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Finding our many selves: A personal construct psychology approach to positive mental health

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Finding our many selves: A Personal Construct Psychology approach to Positive Mental Health

A thesis submitted in fulfilment of the requirements for the award of the degree

Masters by Research (Psychology)

from

UNIVERSITY OF WOLLONGONG

by

**Chantel Ashkar, Bachelor of Science (Psychology), Postgraduate Diploma in
Psychology**

Supervised by Dr. Nadia Crittenden and Associate Professor Peter Caputi

School of Psychology

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Abstract

This exploratory study extends the use of Kelly's (1955) self characterisation technique to explore the information that can be gained about positive mental health and how it can be enhanced by the use of the multiple selves approach. In the novel paradigm, participants were asked to identify six 'selves' that they could think of that reflect the different roles that they have in their lives and then instructed to write a self characterisation for each one of these selves. It was anticipated that the many selves approach would yield a greater number of diverse constructs than the original (or single self) characterisation method. It was also anticipated that greater insight could be gained into positive mental health such as an individual's emotional, psychological and social wellbeing as well as self esteem. Mental health and its relevance to self esteem and wellbeing are explored. Thirty-eight adults (30 females and 8 males) were recruited from the University of Wollongong for this study. Kelly's (1955) self characterisation technique was used to identify an individual's common and core constructs. The classification system for Personal Constructs was used to code the constructs elicited in both the original self characterisation and the multiple self characterisation approach into six categories. Four of the six categories of the CSPC system were proposed as measures of emotional, psychological and social wellbeing. Self esteem was measured using the ratio of positive to negative constructs elicited within the self characterisations. It was demonstrated that the elaboration of the self characterisation into a multiple self characterisation approach was able to enhance this technique creating a richer array of constructs and information about positive mental health and self esteem. These findings suggest that the multiple self characterisation approach can be an effective tool within a therapeutic and mental health care setting.

Introduction

‘All the world’s a stage, and all the men and women merely players. They have their exits and their entrances, and one man in his time plays many parts’.

(Shakespeare, As you like it, Act II, Scene VII)

The author has played the part of psychologist for over seven years now. She has played and continues to play the parts or roles of daughter, sister, granddaughter, niece, cousin, friend and partner. She has previously played the role of a rugby player, a soccer player, a university student. As life progresses, her world, which Shakespeare refers to as her stage, will continue to present to her roles that she will play. We as individuals go through stages of our life, acting and playing different roles. In the authors psychologist role, she has become aware of the diverse presentations that individuals exhibit. Each individual has a unique way to understanding themselves and their world. Each individual has a different interpretation of how they play their roles and this is shaped and some may say tainted by their experiences, and emotions associated with these experiences. Psychologists are trained in a variety of psychological theories and frameworks with the aim to understanding, managing and changing the behaviour of an individual.

Psychologists utilise talking therapies as forms of treatments. Thus the individuals are telling their stories to psychologists at every stage of psychological treatment. They tell a story about what they have been up to, what they have supposedly found, whether strategies worked or did not work. Every individual has to speak in some way. George Kelly's theory of personal constructs has been influential in the author's professional career as a psychologist. Kelly liked to challenge conventions. He proposed a highly original and provocative theory at a time where behaviourism and psychoanalysis were significant theories of human behaviour. Kelly's theory is a lived theory that can be applied to an individual's life. Kelly's theory reflects the important role that creativity and imagination plays in an individual's life as he had a strong interest in acting and drama. Kelly's work highlights the influence that his interest in drama had on his theory and contributions in therapy and clinical psychology.

Enactment plays a major role in Kelly's therapeutic approach and methods and in particular in his approach known as a self characterisation. This technique of self characterisation is based upon one of Kelly's most famous phrases, 'if you want to know what is wrong with a person, ask him, he may tell you' (Kelly, 1955). This suggests that each individual is their own expert of their life and the role of a psychologist is to allow each individual to tell their story. By allowing an individual to tell their story there is recognition that there are different ways of approaching a situation which shapes an individual's experiences and their behaviours. Kelly's view of mental health looks at whether individuals have the capacity to recognise interpretations of their world. When an individual misinterprets their world or things do not happen the way they expect them to happen, then this may become incapacitating to that person. By exploring the individual's world through the use of the self characterisation technique, a therapist may be able to gauge how debilitating these misinterpretations of an individual's world may be and how it may be affecting their mental health.

In the clinical area, whenever an individual speaks or reads about mental health it is almost always assumed that individuals are thinking predominantly about psychopathological explanations of problems. That is, individuals automatically think of mental health in terms of symptoms of psychological problems and complaints. But including the word 'positive' preceding mental health it gives the indication that the positive aspects of mental health will be addressed rather than thinking of mental health in terms of only psychopathology (Keyes, 2005).

Structure of this thesis

The *First Chapter* explores the relevance of positive mental health beginning with a short introduction on the medical model and the advantages and disadvantages of

this model. The chapter also elaborates on the medical model by describing the complete state model of mental health with a description of subjective wellbeing literature. The subjective wellbeing literature delves into the hedonic and eudaimonic traditions and the characteristics of positive mental health are examined with particular attention given to emotional, psychological and social wellbeing as described within the World Health Organisation's definition of positive mental health. The chapter examines questionnaires that are used to explore positive mental health and the importance of positive mental health in recovery. The chapter ends with an overview of the importance of self esteem and the association of self esteem with psychopathology as well as the measurement of self esteem.

Chapter Two describes the theoretical aspects of George Kelly's personal construct psychology. This chapter describes Kelly's construct systems and the underlying philosophy of the personal construct psychology known as constructive alternativism. Kelly set down his theory of personal construct psychology by using a fundamental postulate and its elaboration by its 11 corollaries which will be described in chapter two. This research focused on the most relevant corollaries namely the sociality, fragmentation, individuality, modulation and experience corollaries. These corollaries will be looked at in relation to Kelly's self characterisation technique. This method of inquiry was the one thing that Kelly stated he would want to be remembered for and its method and uses are described in chapter two. The elaboration of the self characterisation technique or what is known as the use of the many selves, is described as it is central to the rationale of the current study, which is presented at the end of this chapter.

Chapter Three explores the methodology used within both Study One and Study Two. The methodology looks closely at the original self characterisation technique as

proposed by Kelly then also describes the elaboration of the self characterisation by the use of the many selves concept which is referred to, as the multiple self characterisation technique throughout this thesis. The self esteem measure as used by Hardison and Neimeyer (2007) is also described in this chapter as it is derived from the original self characterisation technique as well as the multiple self characterisation technique. The Rosenberg self esteem measure is also explored and this chapter concluded with the description of the Classification System for Personal Constructs which was developed by Feixas, Geldschlager and Neimeyer (2002) which was used to categorise the content of constructs elicited within the self characterisation data.

Chapter Four describes Study One which explores the content of constructs elicited in the original self characterisation technique and its interpretation in terms of positive and negative mental health.

Chapter Five describes Study Two which elaborates on the original self characterisation (or what is referred to throughout this thesis as the single self characterisation). This study explores the information that is gained on self esteem and positive mental health and how it is enhanced by the use of the multiple self characterisation technique.

Chapter Six presents an overall discussion and conclusion.

Chapter One:

Background Literature

Review

'We take the stand that there are always some alternative constructions available to choose among in dealing with the world. No one needs to paint himself into a corner; no one needs to be completely hemmed in by circumstances; no one needs to be the victim of his biography.' (Kelly, 1955, Vol.1, pg.15).



The medical model

Curing mental illness and psychopathology was the main focus of clinical psychology (Seligman & Csikszentmihalyi, 2000). The medical model is particularly significant in the Diagnostic and Statistical Manual of Mental disorders (5th ed.; *DSM* – 5; American Psychiatric Association, 2013) whereby the categorisation of psychopathological symptoms and maladaptive behaviours are used to diagnose mental illnesses. An advantage of the medical model is the fact that it allows for a classification system of mental illnesses as well as valid and reliable tools to be able to measure these illnesses. Further to this, the medical model allows for the insight into the risk factors and symptoms that may lead to the mental illnesses and central to this notion has led to the development of psychological and pharmacological interventions that assist in the alleviation and treatment of the symptoms of mental disorders (Seligman & Csikszentmihalyi, 2000).

The medical model also has some disadvantages beginning with the classification of mental illnesses leading to stigmatisation. Stigmatisation or labelling as it is also known has been shown to be one of the leading reasons why individuals decide not to seek treatment (Corrigan, 2004). Secondly, since the DSM-5 (APA, 2013) classifies mental illness categorically, it incorrectly assumes that normal and abnormal behaviour can be distinguished from one another as well as from normal functioning (Widiger & Samuel, 2005). By continuing to focus on mental illness, positive features of functioning are overlooked despite the World Health Organisation stating that health is “a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity”(WHO, 2005). Therefore, in order to comprehend mental health, attention needs to be shifted from just focusing and the treating mental

illness to incorporating positive mental health and promoting an individual's wellbeing (Slade, 2010).

One example of the shift from the medical model to a multidimensional model of positive mental health came in 1958 when Marie Jahoda proposed her model of positive mental health. Jahoda identifies six essential aspects of mental health. They are: attitude towards self, growth and development or self actualisation, personality integration, level of autonomy, perception of reality and mastery of one's environment. Jahoda's (1958) model promotes the notion that positive mental health is best perceived as a multidimensional experience.

The relevance of Positive Mental Health

Mental health is an essential and important part of overall health. Mental health provides an individual with feelings of control, worth and allows them to understand how they function both internally and externally (Bhugra, Till & Sartorius, 2013). The World Health Organisation (WHO) define mental health as "a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2005, pg.12).

Keyes (2005) stated that there is no model by which the presence of mental health is measured or diagnosed and then went on to establish such a model. Since then, it has been substantially established in the last decade that mental health is more than just the absence of mental illness despite science portraying mental health as just simply the absence of psychopathology (Keyes, 2005). It has been the belief in the past that mental health and mental illness form a single bipolar dimension (Keyes, 2005). However, the absence of mental illness does not necessarily imply the presence of mental health. In contrast, the presence of mental illness does not imply the

absence of mental health (Keyes, 2002; Keyes, 2007). Therefore, mental health and mental illness are separate dimensions which can be thought of as positive mental health and negative mental health (mental illness) which both need to be considered when establishing a complete picture of any individual's level of mental health to get a complete picture of a person's mental health (Keyes, 2005).

As mentioned earlier, in the past, the perception of mental health was psychiatric in that individuals were classified as either mentally ill or considered mentally healthy (Keyes, 2005). This was based on the idea that mental illness and mental health formed a bipolar dimension. Several reasons were used to justify this position. Firstly, this bipolar view of mental health was domineering as empirical research was prominent within the area of psychopathology. This was in comparison to the less developed theoretical nature of research within the field of clinical and personality psychology, which formed the notion of positive mental health (Keyes, 2005). Secondly, a vast amount of literature suggests that individuals who are no longer experiencing symptoms of depression function better than those experiencing depression (Sartorius, 2001).

Mental health has been proposed to have been a complete state encompassing the presence of something positive rather than just consisting of the absence of illness (Ryff & Singer, 1998). Many individuals who do not experience psychopathological symptoms do not necessarily function well. It has been suggested that individuals still access mental health services even though there is no diagnosable disorder (Regier et al., 1993). Feeling sad is a defining feature of depression, however, individuals who do not feel sad may not necessarily have high levels of happiness. This suggests that positive and negative affect are related factors (Tellegen, Watson & Clark, 1999). Similarly, mental illnesses and subjective wellbeing are distinct but related factors

(Keyes, 2005). Studies have concluded that a relationship exists between depressive symptoms, happiness and life satisfaction (Headey, Kelley & Wearing, 1993). Keyes and Ryff (2003) have shown that psychological wellbeing and depressive symptoms are related, therefore both mental illness and positive mental health must be taken into account in explaining degrees or complete state of mental health. This model of complete mental health is also known as the two continua model (Keyes, 2005; Keyes, 2007). Here the researchers are defining complete mental health as the overall state of negative and positive characteristics. Thus, the two continua model implies that individuals who experience less mental illness do not necessarily experience better positive mental health. Conversely, this model also emphasises the notion that it is possible to attain a high level of positive mental health despite experiencing lasting psychopathological symptoms and impairments (Provencher & Keyes, 2011).

Keyes (2005) challenged the notion that mental illness and mental health formed a bipolar dimension. Earlier research on the distinctions between positive and negative affect encouraged the development of the two-continua model (Huppert & Whittington, 2003). This specific model has since been substantiated by a multitude of studies across both different cultures and countries (Keyes et al., 2008; Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2011; Gilmour, 2014; Greenspoon & Saklofske, 2001; Keyes, 2005; Keyes et al., 2011; Suldo & Shaffer, 2008).

A study conducted by Keyes et al. (2011) concluded that a student's level of positive mental health is distinct in functioning for students who were screened with a mental disorder and those who screened without a mental disorder. This finding argues that mental health is not implied even if a mental disorder is absent (Keyes et al., 2011). Fava et al. (2001) also showed support for the two continua model of mental health as they found that despite absent clinical symptoms in an individual,

low positive mental health is a contributor in relapse amongst patients that are in the recovery period of their mental illness.

Complete State Model of Mental Health

Keyes (2002) identifies four areas that he refers to as diagnostic categories within the complete mental health model. Figure 1 displays these categories. This model shows that both mental illness and subjective wellbeing lie on two separate spectrums. The mental illness spectrum is represented in figure one and is conceptualised as present or absent whilst subjective wellbeing lies on a spectrum from low to high (Slade, 2010). A state in which an individual is functioning well psychologically and socially whilst also experiencing positive emotions towards their life that is high subjective wellbeing symptoms is definitive of the category of flourishing. If an individual is in a state of flourishing, they exhibit excellent emotional health, are less likely to miss out on attending work and are stated to have fewer limitations physically on a day to day basis. Figure 1 shows that an individual who is considered to be flourishing has high subjective wellbeing symptoms and low mental illness symptoms (Keyes, 2005).

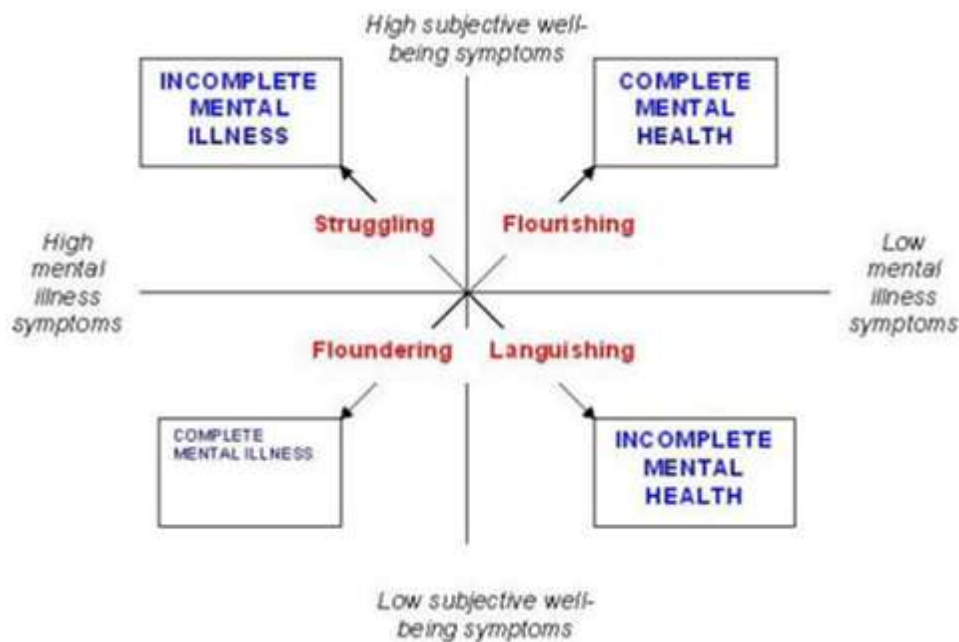


Figure 1 Complete state model of mental health (Keyes, 2002).

Conversely, individuals are considered to be languishing when they exhibit low levels of mental illness and low subjective wellbeing symptoms. These individuals are considered to be in a state of incomplete mental health. Even though individuals fitting this category may not display symptoms of a mental illness they do not have high levels of subjective wellbeing symptoms to be classified as mentally healthy (Keyes, 2005).

Individuals who have high subjective wellbeing symptoms and present mental illness symptoms are considered to be in a state of incomplete mental illness. This is known as struggling. Individuals who are within the category of struggling are thought to be experiencing a ‘pure’ episode of mental illness as they are not languishing in life (Keyes, 2005).

Finally, individuals who fit the criteria for a mental illness and therefore exhibit high mental illness symptoms and low subjective wellbeing symptoms are considered to be floundering. This is indicative of complete mental illness as the individual would be considered mentally ill and lacking mental health (Keyes, 2005).

It is also of importance to acknowledge that vulnerabilities can impact upon an individual's mental health. These can include both internal and external factors. Internal factors include for example a lack of emotional resilience, poor self esteem, feelings of helplessness and isolation. External factors that contribute to poor mental health include poor living conditions, abuse and stigma (Bhugara et al., 2013).

Mental wellbeing or positive mental health has been included in the World Health Organisation definition of mental health as it is now a focus for both science and worldwide policy (Keyes & Simoes, 2012). Mental health has been integrated under the concept of subjective wellbeing or how an individual assesses the quality of their life (Keyes & Simoes, 2012). Subjective wellbeing has been divided into two streams of research that grew from two distinct philosophical views: the hedonic and eudaimonic traditions.

The hedonic tradition focuses on feeling good, experiencing happiness and being satisfied with life. The hedonic tradition is reflected with research exploring emotional wellbeing. Emotional wellbeing is explored using measures of positive affect, life satisfaction and happiness and is based on the idea that by increasing positive affect and decreasing negative affect leads to happiness. Therefore it comprises of an affective component that is, high positive affect and low negative affect as well as the cognitive component of life satisfaction (Bohlmeijer, Lamers & Fledderus, 2015). It has been suggested that happiness is experienced by an individual when they attain high levels of positive affect and life satisfaction (Carruthers & Hood, 2004).

The eudaimonic tradition is concerned with the optimal functioning and personal growth of an individual. The eudaimonic tradition is explored using research on psychological and social wellbeing respectively (Bohlmeijer et al., 2015). In sum,

keeping with the World Health Organisation definition of mental health and widespread research within psychological and sociological theories, subjective wellbeing encompasses emotional wellbeing, psychological wellbeing and social wellbeing (Bohlmeijer et al., 2015).

Characteristics of Positive Mental Health

Table 1 describes the operational definitions of positive mental health as described by Keyes (2005). Emotional wellbeing encompasses an individual's positive feelings about their life. It explores both the presence of positive affect as well as the absence of negative affect. There have been contentions as to whether positive and negative affect are independent of each other or whether they appear on a bipolar dimension. Evidence is growing in support of the notion that positive and negative affect function independently of one another, despite the likelihood that when an individual is experiencing positive feelings, that negative feelings would be low and vice versa (Huppert & Whittington, 2003).

Table 1 *Operational Definitions of Characteristics of Positive Mental Health* (Keyes, 2005)

Positive feelings: emotional well-being	Positive functioning: psychological well-being	Positive functioning: social well-being
<i>Positive affect</i> : Regularly cheerful, in good spirits, happy, calm and peaceful, satisfied, and full of life.	<i>Self-acceptance</i> : Positive attitude toward oneself and past life, and concedes and accepts varied aspects of self.	<i>Social acceptance</i> : Positive attitude toward others while acknowledging and accepting people's complexity.
<i>Happiness</i> : Feels happiness toward past or about present life overall or in domains of life. ^a	<i>Personal growth</i> : Insight into one's potential, sense of development, and open to challenging new experiences.	<i>Social actualization</i> : Cares and believes that, collectively, people have potential and society can evolve positively.
<i>Life Satisfaction</i> : Sense of contentment or satisfaction with past or present life overall or in life domains. ^a	<i>Purpose in life</i> : Has goals, beliefs that affirm sense of direction in life, and feels life has purpose and meaning.	<i>Social contribution</i> : Feels that one's life is useful to society and that one's contributions are valued by others.
	<i>Environmental mastery</i> : Has capability to manage complex environment and can choose or create suitable environs.	<i>Social coherence</i> : Has interest in society, feels it's intelligible, somewhat logical, predictable, and meaningful.
	<i>Autonomy</i> : Comfortable with self-direction, has internal standards, resists unsavory social pressures.	<i>Social integration</i> : Feels part of, and a sense of belonging to, a community, derives comfort and support from community.
	<i>Positive relations with others</i> : Has warm, satisfying, trusting relationships, and is capable of empathy and intimacy.	

Emotional Wellbeing

There have been attempts to characterise emotional wellbeing. Keyes (2005) characterises emotional wellbeing as encompassing positive affect, life satisfaction and happiness as seen in Table 1. Lucas, Diener and Suh (1996) describe their key constructs of emotional wellbeing as life satisfaction, optimism and self esteem.

According to Keyes (2005) an individual who experiences positive affect can be described as someone who is in good spirits, cheerful, happy, calm and full of life. An individual who experiences positive feelings of happiness will feel this way in areas of life such as within employment, and marriage domains. Finally, life satisfaction explores an individual's sense of contentment and fulfillment in their overall life or in specific areas of their life (Keyes, 2005).

A limitation of previous research on wellbeing is that decades of research has focused on hedonic forms of wellbeing such as positive and negative affect, happiness, optimism which are concerned with positive emotions, whilst cognitive appraisal are involved with the concepts of life satisfaction and self esteem (Huppert & Whittington, 2003). These aspects of emotional wellbeing are mainly derived from psychometric tests which make this research motivated by quantitative data collection. This makes it difficult to derive unique data about an individual's life which is an advantage of qualitative data collection.

Psychological Wellbeing

Ryff (1989) proposed that there is more to wellbeing than just achieving happiness in life. Ryff (1989) presented a multidimensional model known as psychological wellbeing which is concerned with measures of positive functioning in life. Six dimensions of psychological wellbeing were included with each dimension presenting various challenges an individual may face when attempting to achieve positive functioning (Ryff & Keyes, 1995).

The first dimension as described in table 1 is self acceptance. Self acceptance encompasses positive self regard and is a central feature of Jahoda's (1958) positive mental health. Maslow's self actualisation, Rogers optimal functioning and Allport's maturity features contribute to the make up the self acceptance dimension (Ryff,

2013). Self acceptance encompasses more than just a view of self esteem it allows an individual to become aware and accepting of their own strengths and weaknesses which is also a feature of the Jungian individuation. A person who is considered to possess high levels of self acceptance is said to possess a positive attitude toward themselves, be aware and acknowledge aspects of themselves, have insight into their own good and bad qualities as well as feel positive about their past experiences. An individual who possesses low levels of self acceptance feels dissatisfaction toward themselves, is concerned about their personal qualities and have a desire to be different to the person that they currently are (Ryff, 2013).

Personal growth is a dynamic dimension concerned with the self realisation of the individual which involves a recurrent method of developing an individual's potential (Ryff, 2013). An individual who possesses high levels of personal growth feels as though they are continuing to develop. Further to this the individual sees themselves as growing, they realise their potential which is a feature of Maslow's self actualisation, see an improvement within themselves and this change indicates that the individual is attaining more self knowledge and effectiveness in their life (Ryff, 2014). Rogers explores the dimension of personal growth which describes that an individual who possesses openness to experience is considered to be a fully functioning person. Furthermore, a feature of Jungian psychology states that individuals continue to grow and face challenges in life. An individual who displays low levels of personal growth may feel bored and uninterested in life and feels that no improvements have been made over their lives. This may result in the individual feeling like they are unable to change or develop new behaviours (Ryff, 2014).

It is also important that an individual has a sense of purpose in their life. This dimension explores the meanings that individuals attribute to their lives despite any

adversities or challenges that may present themselves. Jahoda's (1958) definition of mental health emphasised the importance of an individual having the belief that things in life have purpose and meaning (Ryff, 2013). Individuals who demonstrate high levels of purpose in life are goal driven and have a sense of the direction that they want their lives to head towards. The directedness and intentions that are described here are also explored within Allport's definition of maturity as it suggests that individuals have a clear picture of the purpose of their lives. Furthermore, individuals feel that there is meaning in their lives, believe that their life has a purpose and have aims that they would like to achieve in their life (Ryff, 1989). Individuals possessing low levels on this dimension lack meaning in their lives, have no sense of direction, and are limited in their goals and aims in life (Ryff, 2013).

Environmental mastery is an aspect explored by Jahoda (1958) and is conceptualized as an individual's ability to create an environment suitable for their capacity and personal needs (Ryff, 2013). Within this area of environment, success and adaptation within the environment is included. Furthermore, how well an individual can function within their environment may contribute to an individual's attempt to achieve a goal in their life. Those who have high levels of environmental mastery are able to feel competent in being able to manage their environment whilst attempting to control a whole range of external activities which may at times pose difficulties for an individual. These individuals are also able to make use of opportunities that may present to them in their environment or are able to choose or create the environments which enable them to achieve their goals and needs (Ryff, 2014). Allport's view on maturity also explored the ability of an individual to extend the self. This emphasizes the view that individuals who actively participate in mastering their environment are contributing to their positive psychological

functioning. In contrast, individuals who seem to be lacking environmental mastery may feel as though they lack control over their external world and as a result have difficulty managing their day to day activities. Individuals that exhibit these low levels of environmental mastery may feel like they are unable to change their environment or may not be aware that they may have an opportunity to do so (Ryff, 2014).

The dimension of autonomy emphasizes an individual's independence. Jahoda (1958) stated that this dimension is most indicative of an individual's mental health as it emphasizes such qualities as self determination, independence and self regulation (Ryff, 2013). High levels of autonomy represent independent and self determined individuals who are able to think about things for themselves regardless of the social pressures that they face which Maslow describes as 'resistance to enculturation' which is a feature of a self actualized individual. The individual is also able to self regulate their behaviour and appraise themselves based on their own personal values (Ryff, 2014). In accordance with Roger's fully functioning person, the ability for an individual to appraise themselves draws parallels with an 'internal locus of evaluation' which suggests that approval is not sought from others but rather drawn from an individual's own personal values. The Jungian individuation also emphasizes the idea of autonomy as it explores the idea that an individual does not belong to the same beliefs or fears as others in society. Individuals with low levels of autonomy are concerned with others personal values. These individuals are more likely to worry about what others think of them, conform to social pressures and rely on judgements from others to shape their decision making processes (Ryff, 2014).

The final dimension of Ryff's psychological wellbeing model is that of positive relations with others. This dimension explores the notion that relational wellbeing is a

key feature of being able to live a satisfied life (Ryff, 2013). Individuals who are considered to hold high levels of positive relations with others tend to be concerned with the welfare of others and therefore try to build relationships that are trusting and warm. They are also able to be empathetic, intimate, affectionate and understand the importance of a functioning relationship characteristics that Maslow used to describe self actualisers (Ryff, 2014). Allport (Ryff, 2014) also emphasized this dimension by describing the concept of warm relating to others as a condition of maturity. On the other hand, low levels of positive relations with others distinguish individuals who have only a few relationships in which they trust others. Individuals also find it hard to be warm and open towards the concerns of others and find it difficult to compromise in their relationships. This leaves them frustrated and unable to successfully maintain their relationships with other people (Ryff, 2014).

Studies have explored the importance of psychological wellbeing in recovery of individuals diagnosed with a mental illness (Fava et al., 2001; Rafanelli et al., 2000). Fava et al. (2001) studied remitted patients with mood and anxiety disorders whilst Rafanelli et al. (2000) studied remitted patients diagnosed with panic disorder and agoraphobia. These studies concluded that remitted patients possessed low levels of psychological wellbeing. This has implications on the recovery process as complete recovery encompasses more than just reducing an individual's distress levels. Hence, recovery should incorporate improvements in wellbeing (Ryff, 2014).

Psychological wellbeing has been shown to have strong correlations with depression (Ryff & Keyes, 1995). Given this correlation, a suggestion that people who have low levels of psychological wellbeing may be at risk of developing depression and has implications for the type of treatment used (Wood & Joseph, 2010). They propose that interventions that aim at increasing psychological wellbeing

can be functioning as a preventative measure against depression (Wood & Joseph, 2010).

A multitude of other psychological variables have been shown to be associated with wellbeing, though it is beyond the scope of this study to detail these variables. However of particular interest to this study is that stable self esteem has been shown to predict higher levels of autonomy, environmental mastery and purpose in life than those who have lower levels of self esteem (Paradise & Kernis, 2002). The relevance of self esteem will be covered later in this study.

Social Wellbeing

Positive functioning according to Keyes (1998) is more than just that of psychological wellbeing. It is noted that in order to be able to function positively in life an individual's social wellbeing must be taken into consideration. The rationale behind the inclusion of social wellbeing is that it focuses on the social standards of which individuals evaluate how well they are functioning in life (Keyes, 2005).

Keyes (1998) proposed five dimensions of social wellbeing which are displayed in table 1. Social acceptance is a dimension that describes an individual's understanding of society through the qualities and the characteristics that they exhibit collectively. This involves taking a positive attitude towards other people with the acknowledgment that people are complex and being able to accept these complexities (Keyes, 1998). By possessing the dimension of social acceptance, an individual is able to have trust in other people, believe that people can display behaviours of kindness and that people can be productive (Keyes & Shapiro, 2004). This allows individuals to be able to feel comfortable when they are with other people.

Social actualisation explores the idea that an individual recognises that a society can progress positively. Individuals are able to understand that although the world

may not change for all people that they can make improvements in their own lives (Keyes & Shapiro, 2004).

Social contribution is described as the assessment of an individual's value to society. Individuals (that score highly in social contribution) feel that their lives are useful to their society and that they have something to contribute to them (Keyes, 1998). Social coherence is concerned with how the world operates in terms of its quality and organization. Therefore a positively functioning individual has an interest in society and is able to understand how society is functioning in a logical, predictable and meaningful way (Keyes & Shapiro, 2004).

Social integration is defined as the evaluation an individual makes of their relationship to society and the community. This requires an individual to be able to foster a sense of belonging outside of the family environment and in the world in general by examining the degree to which individuals feel that they have commonalities with others in their community (Keyes & Shapiro, 2004). An individual who possesses high levels of social integration feels that they belong to a community and society and as a result derive comfort from them.

Measuring Positive Mental Health

The development of reliable and valid instruments is integral to be able to measure the emotional, psychological and social aspects of positive mental health. Questionnaires that have been developed to date focus on psychopathological symptoms in particular the negative aspects. An example of a questionnaire that does this is the General Health Questionnaire (Hu, Stewart-Brown, Twigg & Weich, 2007).

Since early research on positive mental health was primarily associated with emotional wellbeing, a multitude of measures were available namely those which measured positive feelings and life satisfaction. The most widely used measures of

emotional wellbeing include that of the Positive and Negative Affect Schedule, commonly referred to as the PANAS (Watson, Clark, & Tellegen, 1988) and the Satisfaction With Life Scale (Pavot & Diener, 2008).

Although there are a variety of tools that measure emotional wellbeing, there are a limited number that measure a person's psychological and social wellbeing. The most widely used include The Basic Need Satisfaction scale that measures three aspects of psychological wellbeing namely that of autonomy, competence and relatedness (Gagne, 2003) and the Psychological Wellbeing scales which measure all six dimensions of psychological wellbeing as proposed by Ryff (1989). The most well known social wellbeing scale is Keyes' (1998) the Social Wellbeing Scale.

Tools that measure multiple aspects of positive mental health include the Warwick-Edinburgh Mental Wellbeing Scale which assesses both emotional and psychological wellbeing (Tennant et al., 2007) as well as the The Flourishing Scale which measures aspects of psychological and social wellbeing (Diener et al., 2010).

The three main models of wellbeing have been measured by the Mental Health Continuum which is a 40 item questionnaire. It was noted that a 40 item questionnaire may have been a lengthy measure and so the Mental Health Continuum Short form (MHC-SF) was developed by Keyes (2002). The MHC-SF measures emotional wellbeing by looking at the dimensions of positive affect, happiness and life satisfaction (Bohlmeijer et al., 2015). Ryff's (1989) model encompasses six dimensions which make up the psychological wellbeing category. The MHC-SF uses one item from each of the six dimensions identified by Ryff's (1989) psychological wellbeing model. Social wellbeing as described by Keyes (1998) model are also included within the MHC-SF with one item from each of the five dimensions covered. The fact that this questionnaire encompasses emotional, psychological and social

wellbeing it is consistent with the definition that the World Health Organisation put forth of positive mental health. However it is argued that objective tests mainly yield scores and the minimal information that is gathered may not be used as a treatment indicator. It has been shown that despite psychologists using objective tests like personality scales or intelligence tests for example, that the most useful procedure was that of a clinical interview as more information is gathered which is imperative in assisting with diagnosis and treatment planning of mental illness (Watkins, Campbell, Nieberding & Hallmark, 1995).

Importance of Positive Mental Health in recovery

Keyes (2002) defined mental health as encompassing both hedonic symptoms, that is, the way an individual perceives and evaluates their life and eudaimonic symptoms which encompasses the quality of an individual's functioning in life. Keyes (2002) discovered that research into eudaimonic wellbeing has generated mental health symptom clusters that reflect the symptoms integral to the diagnosis of a Major Depressive Episode as found in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM – 5*; American Psychiatric Association, 2013). A symptom of major depression is anhedonia and thus research by Keyes (2002) into mental health requires symptoms of hedonia to be present. Symptoms of malfunctioning are including within a depression diagnosis whilst on the other hand, mental health consists of symptoms of positive function. This demonstrates that increasing both hedonic and eudaimonic wellbeing promotes positive mental health. Therefore, easing psychological distress and increasing positive mental health, it can effectively assist in the prevention of clinical disorders (Keyes, Dhingra & Simoes, 2010; Wood & Joseph, 2010).

The current goals of mental health care both psychiatrically and psychologically are to move an individual affected by a mental disorder into a position of non disorder (Huppert & Whittington, 2003). Research conducted into affective disorders demonstrate that the new goals for therapy should be focussed on moving an individual in the direction of positive wellbeing instead of focusing on just relieving symptoms. This is based on the notion that the absence of wellbeing could create situations whereby an individual displays vulnerability for future difficulties. Ryff and Singer (1996) suggest that an individual's recovery should not only alleviate diagnosed symptoms of a disorder but also stimulate positive wellbeing. This idea is also supported by findings from a mortality study conducted by Huppert and Whittington (1995) which concluded that mental health professionals should strive for the development of positive wellbeing in their clients.

Several treatment methods have been implemented with a focus on enhancing wellbeing in individuals (Fava, 1999; Fava, Rafanelli, Cazzaro, Conti & Grandi, 1998a; Fava, Rafanelli, Grandi, Conti & Bellurado, 1998b; Fava, Ruini, Rafanelli & Grandi, 2002). Wellbeing therapy is a short term psychotherapeutic technique that aims to enhance wellbeing and is based on Ryff's (1989) model of psychological wellbeing. This technique has been developed (Fava, 1999) and tested as a standalone therapy (Fava et al., 1998a) and incorporated with cognitive behavioural therapy (Fava et al., 1998b; Fava et al., 2002). Cognitive behavioural techniques are utilised alongside wellbeing therapy so as to improve the individuals level of psychological wellbeing according Ryff's (1989) model.

Fava et al. (2005) tested a population with Generalised Anxiety Disorder (GAD) to see whether the incorporation of Wellbeing therapy and Cognitive Behavioural Therapy can increase the level of remission in individuals affected by GAD. It was

concluded that coupling wellbeing therapy alongside cognitive behavioural therapy significantly increased an individual's psychological wellbeing (Fava et al., 2005). Therefore, by increasing wellbeing in individuals with GAD, a subsequent shift to the positive rather than the negative affective states that characterise GAD can be achieved. For example, an individual's negative thinking patterns in relation to their ability to function would decrease if an individual affected by GAD perceives that they are able to master their environment by managing their everyday affairs effectively (Fava et al., 2005).

Acceptance and commitment therapy (ACT) has also been studied as a treatment method that both increases positive mental health whilst also focussing on decreasing psychopathology (Bohlmeijer et al., 2015). ACT therapy aims to decrease psychopathology factors like rumination and promote wellbeing and flourishing mental health by utilising goal setting techniques as evidenced in the study by Bohlmeijer et al. (2015). ACT has been shown to significantly improve positive mental health in individuals with depression and anxiety by promoting emotional wellbeing (Forman, Herbert, Moitra, Yeomans & Geller, 2007; Lappalainen et al., 2007). An improvement in social wellbeing and psychological wellbeing also contributed to an improvement in overall positive mental health (Fledderus, Bohlmeijer, Pieterse & Schreurs, 2012).

Mindfulness techniques have also been long associated with enhancing an individual's wellbeing (Ryan & Deci, 2000). The clarity and vividness of the mindfulness technique directly influences wellbeing and happiness (Brown & Ryan, 2003) which supports the position that psychopathology symptoms should not be the only focus of mental health care.

In summary, research on the two continua model and positive psychology concludes that the enhancement of positive mental health should also accompany the reduction of psychopathology as the focal points in mental health care recovery (Slade, 2010). For instance, emotional wellbeing can be responsible for both short term and long term effects on an individual's ability to function both physically and psychologically (Fredrickson, 2001). Psychological wellbeing plays an important role on an individual's ability to be resilient in the face of adversity (Ryff, 2014). Keyes (1998) contended that social wellbeing is also important for functioning well in life, especially in the context of presentations of social challenges. It has been shown that wellbeing interventions can be coupled with other forms of treatment such as Cognitive Behavioural therapy (Fava et al., 1998b) and can be incorporated within other forms of treatments with a positive psychology focus (Rashid, 2009; Santos, Paes, Pereira, Nardi, & Machado, 2013).

Importance of Self Esteem

According to self esteem literature self esteem can be conceptualized as a global trait or a multidimensional trait. The consideration that self esteem is an overall self attitude that filters through all aspects of an individual's life describes self esteem as a global trait (Heatherton & Wyland, 2003). Rosenberg's (1965) self esteem scale measures global self esteem. Blascovich and Tomaka's (1991) examination of self esteem measures concluded that the Rosenberg self esteem measure is the most widely used within the research domain. It was also found that the Rosenberg self esteem measure was amongst one of the four most superior measures of self esteem (Crandall, 1973) and also performed the best when it was factor analysed (Demo, 1985).

Rosenberg (1965) defines self esteem as an evaluation which an individual makes in regards to themselves as well as the attitudes they express towards themselves. This not only defines self esteem in terms of affect but rather shows that self esteem also possesses a cognitive element (Smelser, 1989). Rosenberg (1965) also adds that these attitudes open aspects of self esteem which are concerned with developing standards, making comparisons against these standards as well as attempts to understand who one is as an individual (Bedner, Wells & Peterson, 1989).

Rosenberg's (1965) theory is based upon a sociocultural approach to self esteem. Rosenberg (1965) not only defines self esteem in terms of positive and negative attitude towards oneself, but that this attitude is influenced by both social and cultural factors. Rosenberg (1965) strongly believes that attitudes that individuals have towards themselves tend to bear a resemblance to attitudes they have towards other objects. These similarities can occur in various areas and can be applied to both other objects and towards an individual's self. These include relational content which describes what the attitude is all about. Direction looks at whether the attitude is a positive or a negative one. The concept of intensity examines how powerful the attitude is whilst stability observes how long the attitude lasts (Rosenberg, 1965).

A multidimensional approach to self esteem conceptualises self esteem as being made up of three major components. These include performance, social and physical self esteem (Heatherton & Polivy, 1991). The component of performance self esteem encompasses an individual's view of their own competence. This can include how they view their intellect, the way they perform in learning or work environments, whether they have the capacity to self regulate and whether they possess self confidence and self efficacy. Therefore, individuals with high levels of performance

self esteem believe that they possess intellectual qualities and see themselves as capable individuals (Heatherton & Wyland, 2003).

The component that describes how an individual believes other people perceive them is known as social self esteem. Those who possess high social self esteem believe that people important to them value and respect them as individuals. When an individual experiences social anxiety or are highly self conscious, low levels of social self esteem are being exhibited. This suggests that individuals become fixated on their self image and are preoccupied with how other individual's view them (Heatherton & Wyland, 2003).

Finally, physical self esteem is concerned with how individuals view the physical aspects of themselves including references to body image, attractiveness as well as for example any athletic abilities that they may possess (Heatherton & Wyland, 2003).

Heatherton and Wyland (2003) have found that males and females differ in the area from where they obtain their self esteem. It has been stated that females self esteem is more influenced more heavily by the relationships that they have. Conversely, a males self esteem is more influenced by objective success. To be put simply, it can be concluded that females gain self esteem from getting along with others whilst males gain self esteem by getting ahead of others (Heatherton & Wyland, 2003).

The importance of self esteem and the pursuit of self esteem has been linked with the development and symptomology of psychological disorders (Crocker & Park, 2004). There have been no recent studies that look at the link between self esteem and psychological disorders through the *DSM – 5* (APA, 2013). However, evidence for the links between self esteem and psychological disorders have been found in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev; American

Psychiatric Association, 2000). Not only does the *DSM-IV-TR* (2000) include direct references to self esteem, they also contain references to terms that overlap with the concept of self esteem (O'Brien, Bartoletti & Leitzel, 2006).

Psychological disorders that include low self esteem as part of their diagnostic criteria include Depression (Orth, Robins & Meier, 2009), Anxiety (Henning, Turk, Mennin, Fresco & Heimberg, 2007), Obsessive Compulsive Disorder (Wu, Clark & Watson, 2006), Social Phobia (Izgic, Akyuz, Dogan & Kugu, 2004), Body Dysmorphic Disorder (Buhlmann, Teachman, Naumann, Fehlinger & Rief, 2009) Anorexia (Gual et al., 2001), Bulimia (Kugu, Akyuz, Dogan, Ersan & Izgic, 2006) and Schizophrenia (Barrowclough et al., 2003). Narcissistic Personality Disorder (Brown & Zeigler-Hill, 2004), Borderline Personality Disorder (Zeigler-Hill & Abraham, 2006), Antisocial Personality Disorder, Conduct Disorder, Oppositional Defiant Disorder and the manic phase of Bipolar Disorder (Van der Gucht, Morriss, Lancaster, Kinderman & Bentall, 2009) are all examples of instances where self esteem is either fragile or elevated (Zeiger-Hill, 2011). Individuals diagnosed with Narcissism have an elevated or high level of self esteem (Brown & Zeiger-Hill, 2004). Also, individuals who experience the manic phase of Bipolar Disorder are said to have high self esteem (Van de Gucht et al., 2009).

Summary

This chapter has discussed a positive approach to mental health. The chapter started with an overview of the medical model and demonstrated the advantages and disadvantages of this model. It was described that in order to understand mental health a shift in attention from just focusing on and treating the mental illness needs to occur to incorporate positive mental health and help to promote an individual's wellbeing. Positive mental health as defined by the WHO incorporated the dimensions of

emotional, psychological and social wellbeing. Keyes (2005) demonstrated that mental health and mental illness are separate dimensions which can be thought of as positive and negative mental health and these two dimensions need to be considered when establishing a complete picture of an individual's level of mental health. This chapter described the past perception of mental health as psychiatric as well as explored the development of the two-continua model of mental health. Along with this Keyes (2002) complete state model of mental health was described to show that both mental illness and wellbeing lie on two separate spectrums. It was described that the positive mental health is now a focus of both science and worldwide policy and derived from two streams of research namely the hedonic and eudaimonic traditions. The hedonic tradition was shown to reflect research focusing on emotional wellbeing whilst the eudaimonic tradition encompassed research on psychological and, social wellbeing respectively. The characteristics of emotional, psychological and social wellbeing was explored as well as ways in which positive mental health has been measured. The chapter also discussed the importance of positive mental health in recovery and described various treatment methods that aim at increasing positive mental health. The chapter ended with a discussion of the importance of self esteem and its link with the development of psychological disorders. The next chapter described Personal Construct Theory and its relevance to Positive Mental Health in relation to this research.

Chapter Two:

Theoretical Background-

Personal Construct

Psychology

'A good deal is said these days about being oneself. It is supposed to be healthy to be oneself. While it is a little hard for me to understand how one could be anything else, I suppose what is meant is that one should not strive to become anything other than what he is. This strikes me as a very dull way of living; in fact, I would be inclined to argue that all of us would be better off if we set out to be something other than what we are. Well, I'm not so sure we would all be better off – perhaps it would be more accurate to say life would be a lot more interesting' (Kelly, 1964, pg. 147).

Personal Construct Psychology

The Psychology of personal constructs is a theory of personality put forth by George Kelly (1955). Personal construct theory is guided by the notion that individuals attempt to make sense of the world around them and anticipate their future experiences, by devising, testing and continuously revising their personal theories known as construct systems (Hardison & Neimeyer, 2007). Construct systems are made up of an indefinite number of personal constructs. These personal constructs assist individuals in distinguishing, incorporating and anticipating future events (Hardison & Neimeyer, 2007). Personal constructs can be highly characteristic of a particular individual or they can be widely shared. The personal construct can differ in terms of the importance or significance it holds when an individual engages in the process of construing (Winter, 1992). Instead of relying on simple dictionary antonyms, construct systems allow for a unique and richer personal significance. This uniqueness within construct systems is developed regardless of commonalities that may be shared between individuals (Adams-Webber, 1989).

At the basis and underlying philosophy of the theory of personal constructs is what is known as ‘constructive alternativism’. Kelly put forth a basic statement that described this philosophical position by stating that ‘we assume that all our present interpretations of the universe are subject to revision or replacement’ (Kelly, 1955, pg.15). This suggests that reality can be constructed in an infinite number of ways, as events can be construed as many times as an individual is able to invent. Kelly’s theory encapsulates how each individual uniquely construes and interprets their world and how their constructs influence their choices and actions (Winter, 1992).

Kelly argues that we have ‘core constructs’ which he describes as deeply held values or principles which are difficult to change and are integrally related to identity

(Kelly, 1955). A construct is defined by Kelly as the way an individual views, gives meaning to and construes their world, the events in their world and the people around them. Each individual possesses their own construct system, which contains some core constructs and arises from personal interpretations of their experiences. Their construct systems are used to predict things to come and the constructs are validated or invalidated by ongoing experiences. Validation or invalidation of constructs result in either strengthening or revision of constructs and possibly substantial parts of construct systems over time (Kelly, 1955). As the universe is constantly changing, it is common for individuals to revise their construct systems. The constructs that may have been reasonable at one point in time can be invalidated by current events (Hardison & Neimeyer, 2012).

All constructs are considered to be ‘bipolar’ within the theory of personal constructs. This suggests that within each construct a contrast is implied. This contrast is what makes a construct system unique as meanings of certain constructs and their contrasts may vary between individuals, depending on the element that is being construed (Kelly, 1955). For example, for one person the contrasting construct of the word ‘caring’ might be ‘selfish’ whilst for someone else it might be ‘unsympathetic’ which shows rather different meanings portrayed for the word ‘caring’. This reiterates Kelly’s position in that uniqueness within construct systems is developed regardless of commonalities that may be shared between individuals (Hardison & Neimeyer, 2012).

Kelly set down his theory through a fundamental postulate and its elaboration through its 11 corollaries. The fundamental postulate is an assumption which states that an individual’s processes are ‘channelized by the way in which he anticipates events’ (Kelly, 1955, pg. 46). This idea of anticipating future events is the basis of

Kelly's fundamental postulate. The fundamental postulate relates the psychological processes of a person to the way he or she understands and predicts or anticipates events. Our motivation to act, according to Kelly, comes from our future aims.

With the fundamental postulate in mind, Kelly's use of the metaphor of person-as scientist exemplifies that people are active participants in the way they make sense of their world. Like scientist's individuals hypothesise about events in their world. They have theories about people and events in the world, and they test those theories and change them if necessary to make sense of what is happening (Hardison & Neimeyer, 2012). Kelly suggested that each individual acts as a scientist, and attempts to understand and control the world around them by using their own very personal interpretations of the world. Individuals do not generally share these personal interpretations that they have of the world, other individuals or situations as they are private. However the way that individuals see the world, other individuals and situations are representative of how they are in reality, and only when they share these perceptions with others do they realise that other people may not see things the same way that they do (Butler, 2009).

Kelly expanded on the fundamental postulate with 11 corollaries that describe the interpretative processes and how they operate to allow individuals' to create their personal constructs (Fransella, 2003). It has been noted that the corollaries can be arranged under three groups which are concerned with the process of construing, the structure of an individual's knowledge and the social aspects of an individual (Neimeyer & Bridges, 2003).

The first group of corollaries is that concerned with the process of construing. (Neimeyer & Bridges, 2003). A part of this group is the first corollary, the construction corollary. This states that 'a person anticipates events by construing their

replications' (Kelly, 1955, pg.50). This means that individuals anticipate by interpreting. This encompasses the idea that if events were never to be repeated they would lose their identity. Therefore, to prevent this from becoming the case an individual employs a construction system that allows them to distinguish two events in a similar fashion (Fransella, 2003). This not only allows individuals to recognise similar events but also allows individuals to identify those events that bear no similarity to other events that they have encountered previously.

The second corollary concerned with the process of construing is that of the individuality corollary. This corollary asserts that 'persons differ from each other in their construction of events' (Kelly, 1955, pg. 55). This suggests that no two people interpret events in the same way. This corollary suggests that no two people can have the same construction systems (Fransella, 2003). However, as will be demonstrated later, this corollary does not go to say that there may be certain aspects that could be perceived as similar in regards to how individuals may perceive others. This suggests a common ground may be shared between how an individual may construe their experiences with the experiences of another individual (Kelly, 1955).

The organisation corollary is a corollary that encompasses the notion that 'each person characteristically evolves, for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs' (Kelly, 1955, pg. 56). This is indicative of the idea that individuals develop an organised, hierarchical system of constructs. Kelly believed that people impose meanings on the events they experience using bipolar constructs. He also believed that a person's system of constructs is not static and that their interpretations change and are often modified by new experiences. This is suggestive of the notion that to effectively live within an individuals' construction system, there must be available, within this

construct system, ways in which the individual can resolve any adversities that may occur (Fransella, 2003). One way that any of these adversities may be resolved is to organize one's constructions of events into a hierarchy in which particular constructs may subsume many other constructs in the system. When one construct subsumes another it is called a superordinal construct. On the other hand, when a construct is subsumed it is termed a subordinal construct. This demonstrates that to make sense of the world, people systematize their constructs into hierarchies in order to be able to anticipate whether a particular event will occur.

The final corollary concerned with the process of construing is the dichotomy corollary. As suggested earlier Kelly proposed every personal construct is bipolar. The dichotomy corollary encompasses the idea that 'a person's construction system is composed of a finite number of dichotomous constructs' (Kelly, 1955, pg. 59). This suggests that a construct is looked upon in a black versus white fashion (Kelly, 1955). This bipolarity suggests that either one pole or the other pole of a construct can be applied to a person. If this is not the case, then that construct is an unnecessary description of an individual's behaviour and should not be used in this manner (Caputi & Reddy, 1999).

The second group of corollaries are concerned with the structure of an individual's knowledge and begin with the choice corollary. The choice corollary suggests that 'a person chooses for himself that alternative in a dichotomized construct through which he anticipated the greater possibility for extension and definition of his system' (Kelly, 1955, pg. 64). This corollary suggests that whenever an individual is faced with a situation where they must choose between two alternatives of the same construct, that is, choose between a dichotomy, an individual

will make their decision based upon which alternative will allow them to better anticipate the events that may follow from this particular choice (Kelly, 1955).

The range corollary notes that ‘a construct is convenient for the anticipation of a finite range of events only’ (Kelly, 1955, pg. 68). This corollary suggests that certain constructs have a range of convenience that can be limited. For example, to say that a tree is tall or short is a convenient way of looking at trees. However if an individual were to apply the same constructs, tall versus short to a light, this is said to an inconvenient way of looking at light as it does not make sense (Kelly, 1955).

The range corollary is followed by the experience corollary. The experience corollary is one that suggests that ‘a person’s construction system varies as he successfully construes the replications of events’ (Kelly, 1955, pg. 72). This suggests that an individual observes experience to be a cycle of anticipation of their events, as well as the encounters they experience through life. The individual will then either demonstrate confirmation or disconfirmation of their anticipations which allows individuals to meet their validations or reconstrue these experiences. All in all, the experience corollary suggests that an individual’s categories and category systems are reconstructed in the light of changing experience (Engler, 2008).

Certain constructs are uniquely susceptible to change. These constructs are said to be permeable constructs. Sometimes individuals develop impermeable constructs. An impermeable construct does not easily allow new elements into its existing range of convenience and are therefore more difficult to change (Engler, 2008). Within Kelly’s (1955) theory the notion underlying the range of convenience is that each construct can be applied to a limited range of events or experiences and cannot be applied to others. This drastically limits an individual’s ability to anticipate events, which would make their world feel less predictable and out of their control (Bannister & Fransella,

2013). As a result of this Kelly put forth the modulation corollary. The modulation corollary is one in which ‘the variation in a person’s construction system is limited by the permeability of the constructs within whose range of convenience the variants lie’ (Kelly, 1955, pg. 77). It is this idea of permeability that generates a variety of new variations of constructs which remain stable despite any changes that may occur on a day to day basis (Kelly, 1955).

The final group of corollaries that encompass the social aspects of an individual are those of fragmentation, commonality and sociality (Neimeyer & Bridges, 2003). The fragmentation corollary encompasses the idea that ‘a person may successively employ a variety of construction subsystems which are inferentially incompatible with each other’ (Kelly, 1955, pg. 83). Kelly explores the idea that certain fragments of a person’s construct system may allow them to function as a whole. The fragmentation corollary provides an explanation for the unpredictability that can sometimes be seen in the actions of an individual. This corollary helps to explain the aspects of behaviour that may appear inconsistent (Ewen, 1997). Conflicts and dilemmas may occur as a result of constructs of an event being inconsistent with each other (Butler, 2009). Kelly believed that although most of an individual’s anticipations are consistent with one another, when inconsistency does appear some incompatibility can be tolerated (Kelly, 1955). However, these inconsistencies can become problematic when there are numerous inconsistencies present.

The commonality corollary explores ‘the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person’ (Kelly, 1955, pg. 90). This corollary suggests that if an individual’s construction system or their

understanding of reality is similar to other people's construction systems they will share similar experiences, behaviours and feelings (Maltby, Day & Macaskill, 2010).

Finally, the sociality construct explores 'the extent that one person construes the construction processes involving the other person' (Kelly, 1955, pg. 95). This corollary assists with explaining the method of social interaction. It looks at the idea that understanding another individual's construct system assists individuals in being able to anticipate their actions (Maltby et al., 2010). Kelly put emphasis on the idea that the basis of social interaction is not just shared experience but rather interpersonal understanding (Ewen, 1997). Kelly further emphasises that to assist individuals in understanding other people's personal constructs the individual should play understandable roles. By playing roles such as partner, friend and daughter for example, people can easily anticipate these roles. It is the anticipation of these roles that allow for more efficient interpersonal relationships to develop (Ewen, 1997). Therefore if an individual is able to predict another person's behaviour, they can use that knowledge to be able to modify their own behaviour in order to assimilate into society.

It has been established that one of the most important features of personal construct psychology is the notion that each individual has a unique view in terms of how they construe events, individuals and the world around them. Kelly suggests that since the individual is an expert on the seemingly unique process of construing, it is only fitting that the methods used within personal construct theory are focussed on gaining insight directly from that individual. Therefore the functions of personal construct methods are to give holistic insight into the way an individual attributes personal meaning in order to make sense of their world (Hardison & Neimeyer, 2012).

Kelly's theory applies a number of clinical applications all of which are aimed at exploring a construct system. This thesis aims to demonstrate the use of one of these techniques. The self characterisation was chosen as a useful demonstration because it helps facilitate a broad perspective for both the therapist and the prospective client by providing a flexible technique that can be used as a diagnostic or therapeutic tool (Hardison & Neimeyer, 2007). The current study aims to show the flexibility of this technique by demonstrating that it can also be a viable measure for both self esteem and positive mental health.

What is a Self Characterisation?

A self characterisation, also known as a character sketch is a technique used within Personal Construct Therapy that can be used to gain insight into an individual's personal construct system to help the individual understand and interpret themselves (Crittenden & Ashkar, 2012). A self characterisation is a short, written exercise that directly asks an individual to write a sketch of themselves in the third person. This requires an individual to take a more expansive view of themselves rather than focussing on the views of the therapist and can be utilized at any time during therapy (Crittenden & Ashkar, 2012). A self characterisation can be utilised before therapy starts or at any other point that the therapist deems would be beneficial. A self characterisation can be written as part of a homework exercise so as to allow clients more time to think about it or can be included as part of a therapeutic session (Crittenden & Ashkar, 2012).

The self characterisation technique is presented by Kelly as a function of the credulous approach (Kelly, 1991). When attempting to work with individuals, it was recommended by Kelly that a credulous approach be applied as it allows a therapist to stand in their clients shoes and see things the way their client sees them (Butler,

2009). The therapist is required to have trust in what the client is telling them about him or herself despite whether or not the information that is provided corresponds with the facts (Crittenden & Ashkar, 2012). The content of the clients lies are respected by the clinician, however at the same time the clinician needs to be aware not to be misled by these lies (Kelly, 1991). If what a client says is found to be deliberately misleading the clinician, the clinician is able to scrutinise the content by looking at both versions of the content without replacing the client's version of the truth (Kelly, 1991). A clinician's primary interest according to Kelly (1991) is to understand how the client structures their world by understanding their personal construct system. In order to avoid viewing a client in the context of the clinician's construct system, the relationship between the construct system of the clinician and the construct system of the client needs to be clearly identified (Crittenden & Ashkar, 2012).

The self characterisation is described by Kelly (1991) as a simple approach that has been advantageous in gaining clinical insight into an individual. Kelly requests that the client write a character sketch and puts it in the subsequent terms:

I want you to write a character sketch of Harry Brown, just as if he were the principal character in a play. Write it as it might be written by a friend who knew him very intimately and very sympathetically, perhaps better than anyone ever really could know him. Be sure to write it in the third person. For example, start out by saying "Harry Brown is..." (Kelly, 1991, pg. 242).

Kelly was extremely particular with the terminology he used within his writing and so has given an explanation of the terms used in the self characterisation as well as a justification as to why those particular words were utilised. Beginning with words 'character sketch' Kelly believed that this allowed a client more opportunity and room

to describe their own construct system rather than using a phrase such as self analysis. The use of the word 'sketch' suggests that Kelly believed that the overall structure was more vital than meticulous elements (Kelly, 1991). The use of the word 'friend' implies insight into a role relationship. This emphasises the importance of trust, privacy and intimacy as these are attributes of the role relationship. This allows the client to see themselves from an external point of view to gain perspective on themselves in a non-threatening context (Kelly, 1991).

The terms 'intimately' and 'sympathetically' indicate that the client is encouraged to explore more than just superficiality and the faults that clients may see in themselves. The sentence 'perhaps better than anyone ever really could know him' was chosen to steer individuals away from writing the sketch as if some known person would write it about them. This allows individuals to express their own views of themselves without trying to hide behind the views of others (Kelly, 1991). The words within the character sketch have been chosen in order for clients to avoid feeling threatened and to promote objectivity (Bannister & Fransella, 2013). Kelly's (1991) original instructions for the character sketch will be referred to as the single self characterisations throughout this paper.

Current uses of the Self Characterisation Technique

Although the self characterisation was developed initially to be utilised within a clinical setting, many researchers and clinicians have used this technique as part of their studies. Hardison and Neimeyer (2007) established that character sketches allow for an expression of personal constructs that are related to an individual's personality as well as the personality characteristics of other people in their lives. This allows the individual to convey how they see themselves in relation to other people in their lives, and how they perceive themselves in relation to people in a wider community

(Androutsopoulou, 2001). The flexibility of the self characterisation technique allows the client to have a greater input into therapeutic sessions. This is advantageous as the extent to which a therapist influences their client can be reduced by utilising this technique (Hardison & Neimeyer, 2007). The third person format of the character sketch permits clients to express issues that may be too emotional or too sensitive to discuss with their therapist initially or throughout the therapeutic process (Androutsopoulou, 2001).

Self characterisations can be used by clinicians as a method of assessment and also within therapy to encourage storytelling within sessions with individuals or families (Androutsopoulou, 2001). The wording of the self characterisations can be modified to include various situations that the individual can write about. These include: writing about how the client saw themselves before any symptoms may have appeared; how they see themselves after engaging in the therapeutic process; how they see their ideal selves in five years (Fransella, 1995). The self characterisation has also been used as a means of monitoring a client's progress in therapy and can be used as a basis for devising a therapeutic program (Fransella & Dalton, 1990).

A study by Androutsopoulou (2001) used a modified version of the self characterisation to create a family characterisation sketch. This study was based on work by Alexander and Neimeyer (1989) who asked that each family member write an individual character sketch of how they saw the family with the aim to gather common family constructs. Kelly's original sketch was adapted in the following way:

Write a brief sketch of your family. Write from the perspective of someone who knows the family intimately and sympathetically, perhaps better than anyone really knows the family. You should write it in the third person, for example, begin by saying "I know the Smith family..." (Alexander & Neimeyer, 1989, pg. 113).

Androutsopoulou (2001) stated that by modifying the self characterisation in this way and utilising this version in a family setting, it allowed family members to detect the similarities and differences in the way they perceived their family. This finding gives support to the implications for the utility of this tool across a number of settings.

Jackson and Bannister (1985) reworded Kelly's original self characterisation so that they were able to use it with children and adolescents. Kelly's original self characterisation was re-worded in the following way:

Tell me what sort of boy or girl Sally Jones is. If you like, I will be your secretary and write down what you say. Tell me about yourself as if you were being described by an imaginary friend who knows you and likes you and above all understands you very well. This person would be able to say what your character is and everything about you. Perhaps you could begin with "Sally is..." and say something important about yourself. Try to fill this page (Jackson, 1988, p.224).

This modification allowed children and adolescents to be able to describe themselves in meaningful ways without threat being a presenting issue. Jackson (1988) found that children and adolescents responded well to this method of inquiry.

This idea was further emphasised in a study by Procaccia, Veronese and Castiglioni (2014) who demonstrated the usefulness of the self characterisation within a population of children with a mean age of 8.84 years. Kelly's original instructions were again adapted in order to reflect the psychological, cognitive and linguistic capabilities of the children. The instructions were presented to the children in the following way:

“I would like you to talk about yourself and your personality, as if you were the main character in a story. Write about yourself as you would be described by a friend who is fond of you and knows you very well” (Procaccia & Castiglioni, 2010).

As has been suggested by the various adaptations of the self characterisations posited, a clinician is able to modify the self characterisations in different ways. This allows the clinician to be able to meet their needs both therapeutically or diagnostically. In sum, researchers have utilised the self characterisation technique in many ways. It has shown its value for use in a family environment (Androutsopoulou, 2001; Alexander & Neimeyer, 1989), to focus on a marriage (Kremsdorf, 1985), to describe an individual’s experience of personal loss or grief (Neimeyer, Keesee, & Fortner, 2000), for use with children (Procaccia & Castiglioni, 2010; Procaccia et al., 2014) and adolescents (Jackson & Bannister, 1985).

Self esteem scores have also been attained with the use of the self characterisation. Hardison and Neimeyer (2007) obtained scores of self esteem by using a ratio of positive to negative constructs that were described by participants in their self characterisations. Hardison and Neimeyer (2007) assessed high self esteem as those with the greater number of positive constructs, and low self esteem was represented by a greater number of negative constructs.

An elaboration of the Self Characterisation Technique - the use of many selves

By utilising Mair’s “community of self” metaphor, a richer collection of constructs and information can be gained from a self characterisation. The metaphor suggests that a person is considered to have many ‘selves’ which can potentially have alternative constructs at the centre of each self (Mair, 1977). Mair (1977) allows individuals to explore their inner nature and in doing so allows individuals to see themselves as a ‘community’.

Mair (1977) began by proposing a ‘community’ of two people. Mair (1977) described this community in terms of individuals having experienced being in two minds or battling themselves about something. At this point it is shown by Mair (1977) that an individual can incorporate other selves into this ‘community’. In the current study, the ‘selves’ are recognised by Kelly’s theory as the different roles that individuals play in their lives. These roles can include self as a mother or father, self as a son or daughter, or self as friend or partner. An individual’s selves can also be looked upon in terms of special interests that they may have like self as a dancer, a self as a reader and self as a soccer player. This can also be extended to an individual’s judgement of themselves, that is, best self, worst self or an individual’s emotional self, such as angry self, sad self or happy self (Crittenden & Ashkar, 2012). Individuals find that there are times when they feel like different people in different situations or feel like they are arguing with themselves. By incorporating Mair’s (1977) ‘community of self’ an individual may have a different self and set of constructs for each of those selves. Mair (1977) stated that by becoming aware of these different selves, a rich source of information can be utilised in a therapeutic setting between clinician and client.

The combination of Mair’s ‘community of self’ with Kelly’s self characterisation technique provides a structured and clear way for the elicitation of an individual’s constructs in order to explore the diversity within an individual. This is the concept behind the present day study and is referred to as the multiple self characterisations.

Summary

This chapter has described Personal Construct Psychology as put forth by Kelly (1955). The chapter explored the guiding assumption of Kelly’s theory in that humans literally construct the meaning of their own lives by devising, testing and

continuously revising construct systems that help them make sense of the world around them and anticipate their future experiences. It is these construct systems that comprise of an indefinite number of personal constructs that assist in differentiating, integrating and predicting life events.

Personal Construct Theory presents individuals with a theory that explains how they go about making sense of their world. The process of *construing* is fundamental in this theory. Construing is how individuals attempt to make sense of the world and the ways they perceive it. A construct system is a number of constructs or set of interpretations that work together to give a person a more unified way of perceiving the world. It was described that at the basis and underlying root of personal construct theory is what is known as ‘constructive alternativism’. Kelly put forth a basic statement that described this philosophical position of constructive alternativism by stating that ‘we assume that all our present interpretations of the universe are subject to revision or replacement’ and Kelly explained his theory through the fundamental postulate and its 11 corollaries. The chapter also introduced and described Kelly’s self characterisation technique and the current uses of the self characterisation technique ending the chapter with the elaboration of the self characterisation technique with the use of the many selves. The next chapter describes the rationale and methodology for the current studies.

Chapter Three:

Rationale and

Methodology for the two

studies in this thesis

'I began fabricating "insights." I deliberately offered "preposterous interpretation" to my clients. Some of them were about as un-Freudian as I could make them – first proposed somewhat cautiously, of course, and then, as I began to see what was happening, more boldly. My only criteria were that the explanation account for the crucial facts as the client saw them, and that it carry implications for approaching the future in a different way' (Kelly, 1969, pg. 52).

Rationale

Hardison and Neimeyer (2007) used data obtained from self characterisations to measure self esteem. The descriptors used in the self characterisations were classified as either positive or negative constructs. Hardison and Neimeyer (2007) assessed high self esteem as those who have a greater number of positive constructs and those with a low esteem represented by a greater number of negative constructs. Study one will aim to replicate Hardison and Neimeyer's (2007) study by identifying self esteem within Kelly's (1955) original self characterisation (single self characterisation) technique. The single self characterisation will explore the content of an individual's construct system using the Classification System for Personal Constructs (CSPC; Feixas, Geldschlager, & Neimeyer, 2002).

Study One demonstrates that categories included in the CSPC system contribute to the understanding of positive mental health. By exploring emotional wellbeing, psychological wellbeing and social wellbeing, all components of Keyes (2005) model of positive mental health, insight is gained into an individual's level of positive mental health. This has implications for the recovery of individuals diagnosed with mental illness as explained by Keyes' (2002) complete state model of mental health. With the exploration of the trends associated with the number of positive constructs as well as the content of the constructs, the self characterisation technique will allow individuals and therapists to gauge an individual's self esteem levels as well as emotional and psychological wellbeing levels.

Study Two replicates the processes and extends study one by elaborating Kelly's (1955) original self characterisation with the use of the many selves concept. It is anticipated that the multiple self characterisation technique method will encompass richer data and deeper insight into an individual's world. The identification of an

individual's prominent roles allow clinicians to gain a wealth of information into which roles may be contributing to varying levels of self esteem. Additionally, insight into the themes that are elicited within the multiple self characterisations, help to identify an individual's level of emotional, psychological and social wellbeing.

By identifying the positive and negative constructs within each self, it is anticipated that clinicians would be able to recognise areas of the role that may need to be improved upon in therapy. Furthermore, it is anticipated that this technique would also be able to identify the strengths of the individual through positive construct elicitation which can be highlighted to the individual as a strength. Thus, an individual is able to address the areas of their life that may be problematic by utilising the strengths they have identified within themselves.

Research Questions

- (1) What information about the individual does the single self characterisation provide?
- (2) How well does the multiple self characterisation elaborate on the single self characterisation?
- (3) Does personal construct psychology provide an effective technique for identifying characteristics of positive and negative mental health in individuals?
- (4) Does the multiple self characterisation technique provide an effective clinical tool for addressing negative mental health characteristics and strengthen positive mental health characteristics?

The research questions are suggested by both the theoretical background of personal construct psychology, specifically the self characterisation technique and

whether this method is an effective technique for identifying characteristics of positive and negative mental health. Research questions one and two were suggested by the current research on the self characterisation technique. Chapter 2 addressed the ways in which current research has used the self characterisation technique within clinical settings (Hardison & Neimeyer, 2007); as a method of assessment and used within therapy for both individuals and families (Androutsopoulou, 2001) and with children and adolescents (Jackson & Bannister, 1985; Procaccia et al., 2014). Hence, this study will explore what information about the individual does Kelly's original self characterisation (referred to as the single self characterisation) provide and as an extension of the single self characterisation, how well does the multiple self characterisation technique proposed elaborate on the single self characterisation.

Research questions three and four were suggested by the current research on positive mental health and its measurement. Chapter 1 addressed the ways in which current research has measured and identified characteristics of positive and negative mental health. The current study aims to demonstrate that the multiple self characterisation method can be used to measure and identify positive and negative mental health characteristics in individuals. Further to this, as a result of the wealth of information gathered about an individual using the multiple self characterisation method, this technique can provide an effective clinical tool for addressing negative mental health characteristics and strengthening positive mental health characteristics which you may not gather from current objective tests used to measure mental health.

Methodology

Self Characterisation Technique

The self characterisation technique was developed by Kelly (1955) as a narrative assessment that helps to identify an individual's common and core constructs. The self characterisation is a means by which an individual is able to perceive how they structure their world and how they see themselves within their world. The original instructions are referred to as the single self characterisation throughout this paper. The single self characterisation consists of a character sketch and Kelly requests that the client write the character sketch using the instructions provided in the theoretical background section of this paper in chapter two.

Multiple self characterisation technique

The combination of Mair's 'community of self' with Kelly's self characterisation allows for the elaboration of the single self characterisation. This is known as the multiple self characterisations throughout this paper. Participants were required to think about the different roles that they undertake in their lives and see if they could identify the different self that they are when in each of these roles. Participants were then asked to make a list of six selves that they could think of and write a self characterisation for each self that was listed. The instructions for the multiple self characterisation approach are as follows:

"I want you to write a character sketch of (Joe Bloggs as a student) as if he/she were the principle character in a play. Write it as it might be written by a friend who knew him/her very intimately and sympathetically, perhaps better than anyone could really know him/her. Be sure to write it in third person. For example, start out by saying, (Joe Bloggs as a student) is..."

Construct elicitation

Both the single self characterisation method and multiple self characterisation method have to be divided into individual constructs before they can be coded into categories or identified as positive or negative indicators of self esteem. The principal investigator along with the participant identified the descriptive words or phrases used within each character sketch. The participant was then prompted by the principal investigator to describe someone or something that is not like the descriptor. This resulted in a construct pair and was based on Kelly's (1955) process of construing. Of particular relevance in the process of construing is the dichotomy corollary as well as the individuality corollary. Kelly proposed with the dichotomy corollary that every personal construct is bipolar.

This bipolarity suggests that either one pole or the other pole of a construct can be applied to a person. The individuality corollary suggests that no two people interpret events in the same way and that no two people can have the same construction systems. The idea behind eliciting the opposite pole of the construct described within the character sketch is to identify the bipolar construct that emerges from the participants self (in the case of the single self characterisation method) or from each self (in the case of the multiple self characterisation method) in order to gain insight into how the participant interprets the way that they see themselves in their world. Hence, in the therapeutic process, the therapist and the client would work together to formulate theories based on the clients experiences. The therapist would then guide the client in ways to test out those theories. When the predictions of the client prove accurate the theories would be strengthened and the client would experience validation.

Self esteem measure derived from self characterisation

Self esteem was assessed using the ratio of positive to negative constructs elicited through the self characterisations (Hardison & Neimeyer, 2007). Greater self esteem was indicated by a greater number of positive self constructs used within the self characterisation. A greater number of negative self constructs used within the self characterisation signified a lower self esteem (Hardison & Neimeyer, 2007). Each identified descriptor was coded as either positive (for example., caring, honest, loyal) or negative (for example., selfish, shallow, cruel). Interrater reliability was established by having a second and third rater analyse 20% of the self characterisations. The three raters analysed the self characterisations independently and evaluated the results together. Any discrepancies in the results were discussed and resolved amongst the raters. Interrater reliability of $r = .98$ was established for classifying whether a construct was positive or negative within the self characterisations.

CSPC analysis

The Classification System for Personal Constructs (CSPC; Feixas, Geldschlager, & Neimeyer, 2002) was used for content coding of the constructs elicited within the self characterisation. The CSPC system was designed in order to be used with constructivist methods. The CSPC system identifies and codes constructs according to six different categories. The categories include: (1) moral, (2) emotional, (3) relational, (4) personal, (5) intellectual/operational and (6) values and interests (Feixas et al., 2002).

Feixas et al. (2002) explains the different areas of the CSPC. The moral category is concerned with the assessment made by the participant in reference to the moral value of themselves. The emotional category is concerned with the element of differentiation with recognition to the degree of emotionality and sexuality of the

participant, their emotional attitude towards their life, optimism with respect to specific feelings. The relational category describes a participant's relationship with others and is limited to the scope of these relationships. The personal category refers to the characteristics that an individual possess in terms of their personality and character. Skills, abilities and knowledge are categorised under the area of intellectual or operational constructs. The final area that will be used to categorise constructs is that of values and interests. This area encompasses ideological, religious values or an individual's interests such as music and sport for example.

The CSPC system obtained a reliability score of $Kappa = .89$, which shows potential for studying the content of an individual's personal construct system (Feixas et al., 2002). Although this system was originally used for analysing personal constructs in the context of repertory grids, Hardison and Neimeyer (2007) have used this system to characterise constructs elicited from self characterisations.

It is proposed that the relational and moral categories describe the dimension of positive relations with others as described by Ryff's (1989) psychological wellbeing model. Self acceptance is also a dimension included in the definition of psychological wellbeing. The identification of positive and negative constructs within the self characterisations, allows individuals to become aware of their own strengths and weaknesses. Therefore, individuals would have insight into their good and bad qualities which is demonstrated by the personal category of the CSPC system. The emotional category of the CSPC system is indicative of emotional wellbeing. Finally, the relational category of the CSPC system can be indicative of social wellbeing as it describes the respondent's social behaviour with others.

Chapter Four: Study

One- Aspects of positive and negative mental health from the single self characterisation

'What I am saying is that it is not so much what man is that counts as it is what he ventures out to make himself. To make the leap he must do more than disclose himself; he must risk a certain amount of confusion. Then, as soon as he does catch a glimpse of a different kind of life, he needs to find some way of overcoming the paralyzing moment of threat, for this is the instant when he wonders what he really is – whether he is what he just was or is what he is about to be' (Kelly, 1964, pg. 147).

Introduction

Study one explores the content of constructs elicited in the self characterisations that are indicative of both positive and negative mental health.

The related research question explores what information about the individual the single self characterisation provides. This includes content related to the emotional, relational, moral and personal categories of the CSPC system. These areas are representative of emotional, psychological and social wellbeing areas which contribute to positive mental health. Overall, this study investigates whether the self characterisation provides information of other characteristics outlined in the literature review, for example self esteem, emotional, psychological and social wellbeing. This study also considers whether findings of Hardison and Neimeyer (2007) can be supported by establishing that a greater number of positive constructs is indicative of higher self esteem.

Method

Participants

Thirty-eight adults (30 females and 8 males) were recruited from the University of Wollongong for this study. The participants signed up as part of their mandatory psychology course requirements for which they received credit. The mean age was 21.11 years ($SD= 5.02$), with a range of 18 to 43 years old.

Materials

Self Characterisation Technique

As described in the theoretical background section in chapter two, the self characterisation technique was developed by Kelly (1955) as a narrative assessment

that helps to identify an individual's common and core constructs. The single self characterisation consists of a character sketch and participants followed the instructions presented in the theoretical background section of chapter two.

Procedure

Following approval of this study from the Human Research Ethics Committee (HREC) at the University of Wollongong participants were recruited from the school of psychology research participation system. The materials needed to complete the study were prepared in a sequential fashion with an information sheet provided (see Appendix A) to the participants in order to secure informed consent (See Appendix B). The consent form was immediately collected in order to make the data unidentifiable. An instruction sheet which detailed each stage of the research session was provided to all participants. The principal investigator followed the procedure outlined in Appendix C to ensure that standardisation was maintained across participants. The original self characterisation instructions were given to the participants in order to elicit constructs using a single self characterisation method (See Appendix D). Participants were required to identify and underline the descriptive words or phrases that they used within their character sketch.

These descriptors were used as a basis to forming a construct. The next task requested that the participants identify the bipolar construct by writing down a descriptive word or phrase that describes something or someone that is not like the descriptor they identified. Obtaining the bipolar construct assisted researchers in understanding the meaning behind the construct as it applies to the participant.

Construct elicitation

The output generated by the single self characterisation method has to be divided into individual constructs before they can be coded into categories or identified as positive or negative indicators of self esteem. This followed the same procedure described in the methodology section in chapter 3.

Data Analysis

CSPC analysis

The Classification System for Personal Constructs (CSPC; Feixas, Geldschlager, & Neimeyer, 2002) was used for content coding of the constructs elicited within the self characterisation as discussed in the methodology section of chapter three.

Self esteem measure derived from self characterisation

Self esteem was assessed using the ratio of positive to negative constructs elicited through the self characterisations (Hardison & Neimeyer, 2007) as discussed in the methodology section in chapter three.

Results and Discussion

The results were analysed using the CSPC system.

Table 2 *Frequencies and percentage of frequencies for each content category in single self characterisations*

	Frequency	% frequency	Range
Moral	102	14.47	0 – 33.33
Relational	321	45.53	8.33 – 81.82
Emotional	118	16.74	0 – 25
Personal	143	20.28	0 – 14.29
Intellectual/Operational	17	2.41	0 – 63.16
Values/Interests	4	.57	0 – 58.33
TOTAL	705		

Table 2 presents the frequencies and the percentage of frequencies for each content category within the single self characterisation measure. Content coding of personal constructs derived from the single self characterisations tended to elicit constructs of a relational ($f = 321$), moral ($f = 102$), personal ($f = 143$) and emotional ($f = 118$) content with some frequency whilst intellectual / operational constructs ($f = 17$) and values and interests ($f = 4$) were less frequently elicited by the self characterisation method. This suggests that the self characterisation technique is able to elicit relational and moral constructs that are indicators of the psychological wellbeing dimension of positive relations with others. Emotional wellbeing is also indicated as represented by the emotional content and coupled with the psychological wellbeing dimension, is an indicator of positive mental health. An interesting finding is that despite the self characterisations being primarily self descriptive, relational content was the most frequently elicited by the self characterisation method which is a description of how the participants behave socially with others. This finding could be as a result of the instruction that the participant write the self characterisation from the perspective of a close friend but nonetheless is indicative of social wellbeing as it describes the social behaviour of the participants with others in their life.

Table 3 presents examples of how the constructs elicited from the self characterisations were classified using the CSPC system.

Table 3 *Examples of category and constructs elicited within the self characterisation*

Category	Construct elicited
Moral	Giving vs Selfish Good vs Bad Responsible vs Irresponsible Trustworthy vs Untrustworthy
Relational	Sociable vs Shy Funny vs Dull Dependent vs Independent Sympathetic vs Unsympathetic
Emotional	Sensitive vs Insensitive Warm vs Cold Relaxed vs Nervous Happy vs Sad
Personal	Hardworking vs Lazy Organised vs Unorganised Perfectionist vs Messy Mature vs Immature
Intellectual/Operational	Competent vs Incompetent Smart vs Dumb Focused vs Unfocused Creative vs Not Creative
Values/Interests	Religious vs Not religious Like sports vs Do not like sports Poetic vs Not poetic Family oriented vs Self involved

The most frequently elicited constructs were that of a relational, personal and emotional nature which was consistent with results obtained by Hardison and Neimeyer (2007) in their study. The relational category is both an indicator of Ryff's (1989) dimension of positive relations with others which is indicative of psychological wellbeing but is also indicative of social wellbeing. The personal construct category coupled with the positive and negative constructs are indicative of an individual's strengths and weaknesses. The emotional category is indicative of

emotional wellbeing and the moral category indicates the positive relations with other dimension of Ryff's (1989) psychological wellbeing. Taken together, these categories demonstrate positive mental health. These were elicited from the single self characterisation in which a person describes themselves in a general way. In a multiple self characterisation, the person transforms these generalisations into more specific descriptors. The way in which this provides a richer picture will be the focus of study two.

Chapter Five: Study

Two- Elaborating the self characterisation

*'Butcher, baker, candlestick maker – many are unaware of the true role they play
in reality' (Etienne de L'Amour, The Insiders, 2012).*

Introduction

Study two is an exploratory study that elaborates on the single self characterisation technique to explore the information that can be gained about self esteem and positive mental health and how it is enhanced by the use of the multiple selves. The related research question explores how well the multiple self characterisation elaborates on the single self characterisation. Kelly's (1955) technique required an individual to write a single self characterisation as described in the methodology section of this study. In this exploratory study, participants were asked to identify six roles or 'selves' that are prominent in their lives and write a self characterisation on each self identified. It is anticipated that the many selves technique would yield a greater number of constructs than the single self characterisation technique and that greater insight would be gained into self esteem and positive mental health. Therefore it is anticipated that the use of the multiple self characterisation technique would add to the therapeutic value of the single self characterisation.

Method

Participants

Thirty-eight adults (30 females and 8 males) were recruited from the University of Wollongong for this study. The participants signed up as part of their mandatory psychology course requirements for which they received credit. The mean age was 21.11 years ($SD= 5.02$), with a range of 18 to 43 years old.

Materials

Multiple self characterisation technique

As described in the methodology section in chapter three, the multiple self characterisation technique utilised the combination of Mair's 'community of self' metaphor with Kelly's self characterisation which allowed for the elaboration of the single self characterisation. Participants followed the instructions presented in the methodology section in chapter three to complete the multiple self characterisation.

Procedure

Data was collected using the same procedures as in Study One. However, the participants were first asked to think about six different roles that they had in their lives and the different selves attached to these roles (e.g. daughter, happy self, sporting self). Once identified, participants listed these six selves on the worksheet provided (see Appendix F) and were then instructed to write a character sketch for each of these selves, using the format provided by Kelly (1955, see Appendix E).

Data Analysis

Construct elicitation

The multiple self characterisation method has to be divided into individual constructs before they can be coded into categories or identified as positive or negative indicators of self esteem. The principal investigator followed the same analysis procedures as the methodology section in chapter three.

Self esteem measure derived from self characterisation

Self esteem was assessed using the ratio of positive to negative constructs elicited through the multiple self characterisations as discussed previously within the methodology section in chapter three.

CSPC analysis

The Classification System for Personal Constructs (CSPC; Feixas, Geldschlager, & Neimeyer, 2002) was used for content coding of the constructs elicited within the multiple self characterisation technique as discussed previously in methodology section in chapter three.

Results and Discussion

Table 4 presents the means for the total number of constructs elicited within the single self characterisation as compared with the multiple self characterisation method. It is shown that on average the multiple self characterisation ($M = 32.89$, $SD = 12.12$) method elicits more constructs than does the single self characterisation ($M = 18.50$, $SD = 7.44$) method.

Table 4 *Comparison of total number of constructs elicited within each self characterisation method*

	Number of Constructs	Mean number of constructs	<i>SD</i>	Range
Total number of constructs elicited in single self characterisation	705	18.50	7.44	6 – 40
Total number of constructs elicited in multiple self characterisation	1239	32.89	12.12	15 – 70

Table 5 presents the mean percentages for the self esteem measures from the single self characterisations as compared with the multiple self characterisations.

Table 5 *Comparison of mean percentages of positive and negative constructs within each self characterisation method*

	Mean	SD	Range
Positive constructs in single self characterisations	77.98	17.75	33.33 – 100
Negative constructs in single self characterisations	22.02	17.75	0 – 66.67
Positive constructs in multiple self characterisations	73.91	16.24	37.50 – 100
Negative constructs in multiple self characterisations	26.10	16.24	0 – 62.5

These results suggest that the multiple self characterisations elicit similar results to that of the single self characterisation when investigating the percentage of positive constructs used within the self characterisation method. This demonstrates that the multiple self characterisation method replicates Hardison and Neimeyer's (2007) results in that self esteem can be representative of the percentage of positive to negative constructs elicited within the single self characterisation method.

Table 6 presents the frequency percentages for each content category within the single self characterisation measure as compared with the multiple self characterisation measure.

Table 6 *Comparison of frequency percentages for each content category within each self characterisation method*

	Single Self Characterisation % Frequency	SD	Multiple Self Characterisation % Frequency	SD
Moral	14.47	1.74	14.37	3.27
Relational	45.53	4.37	40.60	5.90
Emotional	16.74	2.39	16.30	3.24
Personal	20.28	3.05	24.70	4.80
Intellectual/Operational	2.41	0.76	3.87	1.29
Values/Interests	0.57	0.39	0.16	0.23

It is demonstrated that both the single self and multiple self characterisations elicit the same content categories with similar frequencies. Therefore this replicates the results obtained by Hardison and Neimeyer (2007) as it was able to elicit relational, personal, emotional and moral content with some frequency.

Table 7 presents the mean percentage of roles chosen across participants.

Table 7 *Mean percentage of roles chosen across participants using the multiple self characterisation method*

	Mean
Student	94.74
Son/daughter	84.21
Brother/sister	81.58
Partner (girlfriend/boyfriend)	71.05
Special interest self (Dancer/sports player/party)	68.42
Work (Employee/employer)	63.16
Friend	55.26
Emotional (Angry/happy self)	47.37
Judgement (Best self/worst self)	21.05
Mother/father	5.26
Relative (Cousin/uncle/aunty)	5.26
Granddaughter/Grandson	2.63

The most frequently identified self was that of the student self. This is a logical finding as the sample that was used in this study was that of university students and it is expected that they would identify with this role as it was applicable to them as data collection was taking place. The second most frequently identified role was that of son or daughter followed by sibling. These roles also tend to be permanent roles and will continue to be prominent over an individual's life span. Interestingly, it would have been expected that the most frequently identified role would be that of son or daughter.

Chapter Six: Summary

Results and Discussion

‘When we deny our stories, they define us. When we own our stories, we get to write a brave new ending’ (Brene Brown).

General Discussion

These exploratory studies suggest that the use of Kelly's (1955) self characterisation technique is enhanced by the use of multiple selves. The studies aimed to explore the information that could be gained about emotional, psychological, social wellbeing and self esteem as provided by the self characterisations. In relation to the first research question (what information about the individual does the single self characterisation provide?) the single self characterisation yielded a number of general constructs that reflected levels of emotional, psychological and social wellbeing which have been identified as aspects of positive mental health. Self esteem levels were also reflected by the number of positive and negative self descriptors as indicated by Hardison and Neimeyer (2007). In relation to the second research question (how well does the multiple self characterisation elaborate on the single self characterisation?) the use of the many selves yielded a greater number of diverse constructs than the single self characterisation. These characteristics were more closely aligned with the particular aspects of the selves, which allows the clinician to pinpoint problematic areas and strengths more accurately.

This thesis demonstrates that this elaboration of Kelly's (1955) self characterisation technique may be used as an exploratory tool to gauge individuals' level of positive mental health. Information regarding a person's emotional, psychological and social wellbeing, can be elicited and analysed by using the multiple self characterisation approach. In relation to the third research question (does personal construct psychology provide an effective technique for identifying characteristics of positive and negative mental health in individuals?) following Hardison and Neimeyer's (2007) approach it was found that the self characterisation was able to elicit positive and negative constructs which are representative of an individual's level of self

esteem. In relation to the fourth research question (does the multiple self characterisation technique provide an effective clinical tool for addressing negative mental health characteristics and strengthen positive mental health characteristics?) the multiple self characterisation could also identify levels of self esteem and more accurately identify aspects of the self that were related to high and low self esteem. A summary case study showing the single and multiple self characterisations for one participant can be seen in Appendix G.

The following section will discuss the results and implications of this thesis in more detail. The therapeutic value of the self characterisations will be assessed and some interesting findings that also arose will be discussed. Strengths and limitations will be identified and future research directions discussed.

Interpretation

The relevance of Positive Mental Health

This thesis explored the notion that most mental health care has traditionally and continues to focus mainly on mental illness. Previous views on mental health see positive mental health as merely the absence of mental illness. As expressed by the two continua model, it has been shown that positive mental health is not just the absence of mental illness, rather that positive mental health and psychopathology are distinct but two related dimensions of mental health (Keyes, 2002).

As mentioned earlier, there is some disagreement in the literature when it comes to the uniqueness of hedonic and eudaimonic dimensions of wellbeing (Kashdan et al., 2008). However it was demonstrated that hedonic and eudaimonic wellbeing is discernible. From the hedonic tradition it has been suggested that emotional wellbeing looks at maximising positive and pleasurable feelings as well as minimizing the

negative and unpleasant feelings increases an individual's mental health. It was demonstrated that emotional, psychological, and social wellbeing are all components of positive mental health. Since it has been demonstrated that emotional, psychological and social wellbeing together make up the definition of positive mental health which is reflected within the WHO's definition of positive mental health, these dimensions together cover both the hedonic and eudaimonic traditions of wellbeing research (Keyes, 2005). The eudaimonic tradition has been shown to consider how an individual can optimally function in life and the degree to which they see themselves as functioning well in life which is covered by psychological wellbeing. In addition to this social wellbeing covers the degree to which an individual functions to the optimum in their community life.

The use of the multiple self characterisation approach was able to provide an indication of the levels of positive mental health by using the CSPC system to analyse the content of the self characterisations. This classification system allowed for the investigation of emotional, psychological and social wellbeing as well as self esteem levels as indicated by the identification of positive and negative constructs used within each self characterisation. By analysing the positive and negative constructs used by the participants, the self characterisation approach is able to identify both positive mental health as suggested by the individuals strengths and the use of positive constructs to describe their particular self, as well as the potential negative constructs to describe certain aspects of themselves which could be indicative of areas that may be problematic for an individual.

According to Ryff's (1989) psychological wellbeing dimension, self acceptance and positive relations with others have been shown to be elicited when analysing the self characterisations using the CSPC approach. Beginning with the self acceptance

dimension, the ability to see yourself realistically and objectively is demonstrated through not only the exploration of positive and negative constructs elicited in the self characterisations but also through the personal category of the CSPC system. This suggests that those individuals who possess higher levels of psychological wellbeing and positive mental health are likely to be individuals who not only have higher self esteem levels but also use constructs within the personal category when describing a particular self using the self characterisation technique. Higher self esteem levels are demonstrated by a greater number of positive constructs elicited within the self characterisations as demonstrated by Hardison and Neimeyer (2007) and were replicated in this present study. Conversely, those who do not possess a high score on self acceptance are more likely to use less personal category descriptors as well as may have used a greater number of negative constructs. According to Ryff (1989) this suggests that these individuals may possess lower levels of psychological wellbeing and in turn may possess overall lower levels of positive mental health.

The ability of the self characterisation to investigate the three dimensions of positive mental health as well as the addition of self esteem across a number of an individual's roles, may show that an individual's positive mental health may differ across these selves. This shows that it is possible for an individual's mental health to be influenced by the particular role they play, the environment in which they play this role and the importance of that particular role to the stage of life they are currently experiencing. In line with this finding, it can be suggested that the multiple self characterisation approach can be used in a longitudinal study to examine an individual's emotional, psychological and social wellbeing across a number of selves and a lifespan.

Overall it has been demonstrated that positive mental health and mental illness are two separate but related dimensions as shown by the two continua model. This reiterates the importance of positive mental health in mental health care and not simply focusing on psychopathology as was traditionally the case. The enhancement of positive mental health has been shown to be of importance and plays an enormous part in improving mental illness symptoms (Keyes et al., 2010; Wood & Joseph, 2010).

The two continua model also has important implications for the mental health care fields and policy makers alike. Presently within the mental health care field an emphasis on psychopathology is the focus of both the diagnostic tools used as well as the treatment provided within these settings. It has been demonstrated through the two continua model that mental health and mental illness are indeed two distinct factors. This suggests that it may be of benefit for an individual's recovery to promote positive mental health and not focus solely on psychopathology as this does not ensure a population that is mentally healthy (Keyes, 2007).

As mentioned earlier there are examples of treatment which focus on promoting positive mental health which include wellbeing therapy (Fava et al., 1998a) and Acceptance and Commitment Therapy (Bohlmeijer et al., 2015). The current thesis also proposes that the multiple self characterisation method can be used as both a diagnostic tool for not only an indicator of psychopathology but also of current levels of positive mental health. The information gathered from the analysis of the multiple self characterisation can be utilised as both an initial screening tool as well as used throughout the therapeutic process with the aim to increase and promote positive mental health and recognise which particular 'self' may be lacking in this area so as to use it as a focal point during therapy.

Self esteem and positive constructs

Self esteem was assessed within the self characterisations by looking at the ratio of negative to positive descriptors elicited throughout the multiple self characterisations. Hardison and Neimeyer (2007) demonstrated that a greater number of positive descriptors indicated a greater self esteem whilst a greater number of negative constructs was indicative of a lower self esteem. This finding has also been ascertained in the present study. A positive relationship was obtained between self esteem and the percentage of positive constructs utilised by the participants in both the single self characterisations and multiple self characterisation approach. On average within the single self characterisations it was demonstrated that 77.98 percent of constructs were positive in comparison to 73.91 percent of positive constructs within the multiple self characterisation method. Hence, the greater the number of positive constructs used within the self characterisation, the higher the self esteem obtained. This demonstrates the utility of the method of self characterisation as a measure of self esteem.

Conversely, a negative relationship was found between self esteem and the percentage of negative constructs. In the single self characterisation approach 22.02 percent of constructs used were negative whilst similar results were obtained within the multiple self characterisation technique with 23.10 percent found to be negative constructs. This finding suggests that those with low self esteem are less likely to use positive descriptive words and more likely to use negative words when they are describing themselves within the self characterisations. This finding was reiterated by Hardison and Neimeyer (2007) as they also found that the greater the number of negative constructs used within the self characterisations, the more likely it was to signify a lowered self esteem. Hence, once again, lending support to the therapeutic

value of the technique of the self characterisation technique. It makes it possible to identify any self esteem issues that are affecting the individual through a non-threatening medium of exploration and without the therapist focusing upon any particular issues.

The use of the elaboration of the many selves within the self characterisation technique allows researchers and therapists alike to be able to pinpoint which of an individuals' particular selves may be lacking in self esteem. This would allow therapists to explore that particular self and focus on that particular self in treatment. This is not just the case for the particular selves that may use negative constructs but also focuses on those selves that use positive constructs as those selves contain positive features an individual may not realise that they possess. As a result, the self characterisation method can identify those particular selves that have low self esteem and allow therapists to work with individuals on these particular selves by utilising the positive qualities the individual already possesses.

The identification of self esteem levels using the multiple self characterisation approach is an alternative to objective measures such as the Rosenberg Self Esteem Measure which although provide a global self esteem measure, does not identify the area of an individual's life that may be lacking in self esteem, nor does it identify the area of an individual's life that may possess high self esteem.

Analysis of self characterisations

This study has demonstrated the CSPC system used to analyse the self characterisations was flexible in being able to adapt to the analysis of self characterisation despite that most research using the CSPC was focused on repertory and laddering techniques (Hardison & Neimeyer, 2007). This study has also demonstrated the utility of the CSPC system in identifying positive mental health.

Thematic analysis was undertaken using the CSPC system to investigate the characteristics that arose in those individuals that possessed high self esteem scores in the form of a high percentage of positive constructs. Results suggested that self characterisations tended to elicit constructs that can be grouped over four major areas. These include relational, personal, emotional and moral constructs. Firstly, constructs that demonstrate and portray the individual as considerate towards others were the mostly used positive descriptors within the self characterisations, that is, those that were classified as the relational constructs. The most commonly used descriptors within this area included sociable, sympathetic, loving and caring. These constructs are used to describe the types of relationships that individuals may have with other people and how they may act in these situations. These relational constructs are also an indication of the social wellbeing aspect of positive mental health. Since the multiple self characterisation was able to elicit relational constructs relating to social wellbeing, it demonstrates that the multiple self characterisation approach may indeed be an alternative measure of positive mental health. The relational constructs are also captured within Ryff's (1989) psychological wellbeing dimension of positive relations with others which reiterates the utility of the multiple self characterisation technique in identifying positive mental health.

Secondly, the types of constructs that demonstrate and portray the individuals personality characteristics and an individual's character are those categorised as personal constructs which participants use to make a judgement about themselves. The most commonly used descriptors in this category as elicited in the self characterisations include hardworking, organised, perfectionist and mature. These personal constructs are also an indication of the positive qualities or strengths that an

individual may possess and can be identified by both the individual and the therapist and used effectively in the promotion and treatment of mental health.

The moral category of the CSPC system as elicited within the multiple self characterisation is also an indicator of psychological wellbeing and in particular the dimension of positive relations with others. These elicited descriptors such as trustworthy, responsible, giving and respectful. This describes the individual's perception of their moral values towards others and in which they themselves believe in and in turn contribute to the overall promotion of positive mental health.

The final area identified in those who possessed high self esteem scores is that of the emotional constructs which represent emotional wellbeing. This described the individual's outlook on life. Descriptors such as sensitive, warm, relaxed and happy were elicited using the multiple self characterisation approach. The use of these words describes an individual's emotional attitudes as well as specific feelings that individuals hold towards their lives. This once again can be used as an indicator of positive mental health and are useful in ascertaining focal points within a therapeutic setting.

Conversely, the relational category also stood out in individuals with low self esteem as indicated by more frequent use of negative constructs throughout the self characterisations. A particularly interesting finding is that as with higher scorers of self esteem, those with lower self esteem scores as indicated by a greater number of negative constructs also mentioned the relational constructs. These constructs consisted of descriptors such as boring, unsociable, dull and not enjoyable to be around. This suggests that those with low self esteem do not like to associate themselves with others. This finding is particularly useful within therapy because by working towards helping the client establish social relationships, you are in effect

potentially increasing an individual's level of self esteem which in turn promotes positive mental health.

Along with the relational category, the personal category was also identified by those who showed to have low self esteem. Constructs that were indicative of an individual's personality and character include descriptors such as lazy, unorganised, messy and unmotivated. This suggests that those with low self esteem tend to believe that they are not very high achievers. This may not be the case at all, but the belief that one is unorganised or unmotivated can impact negatively upon an individual's self esteem. The fact that the multiple self characterisation approach is able to indicate the area of an individual's life that they may be expressing low self esteem once again demonstrates the utility of this tool and its implications in being able to deliver effective therapeutic strategies for the promotion of positive mental health.

An example of the analysis of the self characterisation is included in Appendix H. This case study shows the value of the multiple self characterisation approach in not only yielding richer and greater data in comparison to the single self approach but also shows the utility and the potential therapeutic value of the self characterisation technique in identifying self esteem and positive mental health.

Value of multiple self characterisation in identification of self esteem and positive mental health

As mentioned earlier, the technique of the self characterisation can be used as an invaluable tool in therapeutic settings. Hardison and Neimeyer (2007) give rise to a number of advantages of using this method within a therapeutic setting. Firstly, the recurring themes of self characterisations are generally centred around relationships, emotional or of a personal nature. This was demonstrated in this thesis with the constructs revolving around thematic areas such as relational, personal, moral and

emotional categories. It is these areas that typically prompt individuals to seek therapy in the first place (Hardison & Neimeyer, 2007). Furthermore, these areas elicited encompass emotional (emotional category), psychological (personal and moral categories) and social (relational category) wellbeing therefore encompassing both the hedonic and eudaimonic traditions of wellbeing as well as the overall positive mental health dimension.

It was also discovered that the number of negative constructs found within the self characterisations were indicative of negative self esteem, which demonstrates the self characterisation method's capacity as a therapeutic tool. This is because it allows for the individual to encapsulate their thoughts on paper without influence from the therapist.

The use of the multiple self characterisation technique across a number of selves has not yet been explored in depth to date despite exploratory studies (Crittenden & Ashkar, 2012). This thesis strengthens and demonstrates promising results for the usefulness of this method of exploration (Crittenden & Ashkar, 2012). Firstly, by asking an individual to think and write about the different roles that they undertake in everyday life a therapist is able to explore most of that individual's world. More importantly, this information is coming directly from the individual themselves. As a result a therapist can use this tool to gain insight into the client's world.

Secondly, since the descriptors provided us with positive and negative perspectives coming directly from the individual, although self esteem was able to be identified in the single self characterisation, it was unable to distinguish exactly where or in what situation an individual may be displaying low self esteem. The same is true of positive mental health. The categories of positive mental health were able to be identified in the single self characterisation method however was unable to pinpoint

the area in an individual's life where they seem to be lacking in positive mental health. This idea is also true of both objective measures of self esteem and positive mental health objective measures. These measures do not allow the therapist to pinpoint where the client may lack self esteem or positive mental health. Hence the multiple self characterisation technique yields more information about an individual's self esteem and positive mental health levels than a quantifiable method.

Additionally, the positive descriptors are able to provide indicators of both positive self esteem and positive mental health. By using the multiple self characterisation approach, therapists would be able to identify the exact role within which an individual displays higher self esteem and higher positive mental health. These positive aspects can be interpreted by therapists as the individual's strengths and therefore utilised within psychological treatment to further enhance an individual's self esteem and to highlight to an individual who may think that they do not have any strengths that indeed they do.

By using the multiple self characterisation approach and looking into an individual's main roles, therapists become well equipped to gain more insight into how an individual may behave in each role making the therapeutic process more individualised. This allows the therapist to also gain insight into potential conflict that may be affecting an individual and where that conflict may lie.

The application of the multiple self characterisation technique allows the therapist to identify the situation that could potentially be causing distress to the client and therefore provides a building block for therapists to further explore any issues that have been identified by the client. This technique also allows therapists to anticipate any conflict between the client's selves.

First three roles

An interesting finding arose when investigating the different selves that people chose to use as part of the multiple self characterisation approach. Since no restrictions were placed on the order that participants could write about their chosen selves or the selves that individuals chose to write about it was interesting to look at not only those selves that were most identified with across the population, but also the order that the selves were chosen to be written about.

The self that the participants most identified with and wrote about first was that of the student. This is a logical finding as the sample that was used in this study was that of university students and it is expected that they would identify this as a role that is applicable to them. Interestingly though, despite all participants in this sample being university students, it was not a conclusive 100% frequency of participants who chose this role as one to write about which beckons the question that those individuals who did not choose this role must not believe the student role to be as important to them as other roles.

The second self that was most likely identified with was that of a daughter or son. Once again, being students the sample is most likely to identify themselves as a son or daughter as it is where one of their immediate responsibilities may lie. This role also tends to be a permanent one and will continue to be a prominent role over the entire life span. That is, as long as someone lives, they will be someone's daughter or someone's son. Despite this being the case, once again it was an interesting finding that approximately only 84% chose this role to write a self characterisation on. It would be worth further exploring for those who did not choose this as one of their roles the reason behind why they did not do so as it may be an indicator for the individual of an area where possible conflict may lie.

The third self that was most identified with was that of a sibling. This is another logical role as once again it is a role that does not change much at all over the lifespan and is a role that would most likely be stationary as the year's progress. Once again as long as you have a brother or sister you will identify yourself as a brother or sister. Despite this finding approximately 81% wrote a self characterisation about themselves as a sibling. This may indicate sibling conflict or indicate that the individual may have been an only child. All in all, further exploration surrounding the roles chosen by the individual can yield richer information surrounding an individual and helps therapists to better understand that individuals help as a result leading to better therapeutic outcomes.

While these first three roles may seem of minor interest, it does indicate an awareness of an appropriate stage of life that an individual currently living in and does lead to an interest into those individuals who are not beginning with these roles. In addition, confirmation that individuals are at this stage of life is an indicator of mental health as the individual is aware of where they are in life and if these roles are inconsistent with the stage they are in their life then it may be an indicator of negative mental health.

Links to Kelly's Corollaries

Thematic analysis of the self characterisations did elicit themes in relation to Kelly's 1955) corollaries. Constructive alternativism suggests that we can interpret the selves in many different ways. The use of the multiple self characterisations allows individuals to look at themselves in many different ways. Kelly argues that the sociality corollary allows individuals to understand another person's personal constructs and as a result of this we can anticipate and relate well to other people (Ewen, 1997). This idea can be shown with the use of the multiple self

characterisations between the selves. This suggests that the more common constructs that there are between these different selves, the better the communication that should exist between the selves. This idea yields many ways forward in explaining effective intrapersonal communication as well as any conflict that may occur. Kelly states that by understanding another person's personal constructs that we can anticipate and relate well to other people (Ewen, 1997). Kelly goes further and says that to assist us in understanding other people's personal constructs, we should play understandable roles. By playing roles such as partner, friend and daughter for example, people can easily anticipate these roles. It is the anticipation of these roles that allows for more interpersonal relationships to develop (Ewen, 1997) and in a therapeutic environment would allow for therapists to be better understand their clients.

However, when contradictions in terms of constructs across the selves are found, Kelly's (1955) fragmentation corollary applies. This allows individuals that may have contradictions between the selves, to be able to acknowledge that these exist but continue to have effective communication between a number of selves. When there are a number of contradictions, this can have a negative impact on an individual. The self characterisations in this study yielded occasions where a particular self was not identified with all the time. This self may be shown to be fragmented, however if the individual is aware of this self and has insight into this, the particular self may not be problematic.

Limitations

An obvious limitation of this research is the student sample which does not give a sufficiently broad population sample. The sample group was only undergraduate students studying psychology. This may have influenced the results as the students may have already studied the methods employed in this study. Results cannot be

generalised to those groups that differ in age and circumstances to those of this sample group. The study did not utilise a positive mental health measure to facilitate comparison with the self characterisation approach. This would need to be undertaken in future studies to ensure that the multiple self characterisation measure can indeed be a valid and reliable measure of positive mental health. This also means that the classification of the constructs using the CSPC system could have been more carefully investigated and compared with the measures of positive mental health. A number of classification measures could be explored to ensure that all the constructs elicited with the multiple self characterisation approach can be classified.

There may have also been limitations associated with the identification of the different roles. When identifying the roles, the percentage of students which explored the role of the student may have been influenced by the example that was given on the instruction sheet. However, even if this example was not used it may have still been the case that the students would still have identified with this role strongly as they were playing this particular role when participating in the study. Furthermore, the data in this study was essentially qualitative and hence it was difficult to carry out any statistical confirmation when comparing positive and negative constructs within both the single self characterisation and multiple self characterisation method. However, the construction of an appropriate quantitative measure would allow for statistical testing to take place in the future.

Additionally, despite using the WHO definition of mental health and exploring positive mental health from the two continua model framework, there is generally no universal criteria in explaining when an individual may be considered mentally healthy. Across different cultures and individuals, views on wellbeing differ. Within the research field there is a lack of precision when explaining terms and definitions of

what is considered mentally healthy. For example, the term emotional wellbeing is referred to as subjective wellbeing across different research studies (Diener et al., 2010). Whilst Ryff (1989) looks at psychological wellbeing as optimal functioning, 'wellbeing' can also be interpreted as symptoms of psychopathology (Lamers et al., 2011).

Future Directions

This exploratory study has generated many findings which can be used as a basis for further research. Firstly, it will be interesting to be able to undertake a quantitative analysis of the self characterisations which could be completed by using a repertory grid. The repertory grid is a structured interview procedure devised by Kelly (1955) that assesses how individuals' view themselves (or others) and events in their social world (Hardison & Neimeyer, 2007). The repertory grid is made up of elements and a set of constructs. An individual rates these elements on a variety of constructs. The information can then be analysed quantitatively using statistical software. This was beyond the scope of this study. However, Hardison and Neimeyer (2007) attempted to quantify the self characterisations that they explored. By using the constructs elicited with the self characterisations and their bipolar constructs, this information can be transferred to a repertory grid where an individual is able to rate these constructs across the selves (which are the elements of the grid) that they have identified to see whether there are any consistencies, inconsistencies or integration across their selves. A more extensive interview can be undertaken to determine what constructs should be included within the repertory grid.

The multiple self characterisation approach can also be used to assess those from different age groups. This can be investigated by looking closely at the different roles that those from other age groups identify with. This suggests that the roles that are

present across different ages are the roles that are most likely to resist change. Thematic analysis of these constructs can then show what characteristics of each role across these different ages are similar. This exploration can also be extended to include any of the gender differences that may arise in regards to personality characteristics, self esteem and the content of the self characterisations.

Along with different age groups and gender differences, it could be interesting to investigate the cultural differences that may exist in our community. It would be of interest to see what different roles, different cultures identify with and what themes and key constructs are elicited that could be important in this culture. This information could be useful therapeutically as it can be used as means for the exploration of mental health levels in a mental health care setting.

Finally, an extension of this study can be used within a clinical setting as did Fransella (1995) to investigate how a client saw themselves before and after they were diagnosed with a mental illness. It can be utilised as an initial screening tool as well as an exploratory tool that can demonstrate an individual's positive mental health levels as well as their strengths and any potential weaknesses which can be the focus of therapeutic intervention. It has been demonstrated that the method of the multiple self characterisation may be a useful tool in a therapeutic setting and that its ability to demonstrate positive mental health levels and self esteem levels has provided a foundation for future research. An example of this could be by using participant instructions to generate a specific set of characters for specific roles, for example: child, brother, partner etc and in turn a set of character markers for these roles. This may be of benefit in therapy as a set of character markers could be predictive of certain mental illnesses and generating these character descriptions may help with reliability over time.

One of the key points made throughout this thesis is that mental health care should not only focus on the treatment and assessment of mental illnesses but should also promote positive mental health. At this point in time it is unclear how positive mental health is incorporated in the treatment of mental illness, however it should be included in both the assessment and diagnosis of psychopathology as well as the treatment of mental illnesses. This thesis proposed that the multiple self characterisation technique can be used to indicate positive and negative self esteem as well as emotional, psychological and social wellbeing factors. However, it is recommended that an instrument should be included to measure a person's emotional, psychological and social wellbeing to compare the themes elicited from the self characterisations with a well established measure of positive mental health.

The measure that can be introduced as a comparison measure to the self characterisation is the Mental Health Continuum Short –Form (MHC-SF). The MHC-SF (Keyes, 2002) is a self report instrument that is used to measure positive mental health. As mentioned earlier, other self report instruments (Diener et al., 2010; Hu et al., 2007; Keyes, 1998; Pavot & Diener, 2008; Ryff, 1989; Tennant et al., 2007; Watson et al., 1988) had been previously used to measure positive mental health but these were primarily measuring emotional wellbeing such as life satisfaction and positive feelings which is only one aspect of positive mental health. The MHC-SF encompasses items representative of the current definition of positive mental health covering emotional, psychological and social wellbeing which covers both hedonic and eudaimonic traditions.

The use of the MHC-SF has many advantages including the fact that it is brief and would be able to be utilised in population studies. The MHC-SF is also well founded and has been shown to be a valid and reliable tool in the assessment of

positive mental health (Keyes et al., 2008). Although the MHC-SF measures emotional, psychological and social wellbeing it only administers 14 items and so total or mean scores on each dimension is not able to be provided. The MHC-SF also fails to include all aspects of the psychological wellbeing dimension namely self-acceptance or environmental mastery. This can be rectified by using the extended version of the Mental Health Continuum or by using instruments that measure one dimension of wellbeing such as Ryff's Psychological Wellbeing scale (Ryff, 1989) so as to address the dimensions of positive mental health separately.

This thesis also suggests that positive mental health should be emphasised in interventions. If the self characterisation can be used as an initial screening tool to identify the particular selves that may be lacking in positive mental health then therapeutic sessions are able to be used during psychological interventions to provide insight and strategies that target those particular selves. This can assist in increasing positive mental health as well as assisting with reducing psychopathological symptoms, although this would need to be investigated as it has already been demonstrated that alleviating symptoms of psychopathology does not automatically mean an increase in positive mental health is to occur.

Conclusion

This exploratory study investigated the elaboration of Kelly's (1955) self characterisation technique to explore the information that can be gained about mental health, in particular the factors that contribute to positive mental health. By elaborating the self characterisation into a multiple self characterisation approach factors such as emotional, psychological and social wellbeing as well as self esteem levels were able to be extrapolated from the self characterisations of each individual. This was done by utilising the community of self as proposed by Mair (1977) which

provided a clear and structured way of exploring an individual's diversity and individuality which although most psychological disciplines aimed to explain they generally have avoided to do so. It was found that although the original self characterisation was able to elicit the same factors, that the multiple self approach was able to enhance this technique creating a richer array of constructs and information.

Therefore this study supports the usefulness of the elaboration of the self characterisation technique as potentially a more effective measure of self esteem and emotional, psychological and social wellbeing. Although several limitations arose as a result of this exploratory study, future research directions have been suggested to help address these limitations and further develop this technique so that it can be utilised effectively within a therapeutic and mental health care setting.

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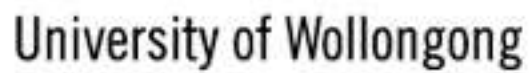
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Appendix D

*“I want you to write a character sketch of (**INSERT NAME HERE**) as if he/she were the principle character in a play. Write it as it might be written by a friend who knew him/her very intimately and sympathetically, perhaps better than anyone could really know him/her. Be sure to write it in third person. For example, start out by saying, (**INSERT NAME HERE**) is...”*

[illegible]

Appendix E

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INSTRUCTIONS FOR PARTICIPANTS

1. Please think about the different roles you undertake in your life and see if you can identify the different “self” that you are when in each of these roles. Make a list of 6 selves you can think of (see example below).

For example: Self: As a student

As a son/daughter

As a sibling

As a boyfriend/girlfriend/partner/spouse etc

Angry Self

Happy Self

Party Self

2. Then write a “self characterization” for each self you have listed. Follow the example below.

*“I want you to write a character sketch of (**Joe Bloggs as a student**) as if he/she were the principle character in a play. Write it as it might be written by a friend who knew him/her very intimately and sympathetically, perhaps better than anyone could really know him/her. Be sure to write it in third person. For example, start out by saying, (**Joe Bloggs as a student**) is...”*

3. Now, underline all the *descriptive* words or phrases you have used in each description and number these.

For example:

Joe Bloggs as a student is a perfectionist¹. He is extremely organized² and passionate³ in regards to everything he undertakes. He has a fear of making mistakes⁴.

4. Describe ‘someone/something that is not like the descriptor’ on your worksheet in the margin provided.

For example:

Descriptor: ‘**Extremely organized**’

Someone that is not like this: ‘**messy**’ or ‘**all over the place**’

Appendix F

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Age: _____

Male / Female

Please make a list of 6 selves that you can think of and that reflect the different roles you have in your life

Please write a self characterisation a paragraph in length for each of these selves (see instruction sheet)

[illegible]

Appendix G

Case study example

Participant 011

Single Self characterisation

Karen is more layered than she appears to be. On the outside Karen is extremely confident, but what most people don't know is that she actually suffers from a lot of anxiety. Karen is friendly to everyone and likes to make people feel valued, however this constant need to make those around her happy and welcome often leads to frustration. Karen is very affectionate, loses her head and follows her heart in all types of relationships. Karen is a push over at times but can also be forward and confronting. Karen is impulsive and irresponsible but is also smart enough to acknowledge her wrong doing. Karen hates vanity but is quite a hypocrite at times and loves fashion and pop culture. Karen would do anything for her true friends but her irresponsible laid back nature means that the resources to do so are often not available to her.

Multiple self characterisation

List of six selves

1. Student
2. Girlfriend
3. Sister
4. Relaxed Self
5. Anxious Self
6. Work Colleague

1. Student

Karen as a student leaves a lot to be desired. She has wasted a lot of years not applying herself and now feels she is ageing and wishes she hadn't been so slack and irresponsible in the past. She loves to learn, loves the new uni lifestyle and has a lot of potential but has issues with applying herself.

2. Girlfriend

As a girlfriend Karen is ideal, but in doing so fails to meet her own needs. Karen is committed offers unconditional love. She gets infatuated and loses sight of her own priorities. Karen is willing to compromise herself too much for her significant other and is aware of this but probably won't ever change.

3. Sister

As a sister Karen needs to be more attentive. Karen does not feel she is treated equally and lets this get in the way of her relationship with her siblings. Karen has made a lot of mistakes and neglected her siblings in the past and will forever pay for it with guilt. Karen's siblings are her best friends and she tries to be a best friend to them also.

4. Relaxed Self

Karen is very relaxed a lot of the time. Karen is laid back, irresponsible, has a sense of humour, impulsive and loves to party. She is also confident and easy going. She is likeable and easy to talk to.

5. Anxious Self

Karen suffers from an anxiety disorder and experiences panic attacks. This issue has burdened her for over two years. Karen was medicated and recently stopped taking this. She feels much less cloud but feels the panic attacks are creeping back slowly. Karen doesn't nurture her condition the way she should.

6. Work Colleague

As a work colleague Karen likes to make work fun. She makes an effort to help everyone and be friendly. Karen likes to socialise at work but will always attempt to keep work separate from the rest of her life.

Analysis

Number of positive and negative constructs within single self vs multiple self characterisation method

	Positive Constructs	Negative Constructs
Single Self Characterisation	4	2
Multiple Self Characterisation	29	14

Number of construct categories identified within the single vs multiple self characterisation method

<i>Category</i>	<i>Single Self Characterisation</i>	<i>Multiple Self Characterisation</i>
<i>Moral</i>	2	4
<i>Relational</i>	2	19
<i>Values/Interests</i>	0	0

<i>Intellectual/Operational</i>	<i>0</i>	<i>1</i>
<i>Emotional</i>	<i>1</i>	<i>6</i>
<i>Personal</i>	<i>1</i>	<i>13</i>

Note: The full analysis of the self characterisations and the raw data obtained is available if required.