Time to Flourish

Time perspective and level of identity consistency in flourishing individuals

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Abstract

The study of mental well-being has a long history, but it isn´t until the last decade or so that it has regain interest in psychology with the establishment of positive psychology as a new research discipline. The present research builds on theories of mental well-being as a continuum, in which complete mental health is labeled *flourishing* and incomplete mental well-being is categorized *languishing*, people in between are *moderately mentally healthy*, and relates it to theories of an individual´s time perspective and identity consistency. We propose that flourishing individuals will have a balanced time perspective that allows them to have a positive view of the past, be engaged in the present, and to have a positive framing of the future as well as display a consistency across different social roles. A questionnaire with the scales of MHC-SF, the S-ZTPI, and measures of identity consistency was distributed among commuters ($N = 110$) on domestic trains in Sweden. The study had no languishing individuals, but the results showed that flourishing individuals tend to have a more positive framing of the future as well as a more consistent identity across different social roles than moderately mentally healthy. Future research should develop the scales as well as explore a possible incongruence between the different subscales of the MHC-SF and its implication for mental well-being.

Keywords: positive psychology, well-being, mental health, time perspective, time orientation, identity consistency, MHC-SF, ZTPI, S-ZTPI

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The purpose of this essay is to dwell upon the subject of mental health as a continuum, as well as hopefully to be able to give some answers as to what it constitutes. Current research has been focused on comparing and contrasting mental health with theories of personality, relating it to coping styles, and to demographic variables. Our purpose is to relate mental health to a person´s time perspective and how consistent a person is in his or her personality across different social roles. A consistency across social roles has previously been shown to have a positive effect on the promotion of mental health (Donahue, Robert, & John, 1993). However, it has not yet been investigated in relation to time perspective as well as theories of mental health as a continuum. Time perspective is subjective and unconscious and serves the purpose of dividing the continual flow of experiences into time frames that give order, coherence, and meaning to personally experienced events. Time perspective has been shown to affect our decisions which in turn affect the choices we make (Zimbardo & Boyd, 1999). How time perspective and especially if there is a certain one that promotes mental health has not yet been evaluated, and our hope is therefore to explore if there is a certain time perspective that can be associated with positive mental health. This study is important since it might provide a deeper understanding of cognitive processes colored by our time perspective that might influence our perceived level of mental well-being.

The field of positive psychology has been established as a research discipline the last two decades, but is it really as new as it is portrayed in the literature? Somewhat fifty years ago Marie Jahoda (1958) pointed out that "the knowledge about deviations, illness, and malfunctioning far exceeds knowledge of healthy functioning" (p. 6) and called for a more balanced science of functioning with a greater emphasis on appropriate functioning in order to understand and test assumptions such as health and illness are different only in degree.

During the seventies, Aaron Antonovsky (1987), a sociologist with an interest in the medical field, stumbled upon some interesting research data that he claimed changed the way he conducted his research. While studying how Israeli women adapted to menopause, they simply asked the question whether or not the woman had been spending time in Nazi concentration camps during the Second World War. Twenty nine percent of the women -although having experienced the horror and crimes conducted within the walls of the concentrations camps and later emigrated to Israel- a country constantly battled by war and conflict- were considered to have mental health. Antonovsky criticizes the notion of disease and health as opposites and

suggests that health and disease are part of the same continuum, may it be on different nodes of the continuum. On the negative side you have disease and on the positive side there is health. These findings led Antonovsky to rephrase research questions in a salutogenetic approach in which the focus of research is to reveal why some people tend to move towards the positive side of the continuum at a given time.

Thirty years later Martin Seligman and Mihaly Csikszentmihalyi appealed to the awareness of the fact that psychology had neglected the knowledge about well-being and what contributes in helping people leading a more fulfilling and productive life (Linley, Joseph, Harrington, & Wood, 2006). This led them to form a new research discipline and positive psychology was born by Martin Seligman´s 1998 Presidential Address to the American Psychological Association (Seligman, 2002). Since then the field has expanded into clinical psychology (Maddux, Snyder, & Lopez, 2004), organizational psychology (Donaldson & Ko, 2010) and numerous positive psychology books, journals, positive psychology networks, have emerged (Linley et al., 2006).

At the core of positive psychology lies the assumption that knowing about deviations and abnormalities does not give us an answer as to what a healthy and content life is. Something Rümke (1955) concluded half a century ago "the understanding of the disturbances of the sick man hardly contributes to the understanding of the normal man" (as cited in Jahoda, 1958, p. 74). A notion also supported by Antonovsky and the salutogenic approach. Seligman Steen, Park, and Peterson (2005) state that "positive psychology is an umbrella term for the study of positive emotions, positive character traits, and enabling institutions" (p. 410). The purpose of the research field is to complement what is known about mental illness, human suffering, and weaknesses; so that psychology can offer a more balanced scientific understanding of human mental health (Seligman et al., 2005).

Even if positive psychology is an umbrella term one could say that two research paradigms have emerged out of two distinct Greek philosophies; hedonism and eudaimonism (Ryan & Deci, 2001b; Salama-Younes & Ismaïl, 2011).

The concept of hedonic well-being consists of pleasure or happiness in life as well as positive affects (Diener, Scollon, & Lucas, 2004; Ryan & Deci, 2001; Salama-Younes & Ismaïl, 2011), and can be traced back to the fourth century B.C. when the Greek philosopher Aristippus, considered the goal of life to maximize the amount of pleasure and that happiness is the totality

of one's hedonic moments (Ryan & Deci, 2001b). To Aristippus happiness was obtained by an unrestricted pursuit of immediate pleasure and enjoyment (Diener et al., 2004). Later utilitarian philosophers such as Bentham argued that a good society springs out of its members attempts to maximize pleasure and self-interest (Ryan & Deci, 2001b) as well as minimizing pain, suffering, and misfortune which means that Bentham expanded the concept of happiness to incorporate both positive and negative aspects (Diener et al., 2004).

According to Kahneman, Diener, and Schwartz (1999) hedonic psychology is the study of "what makes experiences and life pleasant and unpleasant. It is concerned with feelings of pleasure and pain, of interest and boredom, of joy and sorrow, of satisfaction and dissatisfaction" (p. 79). Researchers within the hedonic paradigm consider subjective happiness to be the core aspect of well-being (Ryan & Deci, 2001b). Happiness and subjective well-being (SWB) is sometimes being used synonymously within the literature, and maybe this reflects a populist versus theoretical framework. Happiness can have many ambiguous meanings since it can refer to a long term experience of well-being, to immediate feelings of joy, or the perceived experience of many situations with positive affect (Diener, 1994). To assess happiness, researchers within the hedonic paradigm use the assessment of SWB which incorporates global satisfaction, and satisfaction with specific domains of life, positive affect, and low negative affect (Diener & Lucas, 1999; Diener et al., 2004; Ryan & Deci, 2001b). Hence, SWB consists of two parts; a cognitive part which is an information based appraisal of one´s life how well it measures up to one´s expectations; and an affective part which refers to the degree of the presence of positive affect and the degree of the absence of negative affect (Diener, 1994).

To sum up, researchers within the hedonic paradigm are interested in pleasure versus pain and individuals´ appraisals of their lives. Martin Seligman suggested that happiness-studies, in the sense of SWB (authors note), should be at the focal point of positive psychology (Seligman et al., 2005). However, this notion he later overthrew and in his latest book, *Flourish*, Seligman (2011) replaces the affective connotation of *happiness* with *well-being;* a construct consisting of more than the mere pursuit of lasting positive affect. But Seligman is far from being the first to consider a healthy life to consist of more than as many positive emotions as possible.

Aristotele considered hedonic happiness to be a "vulgar ideal, making humans slavish followers of desires" and argued that true happiness lies within the actions of virtues (Ryan & Deci, 2001b, p. 145). Well-being in a broader sense relates to the second research paradigm

eudaimonism which suggests that well-being is the actualization of human potentials or rather the "feelings experienced when engaging in behaviors aimed at reaching one's potential" (Salama-Younes & Ismaïl, 2011, p. 24). Within this paradigm is the notion that what is subjectively desired (hedonic) might not necessarily generate well-being when achieved (Ryan & Deci, 2001b; Ryff & Singer, 1998). Research within this paradigm reaches beyond positive versus negative affect and considers functioning, experiencing feelings of autonomy, competence, relatedness, as well as self-acceptance, life purpose, and life mastery combined or in different constellations to contribute to well-being (Jahoda, 1958; Ryan & Deci, 2001; Salama-Younes & Ismaïl, 2011).

The debate between the two research paradigms- hedonism and eudaimonism- has a long history and cannot be resolved within this essay. Our purpose with a brief introduction of the two is to provide the reader with a basic understanding of positive psychology and its two research paradigms; hedonism and eudaimonism. However, the field is highly segmented and the lack of consistency hinders the development of a common ground. The inconsistency expresses itself in researchers defining theoretical constructs differently resulting in both frustration and confusion when conducting research. We believe that research within the eudaimonic paradigm will contribute to a more complete understanding of human well-being and human mental health. But emotional states -the degree of positive versus negative affect- should not be disregarded since it has been shown that those high on SWB tend to be successful in many different domains of life (Lyubomirsky, King, & Diener, 2005). This will certainly bias our essay in favoring theories that suggest the complexity rather than the simplicity of what promotes human mental health. We also believe that positive mental health and well-being does not rest upon static personality trait, rather it is a result of an individual's action and its interaction with the context.

The aim of the current essay is to explore mental well-being and if there is a certain time perspective that is more prevalent among individuals who could be considered *flourishing* which equals positive mental well-being. We also wish to relate mental well-being to identity consistency and investigate if a consistent identity across social roles is more common among flourishing individuals, or if a flexible identity is to prefer. First, we will address the issue of mental health, how it could be defined and how it can be measured. Second, relate mental health to theories of time perspective (TP) and identity consistency (IC), and third, present, and discuss the results of the current study.

Mental Health

What is mental health? According to the World Health Organization multiple biological, psychological, and social factors affect the level of mental health of an individual at any point of time. They define mental health as "…a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (WHO, 2011). They further point out that mental health, in a positive sense, is the foundation for individual well-being and for the effective functioning of a community. The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This means that the WHO view mental health as a complete state in which different features – physical, mental, and social well-being- interact in order to produce a state that is more than simply the absence of disease. Even if WHO offers a wide definition of mental health it does not reveal how it is obtained. Is mental health something innate or is it a result of choices and actions?

Jahoda (1958) argues that we might have two distinct options when defining mental health; either view it as a "constant and enduring function of personality" or as a "momentary function of personality and situation" (p. 8). The first view will lead to a classification of individuals as more or less healthy; the latter will classify actions as more or less healthy. The first considers health to be something innate; either you have it or you don´t. The latter, on the contrary, will take situational factors into account when judging whether or not a person is engaged in healthy behavior or not. However, today we have the knowledge that mental well-being is a function of both personality and situation (Lyubomirsky, Sheldon, & Schakade, 2005).

Within the research literature there is no unanimous definition of mental health and there is an ongoing struggle as to what it constitutes, and how do we measure the presence and absence thereof (Jahoda, 1958; Keyes & Grzywacz, 2005; Salama-Younes & Ismaïl, 2011). Many researchers argue for a definition of mental health as a reflection of a complete state rather than just the absence of mental illness (Joshanloo & Nosratabadi, 2008). The absence of disease may "constitute a necessary, but not sufficient, criterion for mental health" (Jahoda, 1958 p. 15). Ryan and Deci (2001b) talks about well-being defined as the "optimal psychological functioning and experience" (p. 142), and that "well-being is not the absence of mental illness" (p. 142) which implicitly suggests well-being to be mental health.

Within the literature of psychology, well-being is sometimes being synonymously used with mental health, but if we consider the definition of mental health according to WHO, mental health consists of biological, psychological, and social processes interchangeably and what most authors within the research literature of psychology mean by well-being is generally not the assessment of well-being as a whole, but rather the well-being of the psyche. Since the purpose of this essay is to assess the mental part of health we will use the term mental well-being to emphasize and differentiate from other sorts of well-being such as physical well-being. However, health is a result of the dynamic interaction between biological, psychological, and social processes and is therefore only separable in theory. To asses all aspects of health is beyond the scope of the essay, but it is important to point out that the mental, the physical, and the social coexist and interact continuously.

Ryan and Deci (2001b) consider *mental* well-being to be equal to what Carl Rogers (1963) referred to as being fully functioning rather than simply fulfilling desires. Ryan and Deci (2001b) argue that autonomy, competence, and relatedness are the underlying principles that foster mental well-being. Mental well-being in this sense is to be fully functioning, experiencing feelings of autonomy, competence, and relatedness, as well as self-acceptance, life purpose and life mastery.

Jahoda (1958) defines six research approaches to mental health: 1) Positive mental health can be sought in a person's attitudes towards one's self which is described in terms such as self-acceptance, self-confidence, and self-reliance. 2) Positive mental health can be attributed to an individual's degree of growth development, or self-actualization. 3) Integration of both growth development and self-actualization combined with a person's attitude towards one's self. 4) Positive mental health is an individual's degree of autonomy. 5) The perception of reality as an important factor for positive mental health. 6) Environmental mastery as the criterion for positive mental health. Combine the six research approaches described above and you will end up with the multiple criterion approach suggested by Jahoda (1958).

The multiple criterion approach falls mostly within the eudaimonic paradigm, but it also acknowledges the importance of attitudes towards oneself which falls within the hedonic paradigm. The multiple criterion approach considers a person with positive mental health as an autonomous, creative, and spontaneous person who is self-actualizing -but not constantly striving for higher goals- with an adequate self-image, a reality oriented self-perception of the world, can

balance work, love, and play, is able to feel happy, joy and contentment, has an individualistic ethic, a heterogenic attitude as well as a self-determining attitude and an investment in living with an active adjustment in the sense of environmental mastery (Jahoda, 1958).

Jahoda's multiple criterion approach appears to have inspired Carol Ryff (see also Ryff, 1989; Ryff & Singer, 1998) who later operationalized psychological well-being based on six similar constructs and created the Scales of Psychological Well-Being (PWB) based on an integration of mental health theories, clinical theories, and life span development theories (Kafka & Kozma, 2001; Ryan & Deci, 2001b). Ryff (1989) argues that positive functioning, consisting of six dimensions of PWB: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and the ability to form positive relations with others. This means that an individual is functioning well and can be considered to have positive mental well-being when he or she can form warm and trusting relationship with others, have a sense of direction in their life, can shape their context or environment to fit their needs in the sense that it has a coherence with their purpose in life, and have a degree of self-determination. Table 1 shows a comparison between the six constructs in Jahoda's multiple criterion approach and Ryff's scales of PWB. Ryff and Singer (1998) argue that the six basic foundation of PWB is what both specify and promotes emotional and physical health.

Table 1

A Comparison Between Jahoda's Multiple Criterion Approach and Ryff's Scales of PWB.

Jahoda's multiple criterion approach	Ryff's scales of PWB
1. Attitudes towards oneself such as self-acceptance, self-confidence, and self-reliance	Self-acceptance
2. Growth development and self-actualization	Personal growth
3. Integration of growth development, self-actualization and attitudes towards oneself.	Purpose in life
4. Degree of autonomy	Autonomy
5. An accurate perception of reality	Positive relations with others
6. Environmental mastery	Environmental mastery

Note. The ability to form warm and trusting relationships with others was something Jahoda considered to be part of both an accurate perception of reality and environmental mastery. In the first category it refers to the ability to treat another person's inner life as something worthy of one's attention and in environmental mastery it is part of acting to form interpersonal relations with people in one's environment.

Corey Keyes and Carol Ryff (1995) argued that PWB was different from the earlier mentioned SWB since the first measures features within the eudaimonic research paradigm and

the latter is what researchers within the hedonic paradigm are interested in. According to Keyes, Ryff, and Shmotkin (2002) SWB considered well-being in terms of overall life satisfaction and happiness whereas PWB, they argued, relied heavily on existential challenges, and aspects of human development as well as one's perceived functioning in life. However, in the above mentioned study they compared SWB with PWB and found that the two had a high significant correlation, $r = .59$. This means that people high on SWB also tend to be high on PWB and vice versa.

Keyes later departed from Ryff and argued that PWB is a more private and personal evaluation of one's functioning in life and does not take into account the person in the social context (Keyes, 2002). Keyes suggests a broader definition of mental well-being and argues that PWB is one part of mental well-being, and that positive functioning also has to include social challenges and tasks (Keyes, 2002). It is a way of assessing the human being as a social being. The social dimensions suggested by Keyes (2002), are social coherence, social actualization, social integration, social acceptance, and social contribution. Keyes, Wissing, Potgieter, Temane, Kruger, and van Rooy (2008) argue that

"The important distinction between psychological well-being (PWB) and social well-being (SoWB) is that the former represents how individuals view themselves functioning as *I* or *Me*, while the latter represents how individuals view themselves functioning as *We* or *Us*" (p. 182).

In order to have positive mental well-being an individual, along with the above described features of PWB, also needs to feel that the society in which he or she resides is understandable, that it contributes to the thriving of individuals like him or her, and that he or she contributes to its prosperity. This definition brings us closer to WHO's definition in which mental health consists of physical, psychological, and social well-being. However, Keyes, as Jahoda did, also acknowledge the importance of emotional states, and in his theory of the Mental Health Continuum (MHC) he tries to bridge the gap between the hedonic and eudaimonic research paradigms by arguing that social well-being (SoWB), psychological well-being (PWB), and emotional well-being (EWB) combined are all indicators of an individual's mental well-being (Keyes, 2002; Keyes et al., 2002; Keyes et al., 2008).

Emotional well-being (EWB) is generally operationalized as a predominance of positive affect over negative affect in accordance with an overall satisfaction with life (Joshanloo & Nosratabadi, 2009). A person with high EWB is someone who reports a high satisfaction with life, the presence of positive affect such as happy, joy contentment, vitality, and to a lesser extent experiences negative affect. This may be recognized by the reader as the definition of SWB, which is also ascertained by measures of the presence of positive affect, absence of negative affect, and perception of life satisfaction. So, the two constructs, EWB and SWB, are essentially the same. By incorporating EWB into his model Keyes takes into consideration both the hedonic and the eudemonic paradigms and to assess mental health Keyes created the scales of the Mental Health Continuum (MHC) which contain the three subscales EWB, SoWB, and PWB. EWB includes the presence of positive affect, absence of negative affect, and perceived satisfaction with life. PWB contains six dimensions: self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy (see Keyes, 2002; Keyes et al 2008; Keyes & Ryff, 2000), and SoWB consists of five dimensions: social coherence, social integration, social actualization, social contribution, and social acceptance (see Keyes, 2002).

Since mental health, according to Keyes (2002), is a continuum you have the presence of positive or complete mental health on one node which he labels *flourishing,* and on the opposite node is negative or incomplete mental health which he labels *languishing*, in between is *moderate mental health.* This idea mirrors Conrad's (1952) distinction that separates *positive mental health* from *non-health* as well as *negative health* and by negative health Conrad does not mean pathology but some form of vegetating without either positive health or disease. Keyes' concept of languishing is equal to Conrad's definition of negative health since languishing is incomplete mental health and does not equal pathology. Flourishing mirrors Jahoda's (1958) concept of *positive mental health* since in order to be flourishing one has to experience positive emotions, a high satisfaction with life as well as have a high psychological and social functioning (Keyes, 2002). Languishing individuals report low levels of well-being which translates into few or lack of positive emotions and a self-perception of low psychological and social functioning in life.

Keyes (2002) defines mental health "as a syndrome of symptoms of positive feelings and positive functioning in life" (p. 208) and further states that mental health is "...a complete state consisting of the presence or absence of mental health and mental illness symptoms" (2002, p.

210). This is similar to Rümke´s (1955) conviction that mental health and mental disease are qualitatively different, which in turn is different form Antonovsky´s suggestion that mental health and pathology are at opposite nodes of the same continuum (Antonovsky, 1987). However, considering mental health and pathology to be qualitatively different is supported by findings that pathogenic events leads to mental disease in one case, but not in another (Antonovsky, 1987; Jahoda, 1958).

Jahoda (1958) argues that viewing mental health to be qualitatively different from mental disease would result in two different continuums; a health continuum and a sick continuum. On the extreme pole of health would be positive mental health and on the other extreme would be absence of health. The sick continuum on the other hand would be disease on one end and absence of disease on the other. This, according to Jahoda (1958), would allow us to perceive patients with healthy features and non-patients with sick features. Figure 1 is an illustration of Jahoda´s statement in which mental health and pathology are two different continuums that allow for varying degrees of both mental health and pathology to coexist.
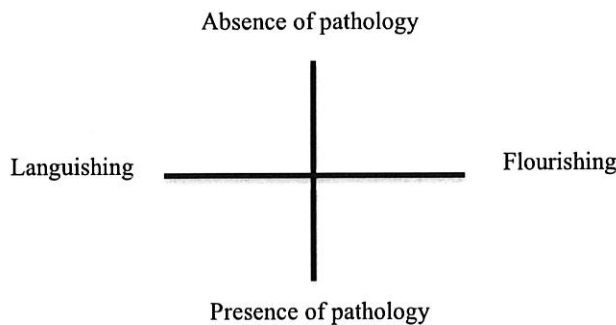
Absence of pathology

Languishing ———————+——————— Flourishing

Presence of pathology

Figure 1. A suggested model of mental health and pathology.

In the Midlife in the United States study Keyes was able to investigate if the absence of mental illness is reflective of genuine mental health. In the US sample 18 percent were flourishing, 65 percent were moderately mentally healthy, and 17 percent were languishing. Keyes (2002) revealed that nearly all languishing adults showed no symptoms of depression and therefore did not fit the criteria in the DSM-III-TR for either minor depression or dysthymia. But there are reasons to be concerned about languishing since it has been associated with substantial psychological impairment such as limitations of activities of daily living, a prevalence of

cardiovascular disease, a higher number of missed days at work (higher than flourishing and moderately mentally healthy) and a prevalence of chronic physical health conditions (Keyes, 2002, 2004, 2005). Flourishing people on the contrary reported few lost days of work, and fewer limitations of activities of daily living (Keyes, 2002).

Joshanloo and Nosratabadi (2008) investigated the discriminatory power of the Big Five personality traits -extraversion, neuroticism, conscientiousness, and openness to experience- in discriminating among the three levels of mental health continuum in a limited sample of students. Seventeen point nine percent were found to be flourishing, 66.5 percent were found to be moderately mentally healthy, and 15.6 percent were found to be languishing. In relation to the Big Five the results showed that flourishing people had higher scores on extraversion and conscientiousness and lower scores on neuroticism, than moderately mentally healthy and languishing individuals. Moderately mentally healthy and flourishing individuals had higher scores on agreeableness than languishing individuals. However, the study revealed one remarkable thing; the three groups did not differ on the scores of openness to experience. This led the authors to conclude that openness to experience failed to play a significant part in discriminating among flourishing, languishing and moderately mentally healthy individuals (Joshanloo & Nosratabadi, 2008). But what if it actually revealed something important, namely that individuals of all three categories are open to new experience, but some of them lack the ability to act in order to experience?

Barber, Bagsby, and Munz (2010) examined affect regulation styles -the ability to regulate moods and emotions as an important behavior for successful interaction with one's environment (Gross, 1998; Larsen & Prizmic, 2004 in Barber et al., 2010) among flourishing, moderately mentally healthy, and languishing individuals in a sample of undergraduate students. The results suggested that individuals either flourishing or moderately mentally healthy were significantly more likely to try to understand and analyze feelings, make plans to avoid problems in the future, talk to someone, do something enjoyable, and to be grateful for good things in life. Languishing people were more likely to consume alcohol, treat oneself to something special, and were less likely to talk to someone, but more likely to consult an advisor/mentor, which the authors considered to indicate a lack of social support. Flourishing individuals were less likely to do the following things; withdraw from a stressful situation, suppress emotions, keep to themselves, compare themselves to others who are worse off (downward social comparison), eat

something to get out of a bad mood, and day dream. According to Barber and colleagues (2010) flourishing individuals were more prone to use engagement strategies rather than behavioral and cognitive avoidance strategies.

The MHC has been validated and tested numerous times within the research literature. In a cross-cultural application of the short form of the MHC (MHC-SF) Keyes and colleagues (2008) investigated the psychometric properties of the MHC in terms of measures of the internal consistency and validity, and factor structure, and the distribution of the sample over the mental health continuum. The sample consisted of Setswana speaking South Africans of various age and socioeconomic background. The overall MCH-SF scale had acceptable internal consistency (i.e., above $\alpha = .70$) and showed good construct validity, 12.2 percent were of the sample were languishing, 67.8 percent were moderately mentally healthy, and 20 percent were flourishing. These findings are similar to the ones obtained in the Midlife in the United States study (Keyes, 2002) as well as in the student sample in the Joshanloo and Nosratabadi (2008) study investigating the discriminating power of the Big Five personality traits.

In a French sample of physically active old adults Salama-Younes and Ismaïl (2011) set out to validate the factor structure of the MHC-SF as well as investigating the distribution of their sample on the MHC. The study confirmed the three factor structure of EWB, PWB, SoWB as suggested by Keyes (2002; 2005). In their sample 67.96 percent were flourishing, 23.48 percent were moderately mentally healthy, and 8.55 percent were languishing. The results differ from the ones obtained in the US sample as well as the Setswana speaking South African adults. Salama-Younes and Ismaïl (2011) finds two explanations to the results: First, the age difference between the sample, and second, the fact that the adults just had come out of a physical group activity when filling out the questionnaire. This suggests that the responses on the MHC-SF might be highly affected by the mood or affective state of the participant, as well as the context in which it was filled out.

Assessing mental well-being by acknowledging an individual's emotion, his or her perceived level of interpersonal functioning, as well as the subjective experience of the quality of his or her interactions with the social context is a way of taking into account all the various aspects that interact in order to create the subjective experience of one's mental well-being. Considering mental well-being to be a continuum suggests a potential. Individuals can potentially move along the continuum. This notion is important, not just for research application,

but also for clinical application since it might function as an intervention tool to define where on the MHC an individual is at a given time, as well as which aspects of mental well-being -social, psychological or emotional- needs to be addressed. What creates a potential move towards the positive node, the node of flourishing, might be highly individual. But to consider mental health to be a continuum implicitly suggests that time has something to do with it, and an individual´s time perspective can change with practice and awareness (Zimbardo & Boyd, 2004), so maybe by receiving knowledge about flourishing individual´s time perspective we can get a hint about what might cause this move towards the flourishing node of the continuum.

Mental Well-Being and Time Perspective

Time perspective (TP) has been a forgotten variable within psychology (Boniwell, Osin, Linley, Galina, & Ivanchenko, 2010; Zimbardo & Boyd, 2004). However, both earlier and resent research has shown that a person´s TP influences his or her behavior (Crockett, Weinman, Hankins, & Marteau, 2009; Erikson, 1968; Zimbardo & Boyd, 1999). It has also been shown that TP can change depending on experience, maturation, and context (Zimbardo & Boyd, 2004). Therefore it is important to investigate how TP relates to mental well-being. Not that it hasn´t been done before, but previous studies have focused on the hedonic measures of well-being such as subjective happiness (Boniwell et al., 2010). Since research has shown that TP can be altered (Zimbardo & Boyd, 2004), can it also impact the level of mental well-being?

Lewin (1951) defined TP as "the totality of the individual´s view of her psychological future and psychological past existing at a given time" (p. 75). Lewin further claimed that the influence of the past and the future directs our behavior in the present. This suggests that our actions, behavior, and decisions are influenced by our TP. If we are driven towards the future, our actions today will be made based upon our future goal. Likewise if we consider past judgments a success, we will likely make the same decisions in the present based upon the perception of past success. Albert Bandura´s (1997) theory of self-efficacy (in Zimbardo and Boyd, 1999) advances a multilateral temporal influence on behavioral self-regulation which is generated by believes about ones efficacy grounded in past experiences, present appraisals, and reflections on future options. This means that our perceived level of self-efficacy is influenced by our experiences and judgments of success or failure of actions in the past, as well as our ability to reflect and reinterpret those actions, so that we can adjust and adapt them to our ideas of future circumstances. Carsten and colleagues (1999) (cited in Zimbardo and Boyd, 1999)

proposed that "the perception of time plays a fundamental role in the selection and pursuit of social goals, with important implications for emotion, cognition, and motivation" (p. 1271).

Zimbardo and Boyd (1999) inspired by Lewin, Bandura and Carsten have conceptualized time perspective "as a foundational process in both individual and societal functioning" (p. 1271). In this aspect a person´s time perspective influences both his or her SWB as well as his or her perceived functioning. This implicitly suggests that a person´s TP might influence the perceived EWB as well as the functional well-being (FWB), which is also Keyes (2002) definition of the combination of PWB and SoWB. To investigate this relationship is the scope of the current essay.

The formation of a person´s TP is influenced by the process of socialization, modeling, education, cultural, and other environmental factors (Seginer, 2003). TP is largely unconscious and subjective, but serves an important purpose since the dividing of the continual flow of experiences into time frames is what helps us attributing order, coherence, and meaning to events (Zimbardo & Boyd, 2004). These cognitive frames can have different shapes in the sense that they can be cyclic, temporary patterns, or linear events in people´s lives. Figure 2 shows an illustration of the dynamic relationship between past experiences, future goals and desires, and the impact on and of the present moment.
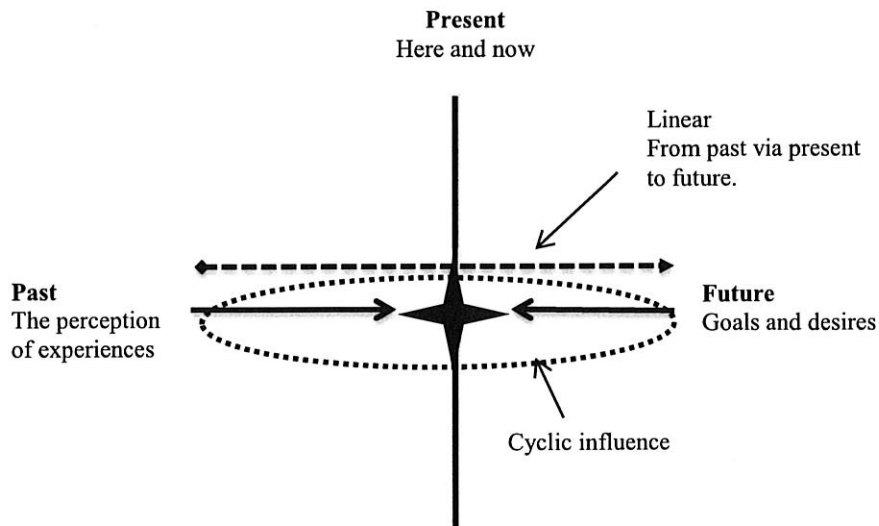

Figure 2. The dynamic of temporal frames

TP influences the encoding, storing, and retrieving of past experiences as well as the formation of expectations, goals, contingencies, and imaginative scenarios (Zimbardo & Boyd, 1999). It parcels the personal and social experiences into temporal categories. When such cognitive time frames develop and the individual display a tendency to be oriented towards a certain time frame they become part of the individual's disposition (Zhang & Howell, 2011). But TP also seems to be effected by situational factors such as stress, or engaging in an activity that raises joy within oneself (Boniwell et al., 2010). That means that an individual's time perspective can change with the situation and over time. The abstract cognitive process of reconstructing the past and constructing the future, as shown in figure 2, has an effect on decision making in the present. A recall of a prior experience in either a positive or negative shade, whether accurate or distorted, impacts the interpretation and response of the current decisional context. If we tend to be oriented towards the future our actions, decisions, and behavior will be guided by a wishful future state. In contrast to the past and future oriented decision makers are the ones influenced by the present situation. Their responses, actions, decisions, and behavior will be "a product of the forces of situational press" (Zimbardo & Boyd, 1999, p. 1272). Such forces could be the quality and intensity of the stimulus, the individual's biological state, as well as the social qualities of the moment.

In order to assess an individual's TP, Zimbardo and Boyd (1999) set out to develop scales related to TP which resulted in the Zimbardo Time Perspective Inventory (ZTPI). The ZTPI measures an individual's bias towards a certain time frame and consists of five subscales; past negative, past positive, present fatalistic, present hedonistic, and future. According to Zimbardo and Boyd (1999), a balanced TP is what is considered desirable. A balanced time perspective means that the individual considers past experiences as a source of learning, can be present in the moment, and have an idea of the desired direction of the future. The influence of TP has been shown in various studies.

The power of time was noted by Lyubomirsky, Sheldon, and Schakade (2005) in their sustainable happiness model, which states that savoring positive life experiences and reinterpreting negative events in a more positive shade will influence our behavioral decisions and mental evaluations in order to sustain happiness and life satisfaction. Hence, a positive take on past experiences promotes SWB. Other studies have shown that a past negative perspective is associated with negative affect, and a significant negative correlation with the following aspects;

current life satisfaction, general life satisfaction, meaning in life, SWB, and mindfulness (Drake, Duncan, Sutherland, Abernethy, & Henry, 2008; Foret, Steger, & Frazier, 2004).

Research has found that an orientation towards the future has been associated with an awareness of the effect of present actions on future outcomes such as engaging in physical activity, education, practicing safe sex, and healthy eating (Brown & Jones, 2004; Crockett et al., 2009; D'Alessio, Guarino, De Pascalis, & Zimbardo, 2003; Luszczynska, Gibbons, Piko, & Tekozel, 2004; Rothspan & Read, 1996). Present orientation is associated with a limited sense of control, a preference for behaviors with immediate rewards, risky sexual behavior, substance abuse, and risky driving (Keough, Zimbardo, & Boyd, 1999; Rothspan & Read, 1996; Zimbardo & Boyd, 1999; Zimbardo, Keough, & Boyd, 1997). However, present orientation might not always be a bad thing, especially not in situations requiring immediate actions. In a study of homelessness, those individuals with a present orientation were more active and creative in the search and finding of a more permanent home (Epel, Bandura, & Zimbardo, 1999).

Studies comparing TP and SWB have shown that there is a consistent relationship between TP and SWB (Boniwell et al., 2010; Zhang & Howell, 2010). Those with a past negative TP had a low satisfaction with life, while those with a past positive TP had a high satisfaction with life (Boniwell et al., 2010; Drake et al., 2008). A present hedonistic TP has been shown to correlate positively with positive affect (Zimbardo & Boyd, 1999).

Zhang and Howell (2011) set out to investigate whether or not TP mediated the relationship between personality traits and life satisfaction. They found that time perspective explained a substantial amount of variance (13.7%) in life satisfaction, even after they had controlled for demographic variables and personality traits. They also found that personality traits to a lesser extent explained the variance in life satisfaction (4.4%). Cummins and Nistico (2002) state that life satisfaction is a product of cognitive evaluations which means that assessing life satisfaction results in the involvement of specific cognitive processes. This thesis was supported by Zhang and Howell since the results of their study showed that an individual's cognitive orientation to any of the three time perspectives, past, present, and future are mediators of the relationship between personality and life satisfaction. Boniwell and colleagues (2010) state that past positive and past negative time perspective are both significant mediators of the relation between the personality trait extraversion and life satisfaction since these two time frames tap into the valence of temporal experience which is done through the emotionality that arises when

one is engaged in the validating of ones experiences in a positive or negative way and that ultimately effects ones perceived life satisfaction (Zhang & Howell, 2011).

Carelli, Wiberg and Wiberg (2011) challenged Zimbardo´s and Boyd´s statement that future oriented individuals have a more optimistic outlook and expect the future to be bright. In a study Carelli and colleagues suggested that the ZTPI should divide the future scale into a future positive and a future negative. The results of the study supported their hypothesis and the Swedish version of the ZTPI (S-ZTPI) extends the original version with a future negative subscale.

As suggested by various authors our TP provides us with a coherence of experiences over time that seems to impact our perceived level of mental well-being (Boniwell, et al., 2010; Crockett et al., 2009; Lewin, 1951; Zhang & Howell, 2011; Zimbardo & Boyd, 1999; 2004). Others have suggested that coherence in identity across situations might also influence mental well-being. We shall now turn our focus to theories of identity consistency and investigate if a consistent identity versus a flexible one is related to mental well-being and especially flourishing.

Mental Well-Being and Identity Consistency

The importance of a consistent sense of self has a long history and has been regarded as key condition of mental well-being in mainstream psychology (Suh, 2002). In the earlier literature self is described as a single structure, but today self is often perceived of as containing multiple components that interact with the environment (McConnell, Renaud, Dean, Green, Lamoureaux, Hall et al., 2004). Some hold that the self is made up of several separate selves, others that the different components are all parts of the same unit a broad, overarching *true* self (McConnell, 2011). According to Stryker and Statham (1985) social contexts affects our behavior as we adjust to norms and interpersonal relations. As we interact with the social context we adapt and adjust our behavior to fit the situation and the context, and with time these patterns of behavior becomes internalized as role-specific self-concepts.

Self-concept refers to the declarative knowledge we have about ourselves, in other words what we know to be true of who we are (Rafaeli-Mor & Steinberg, 2002). To demonstrate how this would work we can imagine an individual who finds himself at a job that requires collaboration with different associates. If he considers himself quite successful at teamwork based on past successes of adjusted behavior patterns he may eventually internalize this

experience and create a co-worker self-construct that includes the perception of himself as a cooperative co-worker. As we move and interact between different social contexts some individuals develop self-concepts that are similar in character, others develop self-concepts that vary considerably across roles and situations (Donahue, Robins, Roberts & John, 1993). The degree to which individual´s self-concepts are similar or different across different social roles and contexts is referred to as self-concept differentiation (SCD). A person who´s self-concepts are different across roles and situations has high SCD while a person who´s self-concepts are similar across roles and situations has low SCD which is also referred to as identity consistency (IC). As indicated by the definition SCD is to be considered on a gradient scale with high SCD on one node, and IC which equals low SCD on the other (Diehl & Hay, 2007).

Erikson (1968) considered both extremes of the spectrum as undesirable and unhealthy. Individuals with high SCD he described as "an interpersonal chameleon, with no inner core…plagued by self-doubt and despair," low SCD on the contrary he said "core of identity is hollow, based not on a genuine and unquestioned sense of personal integrity but rather upon deep seated fear of self-abandon" (as cited in Block, 1961 p.392). A balance, according to Erikson, would allow the individual to have a consistent identity across situations and interpersonal relationships (Block, 1961).

The degree or level of SCD is generally assessed by participants rating how characteristic a set of attributes are to them in different social roles or context separately. For example, John may describe himself as talkative when he is with his wife, but not at work. Ann on the other hand may describe herself as social with her classmates, but introverted with her parents. Identity consistency (i.e., low SCD) then is the tendency to describe oneself with similar traits in different contexts, and high SCD is the tendency to refer to different personality traits across different contexts (Locke, 2006).

There are different views of the implications of SCD on mental well-being. The *fragmentation view* supported by, Lecky (1945), Block (1961), and Rogers (1963) view high SCD as negative and argues that it generates a fragmented self with a lack of a *core* identity. According to the above mentioned authors IC is an important indicator of mental well-being (Donahue et al., 1993). In line with Lecky, Block, and Rogers, Keyes and Ryff (2000) see IC as generating a sense of life and the world as predictable and controllable. However, Showers and Ryff (1996) argue that other factors such as the perception of these self-concepts as positive or

negative are greater predictors of psychological well-being than low SCD. In other words to have similar self-concepts across different roles and situations is good for you, but it is more important that the self-concepts we identify with are viewed as positive.

The *specialization view* has a different way of looking at SCD. From this perspective high SCD is viewed as preferable over IC. In other words to have self-concepts that are different in their character across different roles and situations is good for you. Here SCD is seen as positive and an asset that helps the individual adjust to different social contexts and to adapt to the diverse requirements and expectations of different social roles (Roberts & Donahue, 1994). The ability to adjust flexibly and adjust behavior accordingly is thought to benefit interpersonal relationships, reduce stress, and even to have a moderating or buffering effect on depression and illness (Linville, 1987). IC on the other hand is seen as rigidity, a social handicap that can have a negative effect on interpersonal relations, and the ability to cope with stress (Linville, 1987). So, the *specialization view*, as different from *the fragmentation view* argues for a positive effect of high SCD.

Several authors have written about the relationship between SCD and mental well-being (Locke, 2006). Sheldon, Ryan, Rawsthorne, and Ilardi (1997) and Diehl and colleagues (1993) found a correlation between high SCD and several measures of negative well-being including anxiety, depression, perceived stress, and self-esteem. Sheldon et al. (1997) conclude that their findings concur with the fragmentation view that holds that high SCD is "not an optimal condition for human adjustment" (p. 1391) The relationship between SCD and depression is supported by Cross, Gore, and Morris (2003) who also found that SCD relates to the level of self-esteem a person experiences specifically that high SCD correlates with low self-esteem and these results are supported by Campbell, Assanand, and Paula (2003).

Campbell and colleagues (2003) used self-esteem and neuroticism as measures of psychological adjustment, and concluded that IC (i.e., low SCD) contributes to psychological well-being. Several studies have reported similar findings (i.e., Diehl, Hastings, & Stanton, 2001; Donahue et al., 1993; Showers & Ryff, 1996). In a longitudinal study of a sample of college students and a sample of middle aged women, Donahue and colleagues (1993) found that high levels of SCD related to poor emotional adjustment (assessed by measures of neuroticism, depression and self-esteem) in both samples. Adding to the legitimacy of the results, these findings were confirmed in two different sets of roles and two different sets of attributes in both

observer-based and self-reported measures, and were found to be stable over time. Individuals with high SCD were also found to be less interpersonally adjusted (measured by agreeableness, conscientiousness, socialization, self-control and acceptance of conventional values), and the authors propose that "…SCD is associated with intrapersonal and interpersonal difficulties marked by emotional distress, rejection of social norms, and volatile role relationships in love and work" (Donahue et al., 1993, p. 844).

Diehl, Hastings, and Stanton (2001) investigated SCD from a life span perspective and compared SCD in five role specific self-concept. The results from supported Donahue et al.'s findings and showed that individuals with IC have a higher ability to adjust emotionally and experience higher psychological well-being than individuals that are high in SCD (Diehl et al., 2001). Another interesting finding from this study is that the level of SCD seems to decrease in early adulthood to middle age and then increase again. The dip in SCD during young adulthood to midlife could according to the authors be the result of a self-defense mechanism activated to shield against increased socio-cultural pressure (Diehl et al., 2001).

Suh (2002) considered SCD from a cultural perspective comparing samples from the US and Korea. In both samples higher SCD was associated with lower SWB. He also found that people with IC are more proactive and outgoing, and that they are also less concerned about how other people view them.

To sum up research has shown little support for the claim that high SCD could function as a buffer to stress and illness. Instead the majority of research in the area has shown strong support for the benefits of IC (i.e., low SCD) on mental well-being (Locke, 2006).These results indicate that individuals with high IC enjoy several benefits including lower levels of depression, anxiety, neuroticism and perceived stress (Diehl et al., 2001; Donahue et al., 1993). They also suggest that individuals with IC have higher self-esteem, are more capable to adjust emotionally and experience greater psychological well-being (Campbell et al., 2003; Cross et al., 2003). Based on previous findings we are interested to see is if flourishing individuals tend to have a consistent identity across social roles.

Before we end this section we would like to take time and reflect upon the concept of normality and value since critique of positive psychology often ends up being a discussion of value (Christopher, Richardson, & Slife, 2008). Jahoda (1958) finds the concept of normality less fruitful a criterion for mental health since "what has been learned from cultural

anthropologists....can be regarded as a series of variations on the theme of plasticity of human nature and, accordingly, on the vast range of what can be regarded as normal" (p. 15). Normality can either refer to the statistical frequency concept or to a normative idea of how people in general ought to function. But what is mostly present within a population might not be a proof of mental health. History has shown that far too many times.

When it comes to mental health being value laden Jahoda (1958) suggests that "...mental health is a goal among many; it is not the incarnation of the ultimate good" (p. 78). A mentally healthy person is not automatically one that is "...*good* (italics added by authors) in terms of all desirable values," and to understand what mental health consists of does not give us the right to assume "that it is true for future generations and all cultures" (Jahoda, 1958, p. 78).

To sum up the above described theories of mental well-being and what is affecting it, an approach in which we take into account the codependence and the interaction of multiple factors as contributing to mental health is what most authors and the WHO suggests. But, as pointed out by Salama-Younes and Ismaïl (2011), a multidimensional approach adopted by both researchers and practitioners has implications since we lack the knowledge as whether or not we need to address all aspects of multidimensional mental well-being, or if nurturing dimensions independently will be sufficient for the promotion of mental well-being as a whole. Salama-Younes and Ismaïl (2011) argue that the "field needs a model of multidimensional mental health that is theoretically and psychometrically valid" (p. 24). It further requires the multiple dimensions to be grounded in theory and to be psychometrically distinct from one another, in order to understand what promotes what in the multidimensional web of mental health.

Mental well-being according to the above described theories consists of emotional, social, and psychological well-being which in turn might be affected by our time perspective and our ability to be identity consistent across contextual settings. Keyes (2002) suggests that mental health consists of EWB, SoWB, and PWB, and has developed the MHC in order to assess mental health. Zimbardo and Boyd (1999; 2004) argue that our TP has an impact on the choices we make and actions we take in order to promote mental well-being. And further argue that a balanced time perspective is what is most desirable in order to lead a life in health.

Purpose and Hypotheses

The purpose of this study is to complement and possibly extend current knowledge about mental well-being by adding time perspective and identity consistency in relation to the mental

health continuum. Previous research has shown that a consistent identity across different social roles is associated with mental well-being (Donahue et al., 1993). However, to our knowledge there is no previous research that has investigated the relationship between time perspective and the mental health continuum. Therefore this study will explore this relationship and in absence of previous research hypothesis will be stated in general rather than specific terms. We also wish to investigate how our Swedish sample is proportioned on the mental health continuum in comparison to previous research.

We are interested to see if people either *flourishing, moderately mentally healthy, or languishing* are prone to be biased towards a certain time perspective, and if one could say that they are more or less identity consistent across different social roles.

Our hypotheses are:

1. The Swedish sample is distributed on the mental health continuum similarly as to other samples measured with MHC-SF.

2. The subscales of the MHC-SF will correlate differently with the different subscales of the S-ZTPI. Specifically, the EWB subscale of the MHC-SF will correlate with the past and present subscales of the S-ZTPI, and the SoWB and PWB scales of the MHC-SF will correlate with the past and future subscales of the S-ZTPI.

3. Flourishing individuals will score higher than moderately mentally healthy and languishing individuals on the positive subscales of the S-ZTPI.

4. There will be a significant difference between individuals who are flourishing, moderately mentally healthy, and individuals who are languishing in terms of identity consistency. More specifically with support from previous research we believe that flourishing individuals will display a more consistent identity across social roles.

5. Married/cohabiting people and individuals with higher education are more prevalent among flourishing individuals.

Method

Sample

The sample consists of 110 commuters on domestic trains. The decision to use commuters was based on a number of anticipated benefits for the purpose of our study. More specifically we wanted to avoid using a sample of students and we believed that commuters can offer a diverse demographic profile ranging in socioeconomic status, age and marital status etc. It

was also to our advantage that many individuals had longer journeys ahead of them, which we hoped would have a positive effect on the number of commuters who agreed to participate. Of our sample 64.5 percent ($N = 71$) were women and 35.5 percent were men ($N = 39$). The age range was between 18 years and 81 years with a mean age of 45 years ($SD = 17$).

Administration

Commuters on trains between three cities in Sweden were asked if they wanted to participate in the study. Prior to approaching the travelers the train hostess announced in the speakers that they would be approached by a student from Lund University and that their participation was voluntary. The administrator then informed the travelers that the form would take approximately fifteen to twenty minutes to fill out. The questionnaire was then administrated to those commuters who agreed to participate. Along with the questionnaire the participants received an empty envelope and were instructed to put the form in the envelope and seal it when they had completed the form. The administrator also ensured the participants that their identity would remain anonymous and that their information would be treated confidentially. The first page (see Appendix 1) in the questionnaire included the statement "I agree to participate in this study" and a box to check if they agreed to the statement. The purpose of the question was to avoid having the participants sign with their name to ensure anonymity. The first page also included our contact information, and the participants were encouraged to contact us with questions regarding the study or to receive a copy of the article when finished. The envelopes were then collected by the administrator.

Measurements

The questionnaire (see Appendix 1) included demographic data regarding age, gender, marital status, number of children, educational level, household related income, occupational status and amount of hours engaged in physical activity per week. It also included the following inventories: *Keyes Mental Health Continuum Short Form, The Swedish Zimbardo Time Perspective Inventory and measures of self-concept differentiation.*

Keyes′ Mental Health Continuum Short Form. The Mental Health Continuum Short Form (MHC-SF) is derived from the original long version consisting of 40 items. Of the 40 items in the original version (MHC-LF) 18 items measure the six dimensions of Ryff′s (1989) scales of PWB, 15 items measure the five dimensions of Keyes′ (1998) scales of SoWB. It also includes a scale of EWB of 6 items measuring the frequency of positive affect. Five of these items are

derived from Bradburn's (1996) affect balance scale. The last item in this category is based on Cantril's (1967) self-anchoring items and is used to measure the overall quality of life.

In the MHC-SF the number of items has been reduced from 40 to 14. The items presented in the short version were considered the most prototypical to represent the dimensions of mental well-being. EWB is represented by three items, PWB is represented by six items (one item per dimension), and SoWB is represented by five items (one for each dimension). In order to provide a clear standard of assessment and categorization similar to the standards used to diagnose major depressive episodes the response options were changed in the development of the MHC-SF to a five point scale ranging from *never* to *every day* (see Keyes, 2002, 2005a, 2007).

The criteria for *flourishing* and *languishing* respectively are as follow: In order to *flourish* the respondents must have experienced *every day* or *almost every day* at least one of the three items of EWB and at least six of the eleven items of functional well-being (FWB), which is a combination of PWB and SoWB during the last month or past two weeks. In order to meet the criteria for *languishing* the respondents must have experienced *never* or *once or twice* at least one of the three items of EWB and at least six of the eleven items of FWB during the last month or the past two weeks. However, in this study we decided to change the criteria so that respondents had to have experienced never or once or twice, or every day or almost every day on two of the three items of EWB instead of one in order to fulfill the criteria for flourishing or languishing respectively. This decision was based on the fact that the short form does not identify which of the three EWB items that measure positive and negative affect and which item measure satisfaction with life. According to Keyes (2002) definition an individual must score high or low on either the positive and negative affect items or the item measuring satisfaction with life. Individuals who do not meet either of these two criteria are considered moderately mentally healthy.

The internal consistency and discriminant validity of the MHC-SF was found to be good ($\alpha = >.80$) (e.g., Keyes, 2005, 2006; Keyes et al., 2008; Lamers et al., 2011). The test-retest after 4-week is .57 for overall PWB, .64 for the overall EWB and .71 for the overall SoWB (Robitschek & Keyes, 2009). A nationally representable sample of US adults has confirmed the three factors; EWB, PWB, and SoWB (Gallagher, Lopez & Preacher, 2009). To our knowledge there is no Swedish version of the MHC-SF. As both the authors have been living in the United States for longer period of time and both have University degrees from the United States we

therefore used a translation and back translation technique. The translated version was then distributed to friends and family with relevant experience for further review.

The Swedish Zimbardo Time Perspective Inventory. To measure time perspective Zimbardo and colleagues developed the Zimbardo Time Perspective Inventory, a 56 item questionnaire assessing the subscales: Past Positive (e.g. It gives me pleasure to think about my past) , Past Negative (e.g. I think about the bad things that have happened to me in the past), Present Hedonistic (e.g., I do things impulsively), Present Fatalistic (e.g. Since whatever will be will be, it really doesn´t matter what I do), and Future (e.g., I complete projects on time by making steady progress). Carelli and collegues (2011) translated the ZTPI into Swedish, developed it and extended the questionnaire by dividing the future subscale into future positive and future negative. The Swedish version of the ZTPI (S-ZTPI) contains 64 self-report items of which 8 items measures future negative. Each item is assessed on a 5-point (likert) scale (1= very untrue of me, 5= very true of me). The internal consistency of S-ZTPI obtained with Cronbach´s α is good ranging from α = .70 to α = .80 (Aron & Aron, 1999).

Identity consistency. In order to obtain an index of self-concept consistency we asked the participants to rate a number of attributes in three different social roles: friend, partner, and co-worker/classmate. The three roles were chosen because they were perceived as relevant for the majority of the adult population. Those who had not held an employment could choose to answer from the perspective as a classmate instead of a co-worker. The attributes were selected from Suh´s (2002) 2nd study. In his study he first conducted a pilot study on a sample of American and Korean students who were asked to nominate the ten most self-defining social roles. Overt traits that are more likely to vary across roles were also given preference in the selection process that generated twelve traits that were later used in his study. An additional 6 traits were sampled from Wiggin´s (1979) study. From those twenty traits we selected 16 for the current study: *emotional, modest, cold, friendly, talkative, impatient, impulsive, open-minded, outgoing, introverted, dominant, calculative, honest, cheerful, rational, and cranky.* 4 traits were disregarded: *caring, two-faced, businesslike and cooperative.* Caring and cooperative was excluded because they were perceived as similar to friendly, businesslike was excluded because it was not considered relevant for the roles friend and partner, and two-faced was excluded because it was perceived as a highly negatively loaded term in the Swedish culture which in turn could have effected how the participants chose to answer that item.

As in Suh's (2000) study participants were then asked to rate how accurate the selected traits were representable of them in the three roles separately on a scale ranging from 1 (not at all representable of me to 8 (very much representable of me). A sample item read "as a friend, I am dominant". The traits were presented with each role separately on different pages and in random order to prevent spill-over effect from previous answers.

Statistical Procedures

The Statistical Package for the Social Sciences (SPSS) version 20.0 was used to analyze all statistical data (SPSS Inc., Chicago, IL, USA). Reliability and internal consistency of the scales were assessed using Cronbach's alpha and Levene's Test for Equality of Variance was conducted on the collected data to ensure that homogeneity of variance and normality could be assumed. After categorizing the respondents into flourishing and moderately mentally healthy using the criteria described above independent t-tests were conducted to compare the scores on all the dependent variables for the two groups. Crosstab was conducted in order to investigate the relationship between the different demographic variables and the flourishing and moderately mentally healthy group. Finally, Cohen's d was used to analyze effect size. According to Cohen a small effect size is above $d = .20$, a medium effect size is above $d = .50$, and a large effect size is above $d = .80$ (Aron & Aron, 1999).

Results

Descriptive Statistics

We will now present the descriptive statistics to give you some background information about the results of the scales and their different subscales.

Mental Health Continuum Short Form. Table 2 summarizes the descriptive statistics of the MHC-SF scale and its three subscales. The total MHC-SF scale yielded a high internal consistency (α = .87). The PWB subscale had the next highest internal consistency of α = .84, followed by the SoWB subscale with an internal consistency of α = .74 and the EWB subscale which had the lowest, but yet acceptable, internal consistency of α = .71.

A Pearson correlation revealed a large significant correlation between the subscales and the total of the MHC-SF. The correlations between the subscales were also large with the exception of the correlation between EWB and the SoWB which showed a moderate correlation, r = .37.

Table 2

Descriptive Statistics of the MHC-SF Subscales and Total MHC-SF Scores

Mental health dimensions	Mean	SD	1	2	3	4
1. Emotional well-being	12.20	1.94	-	.37	.58	.68
2. Social well-being	17.64	4.08		-	.62	.86
3. Psychological well-being	24.65	4.00			-	.91
4. Total MHC-SF	54.41	8.48				-
Cronbach's alpha			.72	.74	.84	.87

Note. All correlations are significant at p< 0.001 (two tailed)

Time Perspective. The descriptive statistics for the various subscales of the S-ZTPI shows a valid Cronbach's alpha, which is shown in Table 3. Aron and Aron (1999) suggest that Cronbach's alpha should be greater than α = .70. This criterion is met by five of the six subscales in the S-ZTPI. Only the future negative is slightly below the recommended value, α = .67.

A Pearson correlation indicates that past negative has a moderate significant negative correlation with past positive, r = -.35, a moderate positive correlation with present fatalistic, r = .45, and a large correlation with future negative, r = .50. Past positive has a small correlation with future positive, r = .22. Present hedonistic and present fatalistic correlates moderately, r =

.31. Present fatalistic also has a small correlation with future negative, $r = .27$ as well as a small negative correlation with future positive, $r = -.22$.

Table 3

Descriptive Statistics of the S-ZTPI Subscales

Time perspective	Mean	SD	1	2	3	4	5	6
1. Past Negative	24.49	6.64	-	-.35**	.12	.45**	.50**	-.06
2. Past Positive	32.20	4.78		-	.14	.42	-.14	.22*
3. Present Hedonistic	46.64	8.46			-	.31**	.02	-.07
4. Present Fatalistic	22.30	5.05				-	.27**	-.22*
5. Future Negative	26.49	5.32					-	.06
6. Future Positive	37.05	5.13						-
			.83	.70	.85	.71	.67	.70

Note. *p < .05, ** p < .01

The Distribution of the Sample on the Mental Health Continuum

Figure 2 shows the distribution of the sample on the MHC-SF divided into four categories. Of the 110 respondents, 69.1 percent fulfilled the criteria of being flourishing and 30.9 percent were moderately mentally healthy. None of the participants met the criteria of being languishing. However, a closer look at the data did reveal some interesting patterns. When analyzing the moderate mental health group, 6 percent of the sample had a different response style than the rest of the group. They were either low on EWB and high on FWB (i.e., SoWB and PWB combined) or the opposite. Even if Figure 2 shows some interesting response patterns, we will only consider the two groups flourishing and moderately mentally healthy when conducting further statistical analysis, since the two other groups *high EWB and low FWB* and *low EWB and high FWB* are too small to be statistically valid. We will return to them later in the discussion.
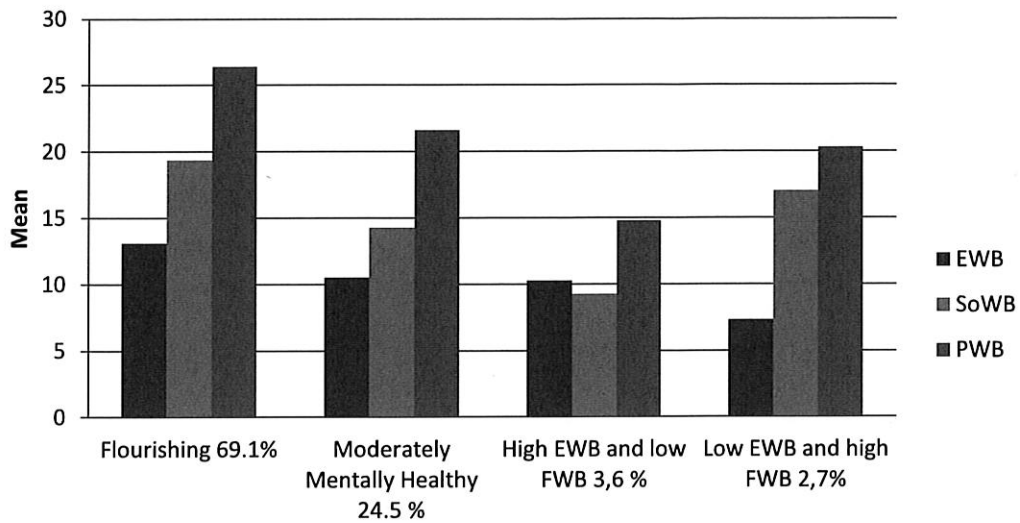
Figure 2. The mean of the subscales relative to the distribution of the four categories on the MHC-SF.

The Relation Between the Subscales of the MHC-SF and the S-ZTPI

As shown in Table 4, a correlation between the subscales of the MHC-SF and the subscales of the S-ZTPI shows significant negative correlations between EWB and past negative $r = -.32$ and future negative, $r = -.46$. SoWB also correlates negatively with past negative, $r = -.23$, and future negative, $r = -.20$ as well as positively with future positive, $r = .28$. PWB correlates negatively with both past negative, $r = -.20$, and future negative, $r = .30$, and positively with present hedonistic, $r = .27$, past positive, $r = .25$, and future positive, $r = .32$. The correlations between the remaining subscales are insignificant.

Table 4

Pearson Correlations Between the MHC-SF Subscales and the S-ZTPI Subscales

		Past Positive	Past Negative	Present Hedonistic	Present Fatalistic	Future Positive	Future Negative
1.	EWB	.18	-.32**	.18	-.08	.02	-.46**
2.	SoWB	.12	-.23*	.18	-.14	.28**	-.20*
3.	PWB	.25**	-.20*	.27**	-.09	.32**	-.30**

Note. EWB = emotional well-being, SoWB = subjective well-being, and PWB = psychological well-being

*p < .05, **p < .01

Flourishing and Moderately Mentally Healthy and Their Relation to Time Perspective

The two groups flourishing and moderately mentally healthy differ only with regard to the future positive and the future negative subscales. This shows that flourishing people tend to score significantly higher on the future positive subscale, t (101) = -2.30, p = .02, and significantly lower on the future negative subscale, t (101) = 2.79, p = .01. Following Cohen's criteria the results showed a medium effect size between the two groups on future positive, d = .53 and future negative, d = .64. It also revealed a small effect size between the groups on the past positive, d =.38.

Table 5

Descriptive Statistics of the S-ZTPI and the Two Categories Flourishing and Moderately Mentally Healthy

Time orientation	Flourishing		Moderately mentally healthy				Cohen's
	Mean	SD	Mean	SD	t(99)	p	d
Past Negative	23.74	6.52	25.33	5.85	-1.11	.27	-
Past Positive	32.93	5.08	31.07	3.41	1.76	.08	0.38
Present Hedonistic	47.53	8.14	47.11	7.29	0.23	.82	-
Present Fatalistic	22.39	5.00	22.52	5.11	-0.11	.93	-
Future Negative	25.39	4.51	28.37	5.43	-2.79	.01	0.64
Future Positive	37.68	4.90	35.15	5.00	2.30	.02	0.53

Note. Cohen's d was calculated for the differences with $p \leq .10$

Flourishing and Moderately Mentally Healthy and Their Relation to Identity Consistency

The results shows that the two groups flourishing and moderately mentally healthy differ in regards to identity consistency, t (98) = -2.72, p = .01. Flourishing individuals (M = 86.43, SD = 11.72) has significantly higher identity consistency than moderately mentally healthy individuals (M = 79.52, SD = 11.12). Cohen's d revealed a medium effect size, d = .60.

Demographic Description

Table 6 contains the demographic variables marital status and educational level, and their frequency in the flourishing and moderately healthy groups respectively. People who are married or live together are overrepresented in the flourishing group (60.5%) compared to the moderately mentally healthy group (51.9%). However, the results are not significant (z = 0.79, p = .43). There are also more people with university degrees in the flourishing group (53.4%) compared to

the moderately mentally healthy group (40.7%). Like marital status these results are however not significant ($z = 1.13, p = .26$).

Table 6

Demographic Statistics of Flourishing and Moderately Mentally Healthy

Demographic variables	Flourishing		Moderately mentally healthy	
	Count	%	Count	%
Marital status	(N=76)		(N=27)	
Single	13	17.1	6	22.2
Married/cohabiting	46	60.5	14	51.9
Divorced	6	7.9	4	14.8
Not Married/cohabiting	8	10.5	2	7.4
Widow/widower	3	3.9	1	3.7
Educational level	(N=73)		(N=27)	
Junior High School	3	4.1	5	18.5
Senior High School	15	20.5	5	18.5
College	16	21.9	6	22.2
University	39	53.4	11	40.7

Discussion

We set out to investigate if people either *flourishing, moderately mentally healthy, or languishing* on the mental health continuum are prone to be biased towards a certain time perspective, and if one could say that they are more or less identity consistent across different social roles. This was something that, to our knowledge, had not been done before.

Although we changed the criteria for *languishing* and *flourishing* with regard to the subscale EWB, we expected that our Swedish sample would be distributed on the mental health continuum similarly as to other samples assessed with the MHC-SF. Although none of our individuals fulfilled the criteria of being languishing, the hypothesis was confirmed since the results showed that 69.1 percent were flourishing and 30.9 percent were moderately mentally healthy. These results are similar to the results obtained by Graff Low (2011) who used a sample of 80 students and found the category languishing irrelevant since there were too few respondents that could be considered languishing. In order to be categorized as *flourishing* individuals had to report *every day*, or *almost every day*, on two of the three items measuring

EWB. This was different from Keyes' recommendations that suggested one out of three. This might have had an impact on our results, but since our results were similar to the ones obtained by Graff Low (2011) we believe that the alteration had a moderate impact, and might even be a more precise way of distinguishing between individuals on EWB. It is also more similar to the criteria for being *flourishing* on the two other subscales, SoWB and PWB. However, the large proportion of *flourishing* individuals in our study as well as in the study conducted by Graff Low (2011) caused us to look closer into previous research, and we found an incongruity between the research using the long form and the short form.

Comparing the results from previous research using the MHC-LF and MHC-SF there is a large discrepancy between the results obtained by the long form and the short form with regard to how the sample is distributed on the continuum. The studies that have been using the MHC-LF have approximately between 17 and 20 percent flourishing, between 56 and 68 percent moderately mentally healthy, and between 15 and 17 percent languishing (Joshanloo & Nosratabadi, 2009; Keyes, 2002). Most of the studies using the short form resulted in between 68 and 69 percent flourishing, between 29 and 30 percent moderately mentally healthy, and between 0 and 9 percent languishing (Graff Low, 2011; Salama-Younes & Ismaïl, 2011). Only Keyes et al. (2008) study conducted with a Setswana speaking sample using the MHC-SF showed similar distribution between the long form and short form. This might be due to cultural differences or the discrepancy might be due to sample size since they had a sample of more than thousand participants. This, however, indicates that the items on the short form might not be as powerful in discriminating among individuals' responses which means that the short form certainly needs to be further developed and evaluated.

However, a closer look at the moderately mentally healthy grouped revealed some interesting response patterns. Six percent of the moderately mentally healthy had a deviant response style that identified them as outliers. Of the six percent, 2.7 percent of the outliers were low on EWB and high on FWB (SoWB combined with PWB), and 3.6 percent were high on EWB and low on FWB. Even though the sample is too small draw any general conclusions it might suggest some interesting findings relevant for future research. Maybe the three categories flourishing, moderately mentally healthy, and languishing are far too simplified, and it would therefore be interesting to see if mental well-being relates more to congruence between the three scales EWB, PWB, and SoWB rather than high versus low.

Since our results caused confusion, and we could not find other researchers using the MHC-SF that had addressed the issue of incongruence between EWB and FWB, we contacted Professor Corey Keyes (personal communication, December 5, 2011) hoping that he could clarify the results. Professor Keyes confirmed that he also had observed a group of respondents in the moderately mentally healthy group that were either low on EWB and high on FWB or high on EWB and low on FWB. However, this has not yet been investigated thoroughly. In some way we could say that our hope to contribute to the current knowledge of mental well-being succeeded, but more needs to be done in order to fully understand what this incongruence means.

These results also raise some concerns with regard to the theory of the mental health continuum. It has a rather complex and multidimensional foundation in which mental well-being is a process of emotional, social, and psychological factors. But, what is generated by the assessment is a rather simplified categorization of individuals. However, this might be valid and relevant explanation on a global level such as describing the distribution of Swedes on the mental health continuum. But when it comes to using the MHC on a micro level, such as in clinical practice, it might be more relevant to investigate an individual´s perceived functioning across the subscales.

Figure 2 shows that flourishing individuals tend to have a higher SoWB and PWB than moderately mentally healthy individuals. Maybe this could be related to the conclusions made by Barber et al. (2010) who found that flourishing individuals were more prone to use engagement strategies rather than behavioral and cognitive avoidance strategies. Engagement strategies require a person to be cognitively functioning, which Keyes (2002, 2008) suggests is measured by the FWB (SoWB and PWB). However, we cannot understand the purpose of combing the two subscales SoWB and PWB into one functional well-being (FWB) since, as Keyes himself states, the SoWB measures the perceived functioning of *we* or *us*, and the latter measures the perceived functioning of *I* or *me*. We valued the difference between the subscales and believe that combining them hinders the knowledge obtained when viewing an individual´s response patterns.

We believe that the mental health continuum could be a useful tool for both research and clinical application since it acknowledges the importance of the various aspects of mental well-being as well as differentiates between emotional, social, and psychological well-being. However, it clearly needs to be developed and investigated further both with regard to the

discrepancy between the long form and short form, and with regard to classifications since the current study found interesting patterns suggesting that incomplete mental well-being might be due to incongruence between the different subscales rather than a low score across all subscales. Perhaps using the average measure allows for a fairer categorization since it ensures that participants categorized as flourishing score high on all three subscales of the metal health continuum.

Since we found no previous research that had related the mental health continuum to time perspective, our second hypothesis was rather vague and exploratory suggesting that the subscales of the MHC-SF would correlate differently with the different subscales of the S-ZTPI. We hypothesized that the EWB subscale of the MHC-SF would correlate with the past and present subscales of the S-ZTPI, and that the SoWB and PWB subscales of the MHC-SF would correlate with the past and future subscales of the S-ZTPI. This hypothesis was partly confirmed since all subscales of the MHC-SF had a significant negative correlation with past negative and future negative. This means that people who are high on all subscales of the MHC-SF tend to view the past and the future less negatively. Besides correlating with the past negative and the future negative subscales SoWB also had a moderate positive correlation with future positive. This suggests that people who experience social coherence, social actualization, social integration, social acceptance, and social contribution have a positive view of the future. PWB also had a weak positive correlation with present hedonistic and a moderate correlation with future positive as well as past positive. This suggests that people high on PWB can enjoy the present, feel good about the past, as well as have a positive take on the future.

We expected that flourishing individuals would score higher than moderately mentally healthy on the positive subscales. However, our results instead showed the two groups, flourishing and moderately mentally healthy, differed significantly with regard to the future positive and the future negative subscale. Flourishing individuals think more positively about the future than moderately mentally healthy. Moderately mentally healthy have a more negative view of the future. The failure to obtain more significant results might be due to the relatively small sample size. When conducting the effect size using Cohen's d the results showed a medium effect size between the two groups on future positive ($d = .53$) and future negative ($d = .64$), and a small effect size, yet worth mentioning, between the groups on the past positive subscale ($d = .38$). This suggests that if we had had a larger sample size the two categories

flourishing and moderately mentally healthy would have differed significantly on the future positive, future negative, and probably even on the past positive subscales. Even though our study only showed a significant result with regard to the future subscales it never the less is an important finding since it also suggests the relevancy of dividing the future scale into a positive and a negative subscale, as proposed by Carelli et al. (2011).

Reviewing the results from the S-ZTPI also revealed some interesting findings in regards to the Cronbach´s α that showed high or acceptable internal consistency on all of the subscales with the exception of the future negative scale. Although we agree with Carelli et al. (2011) that the addition of a future negative scale is relevant, the low internal consistency raises some concern regarding the construct validity of the subscale. Future research should investigate this issue in more detail.

The concerns regarding construct validity are not limited to the Swedish version, but also extend to the Zimbaro´s original ZTPI. Some of the items in the original scale could be perceived of as both positive and negative as pointed out by participants. For instance, the item "Things rarely turn out as I anticipated" belongs to the past negative subscale, but as one of the respondents commented on the questionnaire this was interpreted as a positive thing, meaning that things turn out better than expected, which caused the participant to respond *exactly,* which in turn loaded on to the past negative scale. Some items also raised concern regarding the applicability to the general population. One of these items read "To party with my friends is in my view one of life´s important pleasures", which may not apply to the majority of people, but may be limited to some groups. This raises the concern as to whether the subscales of the ZTPI really measure what it is supposed to measure, and it would therefore be interesting to conduct a qualitative exploratory study to investigate what participants think about the items in order to understand which subscale each item truly loads on to.

With regard to identity consistency we hypothesized that there would be significant difference between individuals who are flourishing and individuals who are languishing. We also suggested that flourishing individuals would display a more consistent identity across social roles. Yet again there were no languishing people in our sample, but we did find some significant differences between flourishing individuals and moderately mentally healthy. People who are flourishing tend to be more consistent in their identity across social roles. This confirmed our hypothesis, and it is also consistent with previous research findings in support of the

fragmentation view which holds that a consistent identity is preferable (e.g., Diehl et al., 2001; Donahue et al., 1993; Cross et al., 2003). However, even though there was a significant difference between moderately mentally healthy and flourishing individuals the difference had a medium effect size ($d = .60$) indicating that the moderately mentally healthy group also could be considered consistent in their identity. But we cannot determine the level of impact a difference of 7 percent has in real life. Since this was the first time our version of the IC questionnaire was administered we can only compare the results within our sample. And as mentioned earlier we cannot say whether or not the difference in IC between flourishing (86.43%) and moderately mentally healthy (79.52%) is subjectively attributed by individuals as a great personal impact or if it can be observed by others in a social context across social roles. However, a consistent identity across social roles is more prevalent among people who are flourishing. This implies that a consistent sense of who we are across different social contexts is related to high mental well-being.

We wanted to investigate the distribution of the MHC with regard to demographic variables. However, due to our relatively small sample size the data collapsed when trying to analyze it. But it none the less indicated, although not significantly, that among the flourishing individuals there was a predominance of married/cohabiting individuals, and individuals with university degrees. This is in line with previous research that also found a predominance of the same demographic variables among individuals with high mental well-being (see Zimbardo & Boyd, 2004; Keyes, 2002).

Limitations

The present study has a variety of weaknesses including limited generalizability and a correlational design. Since the demographic data collapsed we cannot say anything about our sample. However, since the sample was heterogenic we believe that if the study was replicated with a heterogenic sample it would generate equivalent results across the scales. A correlational design can only indicate a relationship between variables such as flourishing and level of identity consistency, and in which direction this relationship moves. It cannot be used to determine and investigate the cause of the relationship.

We were satisfied and inspired by the idea of collecting data during a train ride in order to avoid a student sample and hopefully to reach individuals who normally don't get asked to participate in a study. This might have been a way of digging our own grave, since the

heterogeneity of the relatively small sample resulted in insignificant results. A larger sample might have generated more answers. The heterogeneity and the limited sample size might also explain the distribution of the sample on the mental health continuum. On the other hand, others (see Graff Low, 2011) have obtained the same distribution on a relatively homogeneous sample.

The other critique has to do with the translation of the MHC-SF, as well as the S-ZTPI. Since we were unable to find a Swedish translation we translated it ourselves using translation and back translation. We distributed it among friends and family to reflect upon it. None the less one of the items in the EWB subscale *happiness* in English was translated into *lycka* in Swedish. In retrospect it might not accurately reflect the positive affect it was supposed to measure. *Lycka* in Swedish might also reflect a rather washed out connotation and it might therefore have been more accurate to translate *happiness* to *glad.*

Many of the items on the S-ZTPI raised concern with regard to the translation. This was something we discussed before using it. But since Carelli and colleagues (2011) already had a published version of it we decided that instead of offering a new Swedish version we would investigate the existing one.

During the administration of the questionnaire one of the authors observed that the individuals who choose to participate in the study began to interact in a friendly manner and appeared to enjoy themselves while filling out the form. Could this positive atmosphere have generated more flourishing individuals? Similar concerns were raised by Salama-Younes and Ismaïl (2011). Viewing others engage in the same activity might create a sense of coherence and belonging which might have affected the mood in a positive way and further sway the responses in a more favorable direction. However, if this is true it is all good. People enjoying themselves in a social context cannot be considered a problem.

Future Research

We suggest that future research should focus on exploring and extending the questionnaires MHC-SF and S-ZTPI, since we believe that both can provide a useful tool in assessing mental well-being in both research and clinical application. It would also be interesting to further investigate a sample with regard to the different subscales of the MHC in order to get a better understanding of mental well-being, and if it not only relates to low scores across all subscales, but also if an incongruence across the subscales affects mental well-being in either directions.

To extend the purpose of the current study, which was to investigate if flourishing individuals were biased towards a certain time perspective, and how identity consistent they were it would be interesting to further investigate the dynamic interaction that may very well exist between identity consistency, time perspective, and mental well-being.

Within the field of positive psychology there seems to be a predominance of quantitative research. This might be due to the relative young research discipline that tries to establish theories. However, to get a better understanding of personal strengths, well-being, virtues, resilience, and other constructs related to the field of positive psychology we believe that there is a need for qualitative research. This could reveal how the theoretical constructs are displayed in the real world, how it feels for the individual, and what constructs interact in order to create both an observable and subjective high level of mental well-being.

Conclusion

Despite the above described limitations. The preliminary data suggests that a majority of the sample is flourishing and that flourishing individuals have a more positive take on the future. Flourishing individuals also tend to have a more consistent identity across social roles. The findings also suggests that it might be relevant to investigate differences in emotional, social, and psychological well-being, and if the absence of flourishing also relates to incongruence between these three subscales rather than simply low on all subscales.

We believe that the knowledge of the power of time is only in its cradle, and future research should focus on investigating its relevance in more depth. After all, psychological practicum is a way of bridging the past, with the present, and the future so that each and every one of us can experience a time of flourishing.

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risky driving. *Personality and Individual Differences, 23*(6), 1007-1023.

Hej,

Vi är två psykologstudenter från Lunds Universitet som håller på att skriva vårt examensarbete. Följande är en enkät som undersöker välmående och hur det relaterar till olika demografiska och personliga variabler. Uppgifterna som lämnas är anonyma och om Du väljer att delta i studien kommer din identitet att förbli okänd. Enkäten beräknas ta ungefär 20 minuter att fylla i. Ditt deltagande är mycket värdefullt för oss.

Om Du är intresserad av att veta mer om studien eller att ta del av resultaten finns kontaktinformation nederst på denna sida. Riv gärna av detta försättsblad med kontaktinformation och spara.

Vänliga hälsningar,

Jessica Green & Elin Soto-Thompson

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Vänligen kontrollera så att Du svarat på samtliga frågor.

Medgivande till deltagande i studien!

Ditt deltagande är värdefullt för oss. Dina svar kommer att behandlas anonymt och allt deltagande i studien är frivilligt. Men för att du ska kunna deltaga behöver vi ditt medgivande.

---

1.   Jag intygar att jag har tagit del av informationen och är medveten om att mina svar kommer att behadlas anonymt samt att allt deltagande är frivilligt.

☐ Jag samtycker till deltagande i studien

Några frågor om dig.

Nedan följer några frågor om dig. Sätt ett kryss för det alternativ som stämmer in på dig.

2. Kön

☐ Kvinna   ☐ Man   ☐ Annat, nämligen_____

3. Ålder

Hur gammal är du?_____år

4. Civilstånd

☐ Ensamstående   ☐ Gift/Sambo   ☐ Frånskild   ☐ Särbo

☐ Änka/Änkling   ☐ Annat, nämligen_____

5. Hur många barn har Du?
    Ta med samtliga barn som Du själv har fött/adopterat, även icke hemmaboende barn, och de barn som Du ibland har en föräldrarelation till ex. sambos barn.

☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5 eller fler

Vänligen kontrollera så att Du svarat på samtliga frågor.

6. Utbildningsnivå
Kryssa för de alternativ som stämmer in på Dig.

☐ Förgymnasialutbildning   ☐ Gymnasialutbildning

☐ Eftergymnasialutbidlning mindre än 3 år

☐ Eftergymnasialutbildning 3 år eller mer.

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7. Ditt hushålls samlade inkomst efter skatt per månad.
Här vill vi att du anger den summa Du och/eller din familj har att röra er med varje månad efter skatt. Ta hänsyn till evetuella bidrag, såsom barnbidrag och bostadsbidrag.

☐ Mindre än 10 000 kr   ☐ 11 000 kr -15 000 kr   ☐ 16 000 kr- 20 000 kr

☐ 21 000 kr - 25 000 kr   ☐ 26 000 kr – 30 000 kr   ☐ 31 000 kr – 35 000 kr

☐ 36 000 kr – 40 000 kr   ☐ 41 000 kr – 45 000 kr   ☐ 46 000 kr – 50 000 kr

☐ 51 000 kr – 55 000 kr   ☐ 56 000 kr- 60 000 kr   ☐ 61 000 kr eller mer.

---

8. Vilken är Din nuvarande sysselsättning?
Kryssa för de alternativ som stämmer in på Dig gällande den senaste månaden och just nu.

☐ Förvärvsarbetar heltid   ☐ Förvärvsarbetar deltid
Hur många procent av heltid?_____ %

☐ Studerande
Hur många procent?_____ %

☐ Arbetssökande   ☐ Pensionerad

☐ Sjukskriven   ☐ Arbetar i eget eller delägt företag

☐ Timanställd, extraarbete ☐ Volontärarbetar   ☐ Annat, nämligen_____

---

9. Hur många timmar i veckan ägnar Du Dig åt fysisk ativitet.
Sätt ett kryss för antalet timmar per vecka som Du antingen tränar själv eller organiserat i grupp.

☐ Tränar inte   ☐ 1 timme/vecka   ☐ 2-3 timmar/vecka

☐ 3-4 timmar/vecka   ☐ 4-5 timmar/vecka   ☐ 5 eller fler timmar/vecka

---

Vänligen kontrollera så att Du svarat på samtliga frågor.

Hur har Du känt Dig den senaste månaden?

Nedan följer ett antal frågor som handlar om hur Du har känt dig den senaste månaden. Vänligen sätt ett kryss i den ruta som bäst representerar hur ofta Du under den senaste månaden har upplevt eller känt följande:

Hur ofta har Du den senaste månaden känt Dig...

	Aldrig	1-2 ggr den senaste månaden	En gång per vecka	Nästan varje dag	Varje dag
1. Lycklig	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Intresserad av livet	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Tillfreds	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Att Du bidrar med något viktigt till samhället.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Att Du tillhör en social grupp.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Att vårt samhälle utvecklas till en bra plats för personer som Du.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Att människor ofta är goda.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Vänligen kontrollera så att Du svarat på samtliga frågor.

	Aldrig	1-2 ggr den senaste månaden	En gång per vecka	Nästan varje dag	Varje dag
8. Att såsom vårt samhälle fungerar är förståeligt för Dig.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
9. Att Du är nöjd med det mesta i din personlighet.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
10. Att Du är bra på att hantera dina dagliga krav och åtaganden.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
11. Att Du har nära relationer med personer som Du känner dig trygg med.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
12. Att Du har Erfarenheter, som har utmanat dig att utvecklas till en bättre människa.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
13. Bekväm med att uttrycka dina idéer och åsikter.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
14. Att Du har en känsla av att ditt liv har en riktning och en mening	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Vänligen kontrollera så att Du svarat på samtliga frågor.

Din inställning till livet

Nedan följer ett antal frågor om Din inställning till olika aspekter av livet. Kryssa för det alternativ som stämmer in på Dig.

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer delvis/ delvis inte	Stämmer ganska bra	Stämmer precis
1. Att träffa sina vänner för att festa, är enligt min åsikt ett av livets viktigaste nöjen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Välbekanta syner, ljud och lukter från barndomen återuppväcker en mängd underbara minnen.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Ödet bestämmer mycket i mitt liv.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Jag tänker ofta på vad jag borde ha gjort annorlunda i mitt liv.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Mina beslut påverkas av människor och saker omkring mig.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Jag är övertygad om att ens dag borde planeras i förväg varje morgon.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Att tänka på mitt förflutna ger mig glädje.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. Jag gör saker impulsivt.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. Om saker inte blir gjorda i tid, blir jag inte orolig.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Vänligen kontrollera så att Du svarat på samtliga frågor.

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer delvis/ delvis inte	Stämmer ganska bra	Stämmer precis
10. När jag vill uppnå någonting sätter jag upp mål, och överväger specifika medel för att uppnå dessa mål.	1	2	3	4	5
11. Jag tänker ofta att jag inte ska hinna med allt som jag har planerat att göra en dag.	1	2	3	4	5
12. Oftast vet jag inte hur jag skall kunna uppfylla mina mål i livet.	1	2	3	4	5
13. Överlag har jag mycket mer bra än dåliga saker att minnas från mitt förflutna.	1	2	3	4	5
14. När jag lyssnar på min favoritmusik glömmer jag helt bort tiden.	1	2	3	4	5
15. Möta morgondagens "deadlines" (sluttider) och att göra annat nödvändigt arbete går före kvällens nöjen.	1	2	3	4	5
16. Eftersom det blir som det blir, spelar det ingen roll vad jag gör.	1	2	3	4	5
17. Jag tycker om att lyssna på historier om hur det var på "den gamla goda tiden".	1	2	3	4	5
18. Smärtsamma erfarenheter från det förflutna spelas upp i mitt huvud om och om igen.	1	2	3	4	5
19. Jag försöker leva mitt liv så fullt ut som möjligt, en dag i taget.	1	2	3	4	5
20. Jag blir känslomässigt påverkad av att vara sen till möten.	1	2	3	4	5

Vänligen kontrollera så att Du svarat på samtliga frågor.

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer delvis/ delvis inte	Stämmer ganska bra	Stämmer precis
21. Helst skulle jag vilja leva varje dag som om den vore min sista.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
22. Lyckliga minnen från goda tider kommer lätt till mig.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
23. Jag uppfyller mina förpliktelser till vänner och myndigheter i tid.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24. Jag har tagit emot min beskärda del av att känna mig illa bemött och avvisad i det förflutna.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
25. Jag fattar beslut i stunden.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
26. Jag tar dagen som den kommer hellre än att försöka planera den.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
27. På kvällen funderar jag ofta över morgondagens utmaningar.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
28. Jag känner ofta att jag inte kan uppfylla mina förpliktelser mot vänner och myndigheter.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
29. Det förflutna innehåller för mycket tråkiga minnen som jag helst inte vill tänka på.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
30. Det är viktigt att skapa spänning i mitt liv.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
31. Jag har gjort misstag i det förflutna som jag önskar att jag kunde ha ogjorda.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Vänligen kontrollera så att Du svarat på samtliga frågor.

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer delvis/ delvis inte	Stämmer ganska bra	Stämmer precis
32. Jag tycker att det är viktigare att man njuter av det man gör än att det blir klart i tid.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
33. Jag blir nostalgisk över min barndom.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
34. Innan jag fattar ett beslut väger jag in nackdelar mot fördelar.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
35. Att ta risker gör att mitt liv inte blir långtråkigt.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
36. Det är viktigare för mig att njuta av livsresan medan den pågår än att bara fokusera på målet.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
37. Saker och ting blir sällan som jag hade förväntat mig.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
38. Jag har svårt att glömma obehagliga minnesbilder från min ungdom.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
39. Om jag tvingas ta ett snabbt beslut så oroar jag mig ofta för att det blev fel.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
40. Jag känner mig pressad att inte bli klar med olika projekt i tid.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
41. Det tar glädjen och flytet ur det jag gör om jag måste tänka på mål, resultat och slutprodukt.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
42. Även när jag har roligt i stunden, dras jag tillbaka och jämför med liknande tidigare erfarenheter.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Vänligen kontrollera så att Du svarat på samtliga frågor.

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer delvis/ delvis inte	Stämmer ganska bra	Stämmer precis
43. Man kan aldrig riktigt planera för framtiden, för saker och ting förändras så mycket.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
44. Mitt livsmönster kontrolleras av krafter jag inte kan påverka.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
45. Det finns ingen anledning att oroa sig inför framtiden, eftersom jag ändå inte kan göra något åt det.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
46. Jag bli färdig med projekt i tid genom att göra stadiga framsteg.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
47. Jag kommer på mig själv med att tappa intresset när familjemedlemmar pratar om hur det var förr.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
48. Jag tar risker för att få spänning i mitt liv.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
49. Jag gör listor över saker som ska göras.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
50. Jag följer ofta mitt hjärta mer än mitt huvud.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
51. Jag har förmågan att motstå frestelser när jag vet att det finns arbete som måste göras.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
52. Jag kommer på mig själv med att uppfyllas av stundens spänning.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
53. Livet är för komplicerat nuförtiden, jag skulle föredra det enklare livet från förr.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Vänligen kontrollera så att Du svarat på samtliga frågor.

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer delvis/ delvis inte	Stämmer ganska bra	Stämmer precis
54. Jag föredrar vänner som är spontana hellre än förutsägbara.	□ 1	□ 2	□ 3	□ 4	□ 5
55. Jag tycker om familjeritualer och traditioner som upprepas regelbundet.	□ 1	□ 2	□ 3	□ 4	□ 5
56. Jag tänker på de dåliga saker som hänt mig tidigare i mitt liv.	□ 1	□ 2	□ 3	□ 4	□ 5
57. Jag fortsätter att jobba med svåra, ointressanta uppgifter om de kommer att hjälpa mig framåt.	□ 1	□ 2	□ 3	□ 4	□ 5
58. Att spendera mina pengar på nöjen idag, är bättre än att spara för morgondagens trygghet.	□ 1	□ 2	□ 3	□ 4	□ 5
59. Ofta betalar sig tur mer än hårt arbete.	□ 1	□ 2	□ 3	□ 4	□ 5
60. Jag tänker på de goda saker jag gått miste om i mitt liv.	□ 1	□ 2	□ 3	□ 4	□ 5
61. Jag vill att mina nära relationer ska vara passionerade.	□ 1	□ 2	□ 3	□ 4	□ 5
62. Det finns alltid tid att komma ikapp med mitt jobb/skolarbete.	□ 1	□ 2	□ 3	□ 4	□ 5
63. Att tänka på min framtid gör mig nedstämd.	□ 1	□ 2	□ 3	□ 4	□ 5
64. Framtiden innehåller för många tråkiga beslut som jag inte vill tänka på.	□ 1	□ 2	□ 3	□ 4	□ 5

Vänligen kontrollera så att Du svarat på samtliga frågor.

Hur är Du?
Nedan följer frågor om hur Du upplever att Du är i olika roller; som partner, som vän och som arbetskollega/kurskamrat. Kryssa i hur väl nedanstående adjektiv passar in på dig i den angivna rollen, där 1 motsvarar stämmer inte alls på mig och 8 motsvarar stämmer helt in på mig.

---

1. Som partner är jag......

		Instämmer inte alls							Instämmer helt
1.	Emotionell	1	2	3	4	5	6	7	8
2.	Försynt	1	2	3	4	5	6	7	8
3.	Pratsam	1	2	3	4	5	6	7	8
4.	Öppen för idéer	1	2	3	4	5	6	7	8
5.	Dominant	1	2	3	4	5	6	7	8
6.	Otålig	1	2	3	4	5	6	7	8
7.	Introvert	1	2	3	4	5	6	7	8
8.	Social	1	2	3	4	5	6	7	8
9.	Ärlig	1	2	3	4	5	6	7	8
10.	Beräknande	1	2	3	4	5	6	7	8
11.	Känslokall	1	2	3	4	5	6	7	8
12.	Vänlig	1	2	3	4	5	6	7	8
13.	Munter	1	2	3	4	5	6	7	8
14.	Tjurig	1	2	3	4	5	6	7	8
15.	Rationell	1	2	3	4	5	6	7	8
16.	Spontan	1	2	3	4	5	6	7	8

Vänligen kontrollera så att Du svarat på samtliga frågor.

2. Som arbetskollega/kurskamrat är jag…..

Kryssa för det alternativ som passar bäst in på Dig. 1 motsvarar stämmer inte alls på mig och 8 motsvarar stämmer helt på mig.

Instämmer inte alls   **Instämmer helt**

1.	Rationell	1	2	3	4	5	6	7	8
2.	Munter	1	2	3	4	5	6	7	8
3.	Känslokall	1	2	3	4	5	6	7	8
4.	Ärlig	1	2	3	4	5	6	7	8
5.	Introvert	1	2	3	4	5	6	7	8
6.	Dominant	1	2	3	4	5	6	7	8
7.	Pratsam	1	2	3	4	5	6	7	8
8.	Emotionell	1	2	3	4	5	6	7	8
9.	Spontan	1	2	3	4	5	6	7	8
10.	Tjurig	1	2	3	4	5	6	7	8
11.	Vänlig	1	2	3	4	5	6	7	8
12.	Beräknande	1	2	3	4	5	6	7	8
13.	Social	1	2	3	4	5	6	7	8
14.	Otålig	1	2	3	4	5	6	7	8
15.	Öppen för idéer	1	2	3	4	5	6	7	8
16.	Försynt	1	2	3	4	5	6	7	8

Vänligen kontrollera så att Du svarat på samtliga frågor.

3. Som vän är jag…..

Kryssa för det alternativ som passar bäst in på Dig. 1 motsvarar stämmer inte alls på mig och 8 motsvarar stämmer helt på mig.

Instämmer inte alls   **Instämmer helt**

		1	2	3	4	5	6	7	8
1.	Pratsam	1	2	3	4	5	6	7	8
2.	Dominant	1	2	3	4	5	6	7	8
3.	Introvert	1	2	3	4	5	6	7	8
4.	Ärlig	1	2	3	4	5	6	7	8
5.	Känslokall	1	2	3	4	5	6	7	8
6.	Munter	1	2	3	4	5	6	7	8
7.	Rationell	1	2	3	4	5	6	7	8
8.	Emotionell	1	2	3	4	5	6	7	8
9.	Öppen för idéer	1	2	3	4	5	6	7	8
10.	Otålig	1	2	3	4	5	6	7	8
11.	Social	1	2	3	4	5	6	7	8
12.	Beräknande	1	2	3	4	5	6	7	8
13.	Vänlig	1	2	3	4	5	6	7	8
14.	Tjurig	1	2	3	4	5	6	7	8
15.	Spontan	1	2	3	4	5	6	7	8
16.	Försynt	1	2	3	4	5	6	7	8

Vänligen kontrollera så att Du svarat på samtliga frågor.

1. **Om du kunde ändra på en sak i ditt liv för att öka ditt välmående, vad skulle det i så fall vara?**_____

_____

_____

Tack för att Du tog dig tid att svara på enkäten!

Ditt deltagande är av största värde för oss och vi vill tacka Dig för att Du tog dig tid att svara på frågorna. Har frågorna väckt tankar och funderingar är vi intresserade av att ta del av dem. Vänligen skriv dina kommentarer nedan.

Tack för ditt samarbete!

Kommentarer

_____
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Vänligen kontrollera så att Du svarat på samtliga frågor.