2009; Lapadat & Lindsay, 1999; Oliver, Serovich & Mason, 2005; Tilley & Powick, 2002). This lack of interest in the process of transcriptions is related to perceptions that transcriptions are simply a process of transferring what is captured on tape into text, a mechanical chore that is often left to stand

alone (Davidson, 2009; Tilley & Powick, 2002). Researchers have questioned the behind-the-scene presentation of transcription as an aspect of data management and point out that the problematic nature of transcription is often not recognised (Lapadat, 2000; Lapadat & Lindsay, 1999; Oliver et al., 2005; Tilley, 2003). Bailey (2008) highlights the importance of transcriptions by claiming that putting audible talk into written words necessitates reduction, clear interpretation and representation in order to make the written text meaningful without losing important detail.

According to Davidson (2009) transcription entails a process of transformation or translation of sound and image from recording to text whereby a particular phenomenon or features of interaction and talk between interviewer and interviewee are transcribed. It is, however, impossible to transcribe all the features of the recordings and all transcripts remain selective in some or other way.

I am of the opinion that most researchers dislike translating audio-recordings into written text since this is perceived as a mundane and time-consuming exercise (Lapadat, 2000; Tilley, 2003). Transcribing seems to be a straightforward technical task (Bailey, 2008). However, I had my own experiences and dreaded the idea because I realised transcribing all my interviews was going to be a time-consuming task. Such a process involves making judgements about what level of detail to choose (e.g. omitting non-verbal dimensions of interactions, data interpretation and data representation [such as representing verbalizations] (Bailey, 2008). I realised that all of these elements were crucial in the interpretive process. Davidson (2009) notes that researchers have to make choices and indicates that these choices are related to how researchers locate themselves and others in the research process. Choices are also connected to the theoretical position of the researcher.

“...the prints of the person transcribing...find their marks on the transcript texts.”

(Tilley, 2003, p. 757)

I courageously approached the transcription task, which took me months. I decided to transcribe the text by writing it out by hand. In this way I was able to work at a faster pace. I listened to the recordings repeatedly to ensure that I heard every word ‘correctly’. According to Oliver et al. (2005) transcription practices can be explained as a continuum with two

dominant poles. The first is naturalism, where every utterance is described in as much detail as possible. Secondly, denaturalism, which involves the removal of idiosyncratic elements of speech (e.g. pauses, nonverbal, involuntary vocalisations and so forth). I followed the 'naturalised' approach and listened to all utterances, every pause, all the silences, every sigh and all the vocalisations. It was important to me that everything that was said by the participants was heard and noted 'accurately'. However, Downing and Anzyl (as cited in Warr, 2004) argue that it is often desirable to edit people's words in order to stay truer to the meaning, I eventually decided to edit some of the interviews for inclusion in my final report by omitting many filler words and sounds, such as; 'you knows' 'uh' and 'arhms', - unless they held clear implications for meaning.

The transcription process left me emotionally and physically exhausted. Listening to the audio-tapes was draining as I had to carefully focus on what was said and not become distracted. The physical effort of the transcription process caused pain in my arms. But I forged ahead with the process because I needed to start with the formal analysis of the data. In retrospect, I realised that transcribing the interviews by myself, was a great learning experience because I learnt that transcription is a critical aspect in the research process. As I listened to the recordings, certain views shared by participants during the interviews, including the manner in which these views were expressed, remained with me. Bailey (2008) claims that both utterances and meanings are profoundly shaped by how things are communicated in addition to what is communicated. Transcribing the data myself made me realise that I was intimately familiar with the information shared during the interviews and unlikely to forget it. This lessened the probability of the interview conversations being misconstrued. By transcribing the interviews myself, I developed a better understanding of the data which facilitated the analysis process. Various writers have described the process of transcription as a significant analytical step in which researchers begin the interpretative work of 'making sense' of the interview data (Lapadat, 2000; Lapadat & Lindsay, 1999; Tilley, 2003). When I formally started to analyse the data, I knew where to look for what information, on what transcribed sheet, and what participant said what and how they said it.

Despite the immense effort involved in transcribing, the process was rewarding in the end. In my opinion, transcribing spoken text into written form cannot just be left to the interpretations of others. Transcribers play a significant role in how the final form of the

transcript is presented and this will ultimately impact on the analysis of the data and the researchers' analytical claims (Davidson, 2009). Stuckey (2014) reports that the degree of precision with which the transcriptions are done play a huge role in determining the accuracy of the data that is being analysed. It is said that transcripts and notes are just raw data that provide a descriptive record of the research but they cannot provide explanations and the researcher has to make sense of the data by sifting and interpreting it (Pope, Ziebland & Mays 2000).

8.3. The impact of the research on emotions

According to (Dickson-Swift et al., 2007) researchers who conduct qualitative research should assess the impact of the research on both participants and themselves since interviews can evoke challenging emotions that are not always anticipated. I was surprised since I did not anticipate that the interviews would be so emotionally taxing on me. I guess participants shared 'things' that I did not necessarily expect to hear from them even though I thought I went into the interviews with an open mind. Warr (2004) and Conneeley (2002) state that engaging with the personal details of participants' lives can be as distressing to the researcher as it is to those being researched.

Kvale (1996, p. 116) warns that "...the interviewer should be aware that the openness and intimacy of the interview may be seductive and lead subjects to disclose information that they may later regret". According to Dickson-Swift, James, Kippen and Liamputtong (2006) researchers enter people's lives of whom many are marginalised and vulnerable. Often they do not have people that actively listen to their stories and when presented with the opportunity to participate in an interview, they make use of the opportunity to share their intimate and challenging stories with this person, the researcher, who is willing and available to listen. According to Hubbard et al. (2001, p. 124) interview opportunities are in many ways beneficial to the participants since they allow for, "...catharsis, self-acknowledgement and awareness, sense of purpose, healing, empowerment and in addition it provides a voice for the disenfranchised".

8.4. Researcher as therapist

Hubbard et al. (2001) warn that researchers should be watchful of participants' distress during interviews and ensure that they offer a degree of protection including: pacing the

interview in such a way that the topic emerges slowly, offering respite breaks during the interview, providing appropriate support and immediate therapeutic intervention and debriefing after interviews; but also to arrange for referrals to support services later if the need arises. Conducting interviews was at times difficult as some research participants expressed sadness over specific situations that they had experienced in their lives. I, however, before and during interviews reiterated to participants that they should only share information that they were comfortable sharing.

None the less, all participants were well-contained and nobody seemed utterly distressed, cried or broke down during the interviews. Despite this, I remained concerned about participants' emotional state and made sure that they left the interview in a good space by providing them with an opportunity to discuss issues in detail afterwards if they felt distressed.

I was not always sure about how I should feel during these interviews. However, I remained empathetic, emotionally supportive and thoughtful. I created a safe space for participants and got the impression that they experienced me as a sounding board. Gale, cited in Dickson-Swift et al. (2006), argues that some aspects of qualitative research are remarkably similar to aspects of therapeutic interviews since both activities require the same skills. Therefore, some researchers find it difficult to manage the boundary between research and therapy. I made provision for therapeutic (counselling) support in the event that a participant required such support.

8.5. Personal responses

“...research is a process that affects the researcher most of all.”

(Susan Krieger, 1991, p. 152)

I was surprised by the degree of emotion the research process generated within me. I went home after the completion of every interview feeling differently; sometimes I was extremely exhausted with an overwhelming need to sleep while other days I was exhilarated and inspired by the stories I had heard. Often, I was moved because some stories were deeply personal. At times I was saddened by the heartfelt stories and having to manage my personal responses during the interviews was occasionally tough. Often, I was surprised by the

resilience shown by some of these women. Dickson-Swift et al. (2007) mention that many researchers share their experiences of being both emotionally and physically exhausted during the research process. This is often due to the number of interviews but also the content thereof.

After the completion of interviews many participants commented positively on my manner of interacting with them, particularly my ability to make them feel at ease and comfortable. Others thanked me for my ability to listen attentively to their stories and providing them with an opportunity to share; some participants even said it was an enlightening, and needed experience. I felt privileged for the opportunity to listen to the stories of these women but mostly I felt grateful and extremely blessed for my own life and that this research project had become part of my life journey. Dickson-Swift et al. (2007) assert that often researchers use the term 'privilege' when describing their experiences as they frequently feel privileged for being allowed to listen to the intimate, private and untold stories of participants. However, this privilege comes with a big responsibility. For me, my responsibility was to share these stories with the world in an honourable manner; after all, these women had trusted me to do so. I needed to ensure that their voices are heard and that this study will, to some extent, generate change in the lives and well-being of women, especially Coloured women; but more so improve the lives of female Coloured teachers teaching in Special Schools. This responsibility came with a feeling of trepidation. Hubbard et al. (2001) argue that the emotions of the researcher have increasingly been recognised in the field of health and illness research. Deutsch (2004), as well as Hubbard et al. (2001) contend that to deny such influences would be to deny the humanity of both the researcher and researched. It is through examining the humanity of both, that we get to learn more about ourselves and the topic under investigation. Emotionality is a vital part of investigation as it brings honesty and richness to a research study which is critical to feminist research (Deutsch, 2004; Hubbard et al., 2001).

During this time I realised the importance of a support network for sharing experiences and debriefing when doing research without disclosing the content of interview discussions. My husband, a trusted human being, understood the challenges of conducting research as an academic, his valuable insights and supportive nature was very nurturing throughout the research process. I also made use of the opportunity to share my emotionally draining

interview journey during my post-graduate study support group sessions. Dickson-Swift et al. (2007) argue that the emotional nature of research work is often underrated within the university culture and therefore I appreciated the space that the support group offered as a sounding board.

8.6. Conclusion

In this chapter I reflected on my research journey and my interaction with the research participants of this study who assisted me to develop a deeper understanding of the unknown through sharing their rich and sometimes evocative life experiences. Their stories echo throughout this study. In addition I described some of my personal challenges and exhilarations I have experienced while conducting this study. The next chapter will focus on a summary of insights, significant contributions and limitations of this study.



CHAPTER NINE

SUMMARY OF INSIGHTS, SIGNIFICANT CONTRIBUTIONS AND LIMITATIONS OF THIS STUDY

9. Introduction

This chapter provides a summary of the key insights, contributions and limitations of this study. Based on the findings of this study, I make a number of recommendations for further research and share some ideas as to where capacity building and interventions related to the mental health and well-being of Coloured female teachers working in Special Schools could be strengthened.

The study investigated the reported experiences of Coloured female teachers teaching in historically disadvantaged Special Schools in the Cape Metropole in the Western Cape with a focus on exploring the status of their mental health. The study adopted a qualitative approach using a Feminist lens. Data was collected using in-depth, semi-structured, one-on-one interviews. During interviews participants' mental health in terms of their subjective well-being (or satisfaction with various aspects of their lives related to personal and organisational factors) were examined.

9.1. Summary of key findings

The study investigated participants' mental health on three main categories of subjective well-being: emotional, psychological and social well-being. The key findings included: Participants reported numerous negative emotions to describe their emotional well-being due to the fact that they were being racially classified as Coloured during the Apartheid era. This classification placed Coloureds between Blacks and Whites. Being Coloured meant being nothing, or being nobody. This position negatively affected their mental health.

However, there were other aspects of life which participants evaluated with satisfaction and by implication these contributed positively to their emotional well-being and hence their positive mental health. These aspects included their careers as teachers and the love and support received from their families.

Participants also expressed favourable psychological and social well-being as they perceived themselves as strong and capable women with a high sense of self-efficacy since they were able to pursue education, thereby empowering themselves. Holding a career partly assisted them in contributing positively to their communities. Participants additionally reported moderate to high positive spiritual well-being due to their Christian religious values and church membership.

With regards to how the unique workplace of historically disadvantaged Special School influenced participants' mental health some participants described their experiences within their workplace with some trepidation. Limited resources along with poor interpersonal relationships were indicated by some participants as having major negative influences on their mental health.

Participants also reported both personal and occupational factors as having an influence on their mental health. Personal factors were inclusive of the financial status of their families, family tradition, gender, as well as their household and parental responsibilities. Occupational factors revolved around working with disabled but also sick learners, heavy workloads, and the political climates of the schools where participants teach.

Four key themes were identified as supporting the well-being of participants, namely family and friends, collegial support or school level support which included colleagues on the same post level as the participants and certain members of their senior management teams (SMT's). Participants furthermore mentioned self-regulatory/self-help or self-supporting-management strategies which included the use of private psychological services, spirituality and other self-help strategies as supporting their well-being.

9.2. The contribution of this study

I have chosen to reflect upon the quality of this research by evaluating it in terms of Tracy's (2010) criteria for a quality end-goal in qualitative research. Tracy (2010) identifies eight criteria of qualitative quality which include: a worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethics as well as meaningful coherence.

Tracy (2010) indicates that when researchers judge the significance of a study's contribution they evaluate it against the existing climate of knowledge, practice, and politics. They also pose questions such as "Does the study extend knowledge?" "Does it improve practice?" "Does it generate on-going research?" and lastly "Does it liberate or empower?" Tracy (2010) argues that the answers to these questions will inevitably point to the ways in which the specific research contributes to people's understanding of social life. This is done by bringing clarity to confusion, making visible what is hidden or inappropriately ignored, while generating a sense of insight and deepened understanding (Tracy, 1995).

9.2.1. Does the study extend knowledge?

According to Tracy theoretically significant research is "intellectually implicative for the scholarly community" (1995, p. 210), it is about extending, building but also critiquing disciplinary knowledge. In writing and crafting this thesis report, I attempted to shed light on a contemporary predicament through a Feminist lens. The aim was to give a voice to the "unheard" women of a society I form part of. Hesse-Biber (2012, p. 13) states that it is important to give a voice to those women who are left out of mainstream research models and to recognise and consider their life stories and knowledge. According to Hesse-Biber (2012) feminists are becoming more conscious of the diversity of women experiences therefore there is a move away from one essential experience of women and an increased recognition in the plurality of women's lived experiences. Hesse-Biber (2012) further states that feminists of colour have challenged and changed White feminist scholarly research as well as the conceptualisation of feminist standpoint epistemology by asking: "Which women?" (Hesse-Biber, 2012, p. 13). This study attempted to challenge White middle class and Black feminist researchers to listen to the experiences of 'other women' with specific reference to women of colour like the Coloured women of South Africa in order to create a more complete and realistic understanding of knowledge related to the challenges of women other than or different to themselves.

There is scant literature available on the mental health of South African, Coloured women in general and none found about the mental health status of the Special School population of female Coloured teachers. This study therefore specifically contributes to knowledge regarding the mental health of Coloured female teachers working in historically disadvantaged Special Schools in the Cape Metropole of the Western Cape Education

Department. This study also contributes to knowledge, by revealing that Coloured females, essentially those teaching in Special Schools, can effectively and cognitively evaluate their satisfaction with various aspects of their lives to indicate their mental health in terms of their emotional, psychological, social and spiritual well-being. Tracy (2010) contends that worthy topics grow from societal or personal events and states that political climates or contemporary controversies can ignite research, as was the case in this study. This study may thus help to explain social life with specific reference to the mental health of Coloured women in a more unique way.

9.2.2. Does the study generate on-going research?

This study builds on past research while providing a new conceptual understanding that can be used by future researchers. Tracy (2010) reminds that conceptual priorities are integral when the researcher develops a project. Tracy asserts that research is significant when it inspires people to further explore or act on a specific area of research in the future. In light of Tracy's claims, I contend that this study has the potential to develop curiosity in readers since there is so little research done on the mental health of members of the South African Coloured community, and in particular females. This study may bring to the fore; fresh ideas that potentially could spawn future research beyond the scope of the present study (Tracy, 2010). This study has highlighted the need to expand research into the area of women's mental health and well-being with specific reference to minority women but also with regards to minority women finding themselves in specific occupational groupings and particular work contexts.

9.2.3. Does the study liberate and empower?

This study may provide educative authenticity or a raised level of awareness with a strong moral connotation and the potential for moral critique since it focuses on the lives of women who were marginalised when racially classified as Coloured (Guba & Lincoln, 2005). These participants have experiences of being doubly oppressed as people of colour and as females. These women also work in historically disadvantaged Special Schools under trying circumstances.

Through participation in this study, participants were presented with an opportunity to reflect on their own personhood (as Coloured women) but also to reflect on issues related to their

world of work, hereby sharing intimate information related to their lived experiences. Participants reported that they were affected negatively by being racially classified as Coloured. However, most of them indicated that they eventually freed themselves from their hurtful past by empowering themselves through education. Participants also reflected on both the advantages and disadvantages of teaching in historically disadvantaged Special Schools. In retrospect participants came to the realisation that they were coping relatively well and that they possessed positive mental health.

Through engaging participants in this research process my intentions were partly to create awareness around the importance of women's mental health with special reference to the unique mental health needs of Coloured women. Additionally the stories of this study's participants have the potential to inspire other women especially those from minority groups to share their own stories. This study also has the potential to make individuals coming from other minority groups aware of how participants in this study have risen above their challenges. These women might in this way enhance their own mental health while also contributing positively to their societies. Schwandt (as cited in Tracy, 2010) states that good qualitative research supplements and complements lay probing of social problems. This study might thus have enhanced critical intelligence leading to the capacity to engage in moral critique but also to provide a story that shows how individuals have liberated themselves from the injustices of their past (Tracy, 2010).

9.2.4. Does the study improve practice?

The findings of this study can be used to create awareness of the pain and injustice caused by the racial classification system of the Apartheid era and the repercussions thereof on the lives and mental health of study participants. In the light of this awareness, information from the findings of this study can be utilized by government for policy formulation and implementation in order to promote well-being, respect and rights of minority groups but also for the lobbying of measures to be put in place to change attitudes and practices that marginalise and stigmatise minority groups. In so doing, government can promote equity, social justice and generally work towards the achievement of a democratic and just South African society for all.

9.3. Limitations of this study

In terms of limitations the study was done in selective historically disadvantaged Special Schools of the WCED in three districts of the Cape Metropole. The study was thus location-specific and therefore mostly limited to the realities of a specific part of the Western Cape. I therefore cannot claim that this study is applicable to other contexts or all historically disadvantaged Special Schools of the WCED, or those in the rest of the nine provinces of this country.

As researcher I would have preferred to include a bigger sample of Coloured female teachers, considering the different types of Special Schools where this study population works. Logistics related to finances, time and travel were however, a serious constraint in conducting the interviews. Along with that I was pressed for time in terms of completing the interviews. The small number of participants', eighteen in all that participated in this study could therefore be seen as a limiting factor. However, Jarvis (2013) reminds us that feminist research studies raises the consciousness of the inequality, exploitation and the disempowerment of women, by creating awareness and acknowledging the primacy of women's subjective experiences while engaging with women's personal individual stories. In this manner, the interest of women is promoted by privileging the voice of individual women whilst not only respecting their diversity but also their diverse experiences. The goal of this study was not to generalise but rather generate new knowledge and to provide a rich, contextualized understanding of some aspects of human experiences and its influence on the mental health of a very specific group of women through the intensive study of their lives. I therefore found the methodological (qualitative) approach applied in this study most suitable, considering the purpose of this study.

At times it was difficult to find an interview space that was totally undisturbed and quiet, there were instances when somebody entered irrespective of the 'do not disturb' sign. This was done mistakenly as they were unaware that the space was occupied and that we were busy with an interview. In such instances, participants may have lost their train of thought or may have become anxious about them being overheard while sharing sensitive information about their life experiences. However, during such times, I re-assured participants and assisted them to refocus their thoughts by posing well-considered questions.

Fisher (1993) reminds that people tend to present themselves in the best possible light since they are often not eager or prepared to accurately report on sensitive topics for either ego-defence or impression management reasons. This results in data that are systemically biased towards study participants' perceptions of what they perceive as socially acceptable or 'correct' (Maccoby & Maccoby cited in Fisher, 1993). Fisher (1993) states that this phenomena is referred to as 'social desirability bias' and has been found to occur in almost all types of self-reported measures but also across virtually all Social Science literature. Social desirability may result in serious misrepresentation of information obtained through self-reports and leads to unwarranted theoretical or practical conclusions about participants psychological traits (Fisher, 1993). As I interviewed participants I considered that it might be difficult to report on issues related to one's private life or the nature of one's internal world. In order to mitigate the effects of social desirability, I attempted to build good rapport with participants to gain their trust. I also reminded participants to only share with me what they totally felt comfortable sharing, while reminding them of their right to not answer a question if they felt uncomfortable with responding to it.

9.4. Recommendations for further research

This study has highlighted the need to expand research in the area of the mental health among different South African communities, particularly the marginalised groups (both historically and currently) in different personal and work settings. With regard to this particular study, I recommend that further research be conducted in order to:

- Understand and compare factors that support and constrain the mental health of Coloured female teachers in a variety of historically disadvantaged Special School settings.
- Explore the perceptions of principals on how they support the mental health of females teaching in historically disadvantaged Special Schools.
- Conduct more surveys in South African that provide an overview of the mental health of female teachers in mainstream as well as Special Schools.
- Investigate what development and training programmes are available for capacity-building in terms of the mental health status of female teachers.

9.5. Recommendations that emerged out of the findings:

The study has highlighted the challenges that affect the mental health of Coloured female teachers working in historically disadvantaged Special Schools. Below I make some recommendations in an attempt to ensure better mental health outcomes for participants and other teachers working for the DBE:

- **Communication**
Open and affective channels of communication between all stakeholders and Special School teachers are encouraged. Teachers should be given a space where they can voice their views regarding educational and school matters; they ought to be presented with opportunities to ask questions and make suggestions while being included in decision-making practices. This will hopefully promote trust, feelings of being valued, respected and an improved sense of self; thus enhancing teachers' mental health.
- **Curriculum support**
Special School teachers should receive internal and external support with regard to changes and other challenges related to the curriculum they are expected to teach. Teachers need to develop a level of insight into how specific disabilities affect teaching, learning and learner behaviour. Special School teachers should be advised on how to support learners with a range of learning barriers and educational needs. This type of input should help teachers to address the unknown hence enhancing their mental health.
- **Professional development**
Opportunities for mentorship programmes, in-service training and short courses geared towards understanding and teaching disabled learners should be made available to Special School teachers. Teachers should also be encouraged to further their studies in the field of specialized education and related fields while participating in professional learning communities. Improved knowledge results in confident and capable teachers hence improving their well-being.
- **Resources**
The Department of Basic Education should stick to their promises of equipping historically disadvantaged Special Schools with the same resources and learning materials found in historically privileged Special Schools. Much too often the latter still have more advanced resources, technology and assistive devices at their disposal.

Adequate and sufficient resources will lighten the burden on teachers hence enable effective teaching and learning. Better resourced schools will additionally improve teachers' spirit and morale hence their mental health.

- Promoting collegiality and building staff relationships
Special School principals, their senior management teams and school governing bodies should promote working environments that foster positive and respectful relationships amongst staff. Opportunities and platforms for team-building and social cohesion should be created. Through collaborative working by means of projects and initiatives teachers will learn to share responsibilities and take ownership. Colleagues will get to know each other better while learning to appreciate each other's strengths, while providing support and assistance where need is experienced. These kinds of activities should improve staff relationships while enhancing teachers well-being and sense of self.
- Psychological support
Very often teachers working in Special Schools are faced with the reality and trauma of death when ill learners pass on. Psychological support in the form of counselling and debriefing sessions should be made available to staff. This will enable them to work through the pain and confusion which accompany the death of a learner but also enable them to support the learners who are left behind, who are very often reminded of their own mortality. This kind of psychological support will enhance teacher mental health.

9.6. Concluding remarks

In conclusion, the research questions in this study have been adequately addressed in terms of referring to relevant literature and the findings that has crystallised from the data analysis. Recommendations for further research were identified as they emerged from the findings in this thesis study. Located in a feminist research paradigm, this study considers, values and therefore included the voices of the 'other' (Merrill & West, 2009) but more so the voices of the 'different' in terms of mainstream society, and in doing so it contributes to the transformation of the lives of a very specific group of female teachers.

My research journey has influenced my own experiences and understanding of the mental health and well-being of Coloured females working in historically disadvantaged Special Schools on both a personal and professional level. I have developed a deeper understanding for the complexity of women's mental health and well-being and for the range of factors influencing it. I have also developed a renewed respect for the resilience shown by these female teachers, when considering both their work and personal challenges. Their personal challenges include those outside of the school setting as well as issues related to their past and Apartheid upbringing. As a health professional and Educational Therapist working in the Special School system, I admire these women for the challenging task that they fulfil in educating, nurturing, developing and supporting learners with a variety of disabilities within a historically disadvantaged school setup. I also have immense respect for their ability to manage all the additional responsibilities that accompany their lives to the best of their abilities.

The female participants' self-reports represented in this study fill a gap in the exhibition of literature that pertains to the mental health of Coloured females teaching in historically disadvantaged Special Schools in South Africa. Their self-reports on the mental health challenges that they are experiencing echo through the conclusions drawn from this study.

As researcher I intended to make a valuable contribution to the field of women's mental health but more specifically to those of minority groups of women or 'different women' and so create an awareness of the position of Coloured people in this country. This study therefore attempted to provide them with a platform to become more visible in our society. I am committed on both a personal and professional level to promote and support the mental health and well-being of women both personally and professionally. The prospects of me achieving a PhD will also hopefully allow me to inspire women.

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11.APPENDICES

APPENDICES A

FACULTY OF EDUCATION

CONSENT LETTER

Project title: Mental health of coloured female teachers working in historically disadvantage special schools in Cape Metropole.

I have been informed by the researcher about the nature benefits and risks of the study in a language that I understand.

I have received the accompanying information sheet regarding the research project.

I have had sufficient opportunity to ask questions about the study and all my questions have been answered.

I understand that the study involves face-to-face interviews that will be digitally recorded.

I am aware that any personal details regarding my participation and identity will remain anonymous and will not be disclosed.

I may decline answering any question I don't feel comfortable answering.

I may at any stage withdraw my participation in the research and this will not negatively affect me in any way.

I consent voluntarily to participate in this study.

Participants

name:

.....

Participants

signature:

.....

Date/Month/Year:

.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact myself on synitaswartz@gmail.com/Cell:084581 4992 or my thesis supervisor, Prof O. Bojuwoye on e-mail: obojuwoye@uwc.ac.za or Tel: 021-9593887.

Kind regards
Sylvia Swartz-Filies



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APPENDICES B

FACULTY OF EDUCATION

INFORMATION SHEET:

Letter inviting you to participate in a study being conducted in historically disadvantaged special schools in the Cape Metropole of the Western Cape Education Department.

Researcher:

Mrs. Slynita Swartz-Filies

Ph.D. student Educational Psychology.

Faculty of Education (University of the Western Cape.)

Dear Ms. / Mrs.

I am currently conducting research as part of my doctoral studies. I am seeking to understand the possible personal and organizational factors that influence and explain an association with the mental health status of coloured female teachers working in historically disadvantaged special schools in the 4 districts of the Cape Metropole. Your participation in this study is important since it will help me to develop some insight and understanding into the topic. Your participation will essentially be responding to individual face-to-face interview questions. This participation will however be completely voluntarily. Please feel free to ask me any questions related to the research in order for you to obtain a clear understanding before you decide to partake in the research. You are free to decline answering any question you don't feel comfortable to answer. You can contact me on 0845814992 or at synitaswartz@gmail.com. You can withdraw from the study at any point should you wish to do so, without consequences. You will have access to the findings once the study is completed.

Your assistance and participation in the research will be greatly appreciated. If you have any further questions regarding the study please feel free to contact my thesis supervisor Professor Bojuwoye. His contact details are: email: obojuwoye@uwc.ac.za Tel: 0219593887.

Kind regards: Slynita Swartz-Filies.

APPENDIX C

INTERVIEW GUIDE

PROFILE OF TEACHER

NAME OF ADULT	AGE	GENDER	RACE
	25-35 <input type="checkbox"/> 35-45 <input type="checkbox"/> 45-55 <input type="checkbox"/>	FEMALE	COLOURED
MARITAL STATUS:	NO. OF DEPENDANTS:	YEARS OF WORKING EXPERIENCE IN SPECIAL SCHOOL	
MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/>	FAMILY SIZE:	YEARS: 2-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 15-20 <input type="checkbox"/> 20-25 <input type="checkbox"/> 25-30 <input type="checkbox"/>	HOUSE OWNER <input type="checkbox"/> RENTING <input type="checkbox"/> LEASER <input type="checkbox"/> LIVING WITH PARENTS <input type="checkbox"/>
FINANCIAL CONTRIBUTION: YES <input type="checkbox"/> NO <input type="checkbox"/>	RELIGION: CHRISTIAN <input type="checkbox"/> MUSLIM <input type="checkbox"/> OTHER <input type="checkbox"/>		



APPENDICES D

FACULTY OF EDUCATION

RESEARCH INSTRUMENT

INTERVIEW GUIDE:

The researcher will ask three broad questions: “Tell me about your experiences of growing up as a girl classified as coloured in the previous regime” and “how you ended up in the teaching profession and eventually started to work in a previously disadvantaged special school” and “what are your experiences in your work place”.

This expectation will be clarified by requesting participants to tell their respective stories, starting with the structural context in which they were brought up as coloured women in the apartheid era and how these experiences shaped their lives.

They will then be requested to share their experiences working with learners that are physically and intellectually or cognitively challenged. This will be followed by exploring their working conditions, expectations within the work-setting, and support structures within the special school environment and how all of this might possibly influence, their mental health.

POSSIBLE PROBING QUESTIONS.

Describe the experiences you feel may have shaped your ideas of the world you function and live in.

How did you view your official racial identity when you grew up?

Explain your feelings around your official racial identity.

Explain your feelings around your identity as a woman.

How does your identity as a woman relate to your role in the world?

Explain your feelings of growing up as a young girl in terms of:

i) the expectations of your parents or caregivers.

ii) your family relationships.

iii) the socio-economic conditions of your family.

Explain your experiences and feelings regarding the kind of schools you went to and the type of schooling you received.

Tell me about the neighbourhood you grew up in and your childhood friendships.



What is different in terms of who you are now, as an adult versus your experiences as a young girl growing up?

Why did you consider teaching as a career?

Does your choice of teaching as a profession, have any relationship to the conception of your identity? NO / YES. Please elaborate.

What are your reasons for choosing to work in the Special school system?

How do you feel about working in a historically disadvantaged Special school?

Are the resources allocated to your school sufficient for the needs of your school? YES / NO. Please elaborate.

Does a lack of resources impact on your work as a Special school teacher? NO/ YES. Elaborate.

Please explain some challenges that you may have experienced while working in the Special school system.

Do any of these challenges/ stressors cause you to feel vulnerable at work? NO/ YES. Please elaborate.

What do you do if you feel vulnerable and how do you cope with work stress?

Do you feel you take work stress/worries home?

If yes, how do your family and/or friends respond to this?

Do you have any challenges at home that are stressful to you? NO/ YES elaborate.

Do you take your home stressors to work? NO/YES elaborate.

If, do home stressors impact on your functioning at work? NO/ YES elaborate.

Do you share your home challenges with anybody at work? NO/YES elaborate.

How does the person or persons respond to you sharing your challenges?

Have you ever had to take off from work due to work stress or challenging emotional experiences within your personal life? NO/ YES. Please elaborate if you feel comfortable to do so.

Were your school principal and head of department aware of your reasons for taking time off work? NO/ YES.

If, how did they respond to this information?

Were you ever diagnosed by a mental health practitioner with a psychiatric disorder or mental health illness? NO/YES. Please elaborate if you feel comfortable to do so.

If so, could you share the ways in which you manage the disorder or illness.

APPENDICES E

FACULTY OF EDUCATION

LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH:

Date: 28 September 2012

Dr. Wyngaard

Western Cape Education Department

I am currently enrolled in the PhD Educational Psychology Programme in the Faculty of Education at the University of the Western Cape.

I am writing this letter to request permission to conduct a research study within the 4 districts of the Cape Metropole of the WCED. The study is titled: Mental Health of Coloured female teachers working in historically disadvantaged special schools in the Cape Metropole. The study investigates the experiences of coloured female teachers in historically disadvantaged special schools of the Cape Metropole particularly with regards to mental health including organizational and personal factors that might possibly influence or explain the mental health challenges of these women.

I hope to recruit 20 women. Potential participants will be between the ages 25-55 years of age with between 2 and 25 years' experience.

If approval is granted, interested female teachers will have to partake in a face-to-face interview that will be digitally recorded. Participants will be given a letter of information on the study, and a consent form. I enclose a copy of both letters, consent forms will be sent to participants, to be signed and returned to me, as the researcher, see the attached copies.



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WESTERN CAPE

I will take all necessary steps to protect the identity of participants and information disclosed to me. Interviews will thus remain confidential and participant anonymous. I will conduct my research in accordance with the ethical and professional guidelines as specified by the University of the Western Cape.

Your organization's approval to conduct the study will be greatly appreciated. I would be happy to answer any questions or concerns that you might have regarding the research. You can contact me at me on synitaswartz@gmail.com or on my mobile number: 084 581 4992. You may also contact my thesis supervisor Prof O. Bojuwoye on e-mail: obojuwoye@uwc.ac.za or Tel: 021-9593887.

Yours sincerely,
Sylvia Swartz-Filios



APPENDICES F



Directorate: Research

enquiries@wced.gov.za

Tel: +27 (0) 467 9272

Fax: 0865902282

Private Bag #9114, Cape Town, 8000

wced.wcape.gov.za

APPLICATION TO CONDUCT RESEARCH IN PUBLIC SCHOOLS WITHIN THE WESTERN CAPE

Note

- This application has been designed with students in mind.
- If a question does not apply to you indicate with a N/A
- The information is stored in our database to keep track of all studies that have been conducted on the WCED. It is therefore important to provide as much information as is possible

1 APPLICANT INFORMATION

1.1 Personal Details		
1.1.1	Title (Prof / Dr / Mr/ Mrs/Ms)	MS
1.1.2	Surname	SWARTZ - FILIES
1.1.3	Name (s)	SYLNI TA
1.1.4	Student Number (If applicable)	9004305

1.2 Contact Details		
1.2.1	Postal Address	51 LANGENHOVEN STREET SONEIKE KUILS-RIVER
1.2.2	Telephone number	021 - 903 368
1.2.3	Cell number	084 581 4992
1.2.4	Fax number	
1.2.5	E-mail Address	

1.2.6	Year of registration	20/0
1.2.7	Year of completion	20/4

2 DETAILS OF THE STUDY

2.1 Details of the degree or project		
2.1.1	Name of the institution	UWC
2.1.2	Degree / Qualification registered for	PHD EDUCATIONAL PSYCHOLOGY
2.1.3	Faculty and Discipline / Area of study	EDUCATION
2.1.4	Name of Supervisor / Promoter / Project leader	PROF. O. BOJUWOYE
2.1.5	Telephone number of Supervisor / Promoter	
2.1.6	E-mail address of Supervisor / Promoter	

2.1.7	Title of the study
THE MENTAL HEALTH OF COLOURED FEMALE TEACHERS WORKING IN HISTORICALLY DISADVANTAGED SPECIAL SCHOOLS IN THE CAPE METROPOLE.	

2.1.8	What is the research question, aim and objectives of the study

2.1.9	Name (s) of education institutions (schools)

--

2.1.10	Research period in education institutions (Schools)	
2.1.11	Start date	APRIL 2013
2.1.12	End date	SEPTEMBER 2013



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WESTERN CAPE

APPENDICES G



Directorate: Research

Audrey.wyngaard2@wcec.gov.za
Tel: +27 021 467 9272
Fax: 0865902282
Private Bag #9114, Cape Town, 8000
wced.wcape.gov.za

REFERENCE: 20130312-7654
ENQUIRIES: Dr A T Wyngaard

Ms Sylvania Swartz-Fillies
51 Langenhoven Street
Soneike
Kuilrivier

Dear Ms Sylvania Swartz-Fillies

RESEARCH PROPOSAL: THE MENTAL HEALTH OF COLOURED FEMALE TEACHERS WORKING IN HISTORICALLY DISADVANTAGED SPECIAL SCHOOLS IN THE CAPE METROPOLE

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Approval for projects should be conveyed to the District Director of the schools where the project will be conducted.
5. Educators' programmes are not to be interrupted.
6. The Study is to be conducted from **08 April 2013 till 20 September 2013**
7. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
8. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
9. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
10. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
11. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
12. The Department receives a copy of the completed report/dissertation/thesis addressed to:
**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards,
Signed: Dr Audrey T Wyngaard
Directorate: Research
DATE: 12 March 2013

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