

Investigating adolescents' experiences of using Mxit as a source of peer-support during Grade 12

Samantha Kaufman

23238666

Dissertation submitted in fulfilment of the requirements for the degree Master of Arts in Psychology at the Potchefstroom Campus of the North-West University

Supervisor: Mrs C. A. POTGIETER

November 2011

ACKNOWLEDGEMENTS

With gratitude I acknowledge the help I was given throughout this study.

In particular, I thank All Mighty God who supported and sustained me, and who has blessed me abundantly throughout my life.

I thank Colleen Potgieter, my supervisor, who gave many hours of her time encouraging, guiding and supporting me.

I thank my family and fiancé for their unwavering love, support and understanding.

I thank Dorothy Poss for proofreading and editing this work.

I thank the principal and the staff who allowed me to conduct this study at their school, and who went out of their way to accommodate me.

I thank all the adolescents who participated in this study and shared their invaluable thoughts and experiences with me.

I thank all the parents who gave consent for their children to participate in this study.

ABSTRACT

The aim of this study is to explore and describe late adolescents' experiences of using Mxit as a source of peer-support during their Grade 12 year in order to provide a broader and more realistic understanding of their support preferences and needs. The classic text of Gestalt Therapy theory in conjunction with current literature provided an overview of the theoretical underpinnings of this study, including the key tenets of Gestalt theory, the core Gestalt theoretical assumptions, Mxit as a social networking application, peer-support and late adolescence. A qualitative research approach with an instrumental case study of eight Grade 12 learners from one public high school in the Northern suburbs of Johannesburg was implemented. The research findings indicated that the affordability, accessibility and non-threatening nature of using Mxit as a source of peer-support made it a viable resource during stressful periods. Although face-to-face peer-support was preferred owing to the limited existential dialogue and lack of trust that was experienced while communicating over Mxit, the adolescents perceived a need for the development of peer-support groups and one-on-one counselling over Mxit as a result of the lack of supportive others experienced during Grade 12 that frequently led to depressive symptoms and/or suicidal thoughts.

KEY TERMS

Mxit

Peer-support

Virtual support and counselling

Grade 12

Late adolescence

Case study

Gestalt Therapy theory

Field

Existential dialogue

Contact-making styles

OPSOMMING

Die doel van hierdie studie was om laatadolessente se ervarings van die gebruik van Mxit as bron van portuursteun gedurende hul Graad 12-jaar te ondersoek en te beskryf ten einde 'n breër en meer realistiese begrip van hul ondersteuningsvoorkeure en behoeftes te voorsien. Die klassieke teks van die Gestaltterapie-teorie tesame met huidige literatuur het 'n oorsig voorsien van die teoretiese grondings van hierdie studie, insluitende die sleutelbeginsels van Gestaltteorie, die kernteoretiese Gestaltaannames, Mxit as 'n sosialenetwerk-toepassing, portuursteun en laatadolessensie. 'n Kwalitatiewe navorsingsbenadering met 'n instrumentele gevallestudie van Graad 12-leeders uit een openbare hoërskool in die noordelike voorstede van Johannesburg is geïmplementeer. Die navorsingsbevindinge het getoon dat die bekostigbaarheid, toeganklikheid en nie-bedreigende aard van die gebruik van Mxit as 'n bron van portuursteun dit gedurende stresvolle tye 'n lewensvatbare hulpbron maak. Hoewel aangesig-tot-aangesig-portuursteun verkies is as gevolg van die beperkte eksistensiële dialoog en gebrek aan vertroue wat ondervind is terwyl daar oor Mxit gekommunikeer is, het die adolessente 'n behoefte beleef aan die ontwikkeling van portuursteungroepe en een-op-een-berading oor Mxit as gevolg van die gebrek aan ander ondersteunende persone wat gedurende Graad 12 ervaar word en wat dikwels tot simptome van depressie en/of selfmoordgedagtes aanleiding gee.

SLEUTELTERME

Mxit

Portuursteun

Virtuele steun en berading

Graad 12

Laatadolessensie

Gevallestudie

Gestaltterapie-teorie

Veld

Eksistensiële dialoog

Kontakmaak-style

TABLE OF CONTENTS

CHAPTER 1	- 1 -
INTRODUCTION AND OVERVIEW OF THE STUDY	- 1 -
1.1. INTRODUCTION	- 1 -
1.2. RATIONALE FOR STUDY AND PROBLEM FORMULATION	- 3 -
1.3. RESEARCH GOAL AND RESEARCH QUESTION	- 5 -
1.4. THEORETICAL FRAMEWORK AND PARADIGM FOR STUDY	- 6 -
1.5. RESEARCH STRATEGY	- 8 -
1.5.1. Research approach	- 8 -
1.5.2. Type of research	- 8 -
1.5.3. Research design	- 9 -
1.6. RESEARCH METHODOLOGY	- 10 -
1.6.1. Universe and population	- 10 -
1.6.2. Sampling	- 10 -
1.6.3. Data collection	- 12 -
1.6.3.1. Literature review	- 12 -
1.6.3.2. Semi-structured interviews	- 13 -
1.6.3.3. Documents in the form of drawings and Mxit text	- 13 -
1.6.3.4. Observations recorded in field notes, self-reflective notes and theoretical notes	- 13 -
1.6.4. Data analysis	- 14 -
1.7. VALIDITY OF THE STUDY	- 16 -
1.8. IMPACT OF THE STUDY	- 18 -
1.9. ETHICAL ASPECTS	- 18 -
1.10. DEFINITIONS OF MAIN CONCEPTS	- 21 -
1.10.1. Mxit	- 21 -
1.10.2. Peer-support	- 21 -
1.10.3. A Gestalt approach	- 22 -
1.10.4. Late adolescence	- 23 -
1.11. OUTLINE OF RESEARCH REPORT	- 24 -
1.12. CONCLUSION	- 24 -

CHAPTER 2	- 26 -
CONCEPTUAL FRAMEWORK: KEY TENETS AND CORE THEORETICAL ASSUMPTIONS OF GESTALT THERAPY THEORY	- 26 -
2.1. INTRODUCTION	- 26 -
2.2. KEY TENETS OF GESTALT THERAPY THEORY	- 26 -
2.2.1. Field theory	- 26 -
2.2.2. Phenomenology	- 30 -
2.2.3. Existential dialogue	- 32 -
2.2.4. Holism	- 34 -
2.3. CORE THEORETICAL ASSUMPTIONS OF GESTALT THERAPY THEORY	- 35 -
2.3.1. Awareness	- 35 -
2.3.2. Contact	- 37 -
2.3.2.1. Contact-withdrawal cycle	- 38 -
2.3.2.2. Contact boundary disturbances	- 40 -
2.3.3. Theory of self	- 41 -
2.3.4. Health and dysfunction	- 42 -
2.4. CONCLUSION	- 44 -
 CHAPTER 3	 - 45 -
CONCEPTUAL FRAMEWORK: MXIT, SOCIAL NETWORKING APPLICATIONS AND LATE ADOLESCENT DEVELOPMENT	- 45 -
3.1. INTRODUCTION	- 45 -
3.2. MXIT AND THE WIDER FIELD OF SOCIAL NETWORKING APPLICATIONS	- 45 -
3.2.1. Historical context of Mxit and mobile instant messaging	- 45 -
3.2.2. Mxit	- 47 -
3.2.2.1. Online support groups	- 50 -
3.3. PEER-SUPPORT	- 51 -
3.4. LATE ADOLESCENCE AS A DEVELOPMENTAL STAGE	- 53 -
3.4.1. Predominant models of development	- 53 -
3.4.2. Gestalt perspective on development	- 54 -
3.4.2.1. Gestalt developmental theorists' perspective of development	- 56 -
3.4.3. Adolescence	- 60 -

3.4.3.1. Late adolescence	- 61 -
3.5. CONCLUSION	- 64 -
CHAPTER 4	- 65 -
EMPIRICAL INVESTIGATION AND LITERATURE CONTROL	- 65 -
4.1. INTRODUCTION	- 65 -
4.2. RESEARCH STRATEGY AND DESIGN.....	- 65 -
4.3. RESEARCH METHODOLOGY	- 66 -
4.3.1. Universe, population and sample	- 67 -
4.3.2. Setting and length of data collection process	- 69 -
4.3.3. Data collection methods	- 69 -
4.3.4. Data analysis.....	- 71 -
4.4. RESEARCH FINDINGS	- 73 -
4.4.1. Concept 1: Typical meta-map for making contact during Grade 12...	- 73 -
4.4.1.1. Category 1: Developmental origins of stress which emerge from the field into awareness through the senses	- 73 -
4.4.1.2. Category 2: Adolescents' perception of peer support as the resource of choice during mobilization and action stage.....	- 78 -
4.4.1.3. Category 3: Affordability, accessibility and non-treatening nature of contacting peers for support over Mxit.....	- 79 -
4.4.1.4. Category 4: Adolescents' use of Mxit as a source of peer-support to satisfy their need for emotional and educational support	- 83 -
4.4.1.5. Category 5: Avoided or disrupted contact resulting in withdrawal without satisfaction of their needs.....	- 87 -
4.4.2. Concept 2: Disruptions in contacting peers for support over Mxit.....	- 89 -
4.4.2.1. Category 1: Disruptions in contacting peers for support over Mxit as a result of restricted existential dialogue	- 89 -
4.4.2.2. Category 2: Disruptions in contacting peers for support over Mxit as a result of lack of trust	- 94 -
4.4.3. Concept 3: Mxit as an additional resource to the preferred face-to-face peer-support	- 97 -

4.4.3.1.	Category 1: Participants' perceived need for the availability as well as their anticipated usage of peer-support groups and counselling over Mxit	- 97 -
4.4.3.2.	Category 2: Peer-support groups over Mxit that have boundaries in place are perceived as a non-threatening source of support when general age-related problems become foreground needs.....	- 99 -
4.4.3.3.	Category 3: Participants' perceived need for the availability of several counsellors who provide one-on-one sessions when major personal problems become foreground needs	- 103 -
4.4.4.	Conclusion of findings	- 103 -
4.5.	CONCLUSION.....	- 104 -
CHAPTER 5		- 106 -
INTEGRATED SUMMARY OF CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS		- 106 -
5.1.	INTRODUCTION	- 106 -
5.2.	EVALUATION OF REALISING THE AIM AND OBJECTIVES	- 106 -
5.2.1.	Realising the aim.....	- 106 -
5.2.2.	Realising the objectives.....	- 107 -
5.3.	EVALUATION OF ANSWERING THE RESEARCH QUESTION.....	- 108 -
5.4.	SUMMARY OF THE CHAPTERS IN THIS REPORT.....	- 108 -
5.4.1.	Chapter 1: Introduction and overview of the study	- 108 -
5.4.2.	Chapter 2: Conceptual framework: Key tenets and core theoretical assumptions of Gestalt Therapy theory	- 109 -
5.4.3.	Chapter 3: Conceptual framework: Mxit, social networking applications and late adolescent development	- 109 -
5.4.4.	Chapter 4: Empirical investigation and literature control	- 109 -
5.5.	CONCLUSIONS REGARDING THE CATEGORIES OF ANALYSIS FOR THE STUDY	- 110 -
5.6.	RECOMMENDATIONS FOR PROFESSIONALS WORKING WITH GRADE 12 ADOLESCENTS	- 112 -
5.7.	LIMITATIONS OF THE STUDY AND POSSIBLE FUTURE RESEARCH OPPORTUNITIES	- 117 -

5.7.1. Limitations of the study.....	- 117 -
5.7.2. Possible future research opportunities	- 118 -
5.8. CONCLUDING STATEMENT	- 119 -
ANNEXURES	- 120 -
ANNEXURE A: SCHOOL CONSENT FORM	- 120 -
ANNEXURE B: PARENTAL CONSENT FORM	- 124 -
ANNEXURE C: PARTICIPANT'S CONSENT FORM	- 128 -
ANNEXURE D: PRE-INTERVIEW SURVEY	- 131 -
ANNEXURE E: PARTICIPANTS' DRAWINGS.....	- 134 -
ANNEXURE F: SEMI-STRUCTURED INTERVIEW SCHEDULE	- 138 -
ANNEXURE G: INTERVIEW SCHEDULE FOR THE INTERVIEW OVER MXIT	- 139 -
ANNEXURE H: SAMPLE OF FIELD NOTES, THEORETICAL NOTES AND SELF-REFLECTIVE NOTES.....	- 140 -
ANNEXURE I: SUGGESTED RESTRICTIONS WITHIN THE SUPPORT GROUPS OVER MXIT	- 142 -
ANNEXURE J: SUGGESTED TOPICS FOR THE SUPPORT GROUPS OVER MXIT.....	- 143 -
LIST OF SOURCES	- 145 -
TABLES	
Table 1. 1. Constructs of peer-support	- 22 -
Table 2. 1. Five distinct qualities of awareness	- 37 -
Table 2. 2. Cycle of experience	- 39 -
Table 2. 3. Contact boundary disturbances	- 41 -
Table 3. 1. Applications that South African's use via their mobile phones.....	- 47 -
Table 3. 2. Counselling and educational services available over Mxit.....	- 49 -
Table 3. 3. The Mxit glossary.	- 50 -
Table 3. 4. Activities that fall under peer-support	- 52 -
Table 3. 5. Comparative array of some of the available developmental models.....	- 54 -
Table 3. 6. Four general themes of development	- 58 -
Table 3. 7. Developmental lines	- 60 -
Table 4. 1. Summary of the participants' information.....	- 69 -
Table 4. 2. Summary of the concepts and categories	- 73 -

Table 5. 1. Summary of the concepts and categories	- 111 -
Table 5. 2. Keeping Mxit users informed	- 116 -
Table 5. 3. Twenty-four hours availability of support services over Mxit.....	- 117 -

GRAPHS

Graph 4. 1. Grade 12 adolescents from School A who use Mxit compared with those who do not	- 80 -
Graph 4. 2. The frequency of School A's Grade 12 learners use of Mxit.....	- 83 -
Graph 4. 3. School A's Grade 12 learners use of Mxit	- 85 -

FIGURE

Figure 5. 1. Meta-theoretical map of the research findings.....	- 113 -
---	---------

CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1. INTRODUCTION

In this study, the researcher's intent was to investigate how adolescents experience the use of Mxit as a source of peer-support during their Grade 12 year, a year which is often experienced as stressful since it requires the adolescents to adapt to the numerous changes in their field (refer to Chapter 2 section 2.2.1) or life space (refer to Chapter 3 section 3.4.3.1) (Toman & Bauer, 2005:191; Burrows & Keenan, 2009:22). The researcher believes that understanding the use of Mxit (a South African phenomenon) as a potential source of peer-support is relevant as it is the most frequently used Mobile Instant Messaging (MIM) application among South African youth (Chigona & Chigona, 2008:42; Ananthaswamy, 2009:20; Donner, 2009:97). There is also evidence which demonstrates the need for the development of peer-support groups and counselling services for adolescents over MIM applications, such as Mxit (Bosch, 2008; De Tolly & Alexander, 2009).

With 39 million South Africans using a mobile phone (International Telecommunication Union, 2009), MIM applications are far more accessible to adolescents than applications available on the Personal Computer (PC) and other Net technologies (Botha & Ford, 2008; Preziosa, Grassi, Gaggioli & Riva, 2009:322) and are not restricted to the privileged few (Bosch, 2008; Ford, 2008; Preziosa *et al.*, 2009:315). Mxit is a mobile internet communications application that is popular among the youth (Farmer, 2005:50; Butgereit, 2007) as a result of its accessibility, the sense of autonomy it offers the user, and its affordability amounting to an average of 1-2 cents per message (Ford & Batchelor, 2007; Ford, 2008; Butgereit, 2009a; Chigona, Chigona, Ngqokelela & Mpofu, 2009; Donner & Gitau, 2009).

Mxit's popularity makes it a viable source of peer-support during late adolescence (ages between 17 and 21 years) which is a period marked by many changes (Spano, 2004; Schoeman, 2007:21; Vogel, Wester & Larson, 2007:415; Mannheim, 2009). As late adolescents attempt to adapt creatively to the changing conditions of their field or life

space they experience an increase in stress and anxiety (Harris, 2007:13; Burrows & Keenan, 2009:22). For this reason varying degrees of support are essential during this developmental stage (Toman & Bauer, 2005:191). This is especially true given the evidence that late adolescents are at greater risk for experiencing unfinished business (refer to Chapter 2 section 2.3.2.1 for an explanation of unfinished business) (Clarkson, 2004:51; Blom, 2006:129; Joyce & Sills, 2010:119), mental health problems (Sheffield, Fiorenza & Sofronoff, 2004:495; Wilson, Deane, Marshall & Dalley, 2008:1257), particularly depression (Stroud, Foster, Papandonatos, Handwerger, Granger, Kivlighan & Niaura, 2009:65; Tessner, Mittal & Walker, 2009:8) and suicidal thoughts (SADAG, 2007:49; Premdev, 2008:4; Mannheim, 2009), as well as being misdiagnosed (Wilson *et al.*, 2008:1259; Xanthos, 2008:3; Wilson, Deane, Marshall & Dalley, 2009).

Unfortunately adolescents do not always have access to, or fail to obtain, effective support. Several studies provide evidence to support that adolescents fail to make use of the mental health services available to them (Nicholas, Oliver, Lee & O'Brien, 2004:6; NCCMH, 2005:61; Wilson, Deane & Ciarrochi, 2005:1526; Richwood, Deane & Wilson, 2007:35; Glasheen & Campbell, 2008:3; Xanthos, 2008:2; Wilson *et al.*, 2009). The SA Health Info (2003), Vogel *et al.* (2007:410) and Wilson *et al.* (2009) found that, worldwide, 75 percent of adolescents who experience emotional distress do not seek help from a mental health professional. Several reasons have been identified to explain this: negative beliefs, stigmas and attitudes regarding mental health care (Wilson *et al.*, 2005:1527; Vogel *et al.*, 2007:414; Schomerus, Matschinger & Angermeyer, 2009:1862), preference for relying on self, peers and family for emotional help (Sheffield *et al.*, 2004:500; Richwood *et al.*, 2007:36; Wilson *et al.*, 2008:1258), not knowing where to seek help (Sheffield *et al.*, 2004:505; Wilson *et al.*, 2005:1526), fears about lack of confidentiality, a need for autonomy (Nicholas *et al.*, 2004:2; Sheffield *et al.*, 2004:505), believing that one should be able to solve one's own problems (NCCMH, 2005:62; Richwood *et al.*, 2007:36; Vogel *et al.*, 2007:415), poor accessibility, limited time (Wilson *et al.*, 2008:1258), affordability (Sheffield *et al.*, 2004:505; Xanthos, 2008:4), and gender differences whereby young males were found to be more reluctant to seek professional help than young females (Richwood *et al.*, 2007:35; Glasheen & Campbell, 2008:3; Xanthos, 2008:2).

Many of these barriers can be overcome through internet counselling and support groups (Griffiths & Cooper, 2003:122; NCCMH, 2005:198; Vally, 2006:156), which are

effective sources of support for those who are either unable or unwilling to seek face-to-face support (Griffiths & Cooper, 2003:118; Barak, Hen, Boniel-Nissim & Shapira, 2008:141; Preziosa *et al.*, 2009:314). Richwood *et al.* (2007:38) found that internet-based support is successful among international youth as demonstrated in two Australian internet-based services called *Reach Out* (Nicholas *et al.*, 2004:7) and *It's Allright.org* (Glasheen & Campbell, 2008:4). These services supply mental health information, make referrals and provide adolescents with the opportunity to join peer-support groups (It's Allright.org, 2009; Reach Out.com, 2009). The researcher proposes that Mxit can potentially be used in a similar manner within a South African context. The benefits of using mobile internet applications such as Mxit include accessibility, sense of autonomy and anonymity (Nicholas *et al.*, 2004:2; NCCMH, 2005:198; Hanley, 2009:264), convenience, cost effectiveness, as well as help in overcoming stigma, shyness and paranoia associated with meeting a therapist (Griffiths & Cooper, 2003:122; Glasheen & Campbell, 2008:3).

1.2. RATIONALE FOR STUDY AND PROBLEM FORMULATION

According to Mouton (2001:48) the rationale for the study provides the reason for the researcher's intention to embark on a particular topic. As there is limited research conducted around Mxit and other South African MIMs (Vally, 2006:151; Chigona, Chigona, Ngqokelela & Mpofu, 2009), particularly with regards to obtaining peer-support over Mxit, there is a need to explore this phenomena further. The few counselling services that are currently available over Mxit are limited to one-on-one interactions and most of them are restricted to problems relating to drugs (Brodock, 2008; Nicholson, 2008; Nitsckie & Parker, 2009:15; Verclas, 2009) and HIV/AIDS (De Tolly & Alexander, 2009; De Tolly, 2010; Mxit mobile chat, 2011). Childline's counselling project is currently the only service using Mxit to provide professional one-on-one counselling for users who feel burdened by various stressful situations (Childline SA, 2010; Mxit mobile chat, 2011). The researcher could not find a service that uses Mxit to provide adolescents with access to peer-support groups focusing on general age-related emotional problems. The way in which Grade 12 adolescents seek peer-support over Mxit is also largely omitted from literature.

The researcher proposes that an understanding of the way in which adolescents use services which are affordable, accessible and less time consuming, such as Mxit (Ford,

2008; Tangkuampien, 2009:14), to gain peer-support, will provide insight into Grade 12 adolescents support needs and preferences during times of need. Clarity is needed on Grade 12 adolescents' experiences of using Mxit as a source of peer-support to enhance professionals' understanding of the potential value of using Mxit for providing support. This may in turn encourage more professionals to use Mxit as an innovative way of reaching those Grade 12 adolescents who are unable or unwilling to seek needed therapeutic support.

According to Fox and Bayat (2007:22), the research problem is a general issue within a theoretical or practical situation that requires a solution. The research formulation is a specific statement of the problem that can be addressed through research (Merriam, 2009:59; Rubin & Babbie, 2010:45), which, for this study, is as follows:

Worldwide, 75 percent of adolescents who experience emotional distress do not seek therapeutic support (SA Health Info, 2003; Nicholas *et al.*, 2004:6; NCCMH, 2005:61; Wilson *et al.*, 2005:1526; Richwood *et al.*, 2007:35; Glasheen & Campbell, 2008:3; Wilson *et al.*, 2009). Consequently, they are at greater risk for experiencing unfinished business (Clarkson, 2004:51; Blom, 2006:129; Joyce & Sills, 2010:119), mental health problems (Sheffield *et al.*, 2004:495; Wilson *et al.*, 2008:1257), particularly depression (Stroud *et al.*, 2009:65; Tessner *et al.*, 2009:8) and suicidal thoughts (SADAG, 2007:49; Premdev, 2008:4; Mannheim, 2009), as well as being misdiagnosed (Wilson *et al.*, 2008:1259; Xanthos, 2008:3; Wilson *et al.*, 2009). Adolescents often experience Grade 12 as stressful as it requires them to adapt to the numerous changes in their field or context (Toman & Bauer, 2005:191; Burrows & Keenan, 2009:22). This may give rise to crises or unfinished business which if not addressed can result in problems later on in life (Sheffield *et al.*, 2004:505; Wilson *et al.*, 2009).

Owing to the proliferation, cost effectiveness and availability of Mxit (Chigona & Chigona, 2008:42; Kreutzer, 2008; Donner, 2009:97; Vosloo, 2009a), it has become a common phenomenon of the adolescents' field or context. Through this study the researcher intends to explore and describe Grade 12 adolescents' experiences of using Mxit as a source of peer-support in order to understand their support needs and preferences. The implication of lack of understanding of the potential value of Mxit is that opportunities to support Grade 12 learners might be missed.

1.3. RESEARCH GOAL AND RESEARCH QUESTION

Coombs (2005:365) defines goals as general guidelines for action. The research goal for this study was to investigate adolescents' experiences of using Mxit as a source of peer-support during their Grade 12 year. It was the intention of the researcher to provide professionals with a better understanding of adolescents' experiences of using Mxit as a source of peer-support as well as to contribute to dialogue, discourse and to extend the knowledge of providing support, including therapeutic intervention, for adolescents in Grade 12. This study was of limited scope, but could serve as a pilot study for future research.

The research question is used to guide the study (Punch, 2005:37) and is formulated from the research statement in order to focus the problem at hand (Mouton, 2001:53; Rubin & Babbie, 2010:45). The key issues of the study are used to formulate the research question (Thomas & Hodges, 2010:39), which often changes and evolves during a qualitative study (Creswell, 2009:131). The following research question was formulated for this study:

What are the experiences (subjective reality) of adolescents using Mxit as a source of peer-support during their Grade 12 year?

According to Lankshear and Knobel (2004:49), the research aim contributes to understanding and resolving the research problem by addressing the research question. The general aim of this study (Thomas & Hodges, 2010:39) was to explore and describe late adolescents' experiences of using Mxit as a source of peer-support during their Grade 12 year in order to provide a broader and more realistic understanding of their support preferences and needs. The inclusion of adolescents' experiences of using Mxit as a source of peer-support also aids in enhancing professionals' awareness of the value of using Mxit as a source of therapeutic support to Grade 12 learners.

The research objectives involve the steps required to attain the overall goal of the study (Fouché & De Vos, 2011:94). The following objectives for this study were set:

- To compile a conceptual framework (De Vos & Strydom, 2011:35) on Gestalt Therapy theory focusing on the field theory, the theory of self, phenomenological

dialogue and adolescent development, as well as on peer-support and Mxit as a social networking application (refer to Chapters 2 and 3).

- To collect data through documents (Mxit text and drawings) and semi-structured interviews (Greeff, 2011:351).
- To analyse the data by means of Creswell's steps (Creswell, 2009:185-191), including examining and categorizing the data, and conducting a literature control to verify research findings (Mouton, 2001:108-109).
- To provide appropriate conclusions and recommendations (refer to Chapter 5) (Strydom & Delport, 2011a:289) for those working with Grade 12 adolescents based on the research findings.

1.4. THEORETICAL FRAMEWORK AND PARADIGM FOR STUDY

A paradigm is a general framework that shapes and guides one's observations, understandings (Denzin & Lincoln, 2005:22; Babbie, 2010:33; Rubin & Babbie, 2010:15; Delport, Fouché & Schurink, 2011:297) and actions (Creswell, 2007:248). This study was approached from a Gestalt Therapy theory paradigm, which includes the field theory, phenomenological method of enquiry and holism (Yontef, 2005:92). According to Creswell (2007:16), Klenke (2008:14) and Mertens (2010:451), it is the researcher's philosophical assumptions about ontology, epistemology, methodology and axiology that frame the research process.

Ontology refers to the assumptions that the researcher makes about the nature of reality (Kelly, 2008:113; Holloway & Wheeler, 2010:21; Tashakkori & Teddlie, 2010:4). From a Gestalt theory standpoint, the nature of reality is viewed from a holistic field perspective (Corsini, Wedding & Dumont, 2008:545; Mann, 2010:4), which is an "outlook ... and whole way of thinking that relates to the interconnectedness between events and the settings or situations in which these events take place" (Parlett, 2005:47).

Epistemological assumptions address how knowledge about reality is gained and constructed (Kelly, 2008:113, Klenke, 2008:15; Tashakkori & Teddlie, 2010:4) including the relationship between the investigator and participants (Yontef & Jacobs, 2011:349) which, according to Creswell (2007:247), is interrelated and not independent. It is "the theory of knowledge and is concerned with the question of what counts as valid

knowledge” (Holloway & Wheeler, 2010:21). From a Gestalt theory perspective, it is the subjective reality that is important (Corey, 2009:99) since it is not possible to know reality as it really is, apart from one’s own perceptions, interpretations and understanding of it (Crocker, 2005:66; Yontef, 2005:85). The Gestalt approach thus uses a phenomenological approach to find the source of knowledge (Clarkson, 2004:15).

The researcher applied the phenomenological method of enquiry. This involved observing and describing the participants’ subjective meanings of their world (Blom, 2006:18; Masquelier, 2006:54) and their nonverbal cues (Crocker, 2005:67), as well as maintaining an open mind and genuine curiosity (Joyce & Sills, 2010:18) but avoiding hierarchical assumptions and bracketing preconceived ideas and beliefs (Clarkson, 2004:15; Crocker, 2005:67; Yontef, 2005:94).

Axiology refers to the researcher’s beliefs about the role of values in research (Creswell, 2007:17; Kelly, 2008:113; Tashakkori & Teddlie, 2010:4). A Gestalt Therapy theory approach stresses the importance of viewing individuals holistically (Joyce & Sills, 2010:28) and adopting an I-Thou attitude (Crocker, 2005:71; Brownell, 2010:101; Joyce & Sills, 2010:50). This dialogic attitude is “characterised by a desire to genuinely meet with the other with openness, respect, acceptance and presence in a fluidly inclusive way” (Mann, 2010:193) by avoiding any form of analysing or manipulating (Joyce & Sills, 2010:50).

Methodology is how the researcher gains knowledge (Creswell, 2007:17; Kelly, 2008:113; Delport *et al.*, 2011:299) and is determined by the above three assumptions (Klenke, 2008:15). From a Gestalt theory perspective knowledge or experience results from contact between the individual and his/her environment or field (Yontef, 2005:83; Ginger, 2007:108; Brownell, 2010:104). In this study, knowledge transpired from the contact between the researcher and the participants that took place within an existential dialogical relationship (Yontef, 2005:95).

1.5. RESEARCH STRATEGY

1.5.1. Research approach

As suggested by Morrow (2007:211) and Yin (2011:8), a qualitative research approach was used to enable the researcher to understand Grade 12 adolescents' experiences of using Mxit as a source of peer-support. Qualitative research is *emic* as the perspectives of the participants are used to form categories (Creswell, 2007:72; Krysik & Finn, 2010:408; Yin, 2011:12) and *idiographic* as it uses a small sample of individuals in attaining knowledge claims (Morrow, 2007:215). This study more specifically applied an interpretive qualitative approach as the researcher endeavoured to learn how the participants have experienced and interacted with their social world, and the meaning they attached to this (Merriam, 2002:5; Holliday, Hyde & Kullman, 2004:153; Brewer & Headlee, 2010:1129). Within this interpretive research approach the researcher was the primary instrument for data collection and analysis (Creswell, 2009:175; Merriam, 2009:15; Yin, 2011:13).

1.5.2. Type of research

The type of research that is conducted is dependent on whether the researcher is aiming to increase the knowledge base of a subject, known as basic research, or to contribute to solving a problematic situation, known as applied research (Snape & Spencer, 2003:22-24; Merriam, 2009:3; Fouché & Delport, 2011a:65; Fouché & De Vos, 2011:94; Johnson & Christensen, 2011:9). The aim of this study was to explore and describe Grade 12 adolescents' experiences of using Mxit as a source of peer-support to develop a more comprehensive understanding of their support needs and preferences during stressful times, and would therefore constitute applied research (Hall, 2008:14; Houser, 2008:44; Fouché & De Vos, 2011:95).

This study used an exploratory and descriptive means in endeavouring to achieve its goal (Ritchie, 2003:28; Fouché & De Vos, 2011:95-96). Exploratory research is conducted to gain insight (Babbie, 2010:93; Hesse-Biber & Leavy, 2011:10) and enhance understanding in a particular area (Bless, Higson-Smith & Kagee, 2006:47; Marshall & Rossman, 2011:69). Descriptive research involves an intensive examination of the data (Blaikie, 2010:71; Fouché & De Vos, 2011:96) in order to provide detailed

(Creswell, 2009:184; Thomas, Nelson & Silverman, 2011:20) and accurate descriptions of a phenomenon (Cargan, 2007:7; Johnson & Christensen, 2011:366).

1.5.3. Research design

All research studies have either an implicit or explicit research design (Flick, 2004:146; Maxwell, 2005:3; Yin, 2011:75) which, according to Yin (2011:75), is a logical blueprint or plan of how the researcher intends to carry out the study. The research design consists of the components of the study and the way in which these relate to each other (Maxwell, 2005:xii). It is guided by the research question (Morrow, 2007:211; Krysik & Finn, 2010:134) and is a reflective process (Maxwell, 2005:2; Flick, 2007:37) that involves a sequence of decisions made by the researcher through each stage of the study (Maxwell, 2005:14). As part of the research design the researcher considers the type of study that is being planned, the result that is being aimed at as well as the kind of evidence that is required to adequately answer the research question (Mouton, 2001:56; Brewer & Headlee, 2010:1126).

Yin (2011:76) states that:

Qualitative research has no array of fixed designs ... In other words, because there is no clear typology of blueprints, every qualitative study is likely to vary in its design, and being offered the various choices permits you to customise your design as you see fit.

Due to the lack of fixed designs little importance is placed on qualitative designs within literature (Flick, 2004:146; Flick, 2007:37). This does not mean that qualitative studies are devoid of a design (Maxwell, 2005:3). All qualitative studies will have, in retrospect, some kind of design (Yin, 2011:76) that evolved throughout the research process (Fouché & Delport, 2011a:66). According to Fouché and Schurink (2011:312-313), the five research designs that Creswell (2007:2) identified, which include biography, phenomenology, grounded theory, ethnography and case study, can be used to design qualitative research.

This study used case study as a research design. According to Merriam (2002:8), case studies are defined by the unit of analysis which, in this study, is the experiences of Grade 12 adolescents. Case study designs involve a holistic inquiry (Harling, 2002) into

a bounded system (Creswell, 2007:73) where there are limits to what is viewed as workable or relevant (Harling, 2002). These boundaries are set in terms of time and place (Fouché & Schurink, 2011:321). In this study, the researcher explored a multiple bounded system (more than one case) over time, by using multiple sources of information (face-to-face interviews, documents and field notes) for an in-depth and detailed data collection, in order to report the case description and case-based themes (Harling, 2002; Creswell, 2007:73; Swanborn, 2010:13). More specifically, an instrumental case study that was extended to multiple cases (commonly termed collective case study) was used. The purpose was to gain a better understanding of the social issue (Harling, 2002; Stake, 2005:445-446; Creswell, 2007:74; Merriam, 2009:48) as well as to replicate the procedures for each case (Yin, 2009:54) to provide a contextual understanding in addition to a rich and in-depth description and analysis of the phenomenological data (Stake, 2005:445; Creswell, 2007:78; Silverman, 2009:139; Fouché & Schurink, 2011:321). As a multiple-case design was utilized, a set of criteria to determine the most viable candidates for the study was used (Yin, 2009:91).

1.6. RESEARCH METHODOLOGY

1.6.1. Universe and population

The term “population” and “universe” are often used interchangeably (Cargan, 2007:236; Bornman, 2009:435). The researcher supports Cottrell and McKenzie (2011:125), and Strydom (2011b:223) who distinguish between these two terms. They define “universe” as all individuals who possess the characteristics that the researcher is interested in, and “population” as a smaller unit of study that includes those individuals in the universe who possess the specific attributes that the researcher requires. The population (all Grade 12 adolescents of High school A) is the object of research consisting of a group of entities (Fox & Bayat, 2007:51) that sets boundaries on the universe (all Grade 12 adolescents in Gauteng) (Cottrell & McKenzie, 2011:125; Strydom, 2011b:223).

1.6.2. Sampling

The sample was selected by means of non-probability sampling since the exact population size, as well as the members of the population, were unknown (Rubin &

Babbie, 2010:146; Cottrell & McKenzie, 2011:127). Non-probability sampling includes any procedure where subjects within the population have an unequal, or even no chance, of being selected (Cargan, 2007:242; Babbie, 2010:192; Adler & Clark, 2011:104) since it does not involve random selection (Rubin & Babbie, 2010:146). The use of the sampling procedure in this study resulted in some adolescents being selected while others had no chance of being included (Adler & Clark, 2011:104).

In selecting the sample from the population, the researcher consulted with School A's principal and made use of a pre-interview survey (refer to Annexure D). Thus, a non-probability, purposive (judgmental) sampling procedure was used (Cargan, 2007:243; Babbie, 2010:193; Adler & Clark, 2011:123). This sampling procedure allowed the researcher intentionally to (Cottrell & McKenzie, 2011:235) select information rich cases that could contribute to an in-depth understanding of the topic at hand (Patton, 2002:244; Babbie, 2010:193). Sampling continued until data saturation had been achieved in terms of generalising to theoretical propositions (Patton, 2002:245; Pitney & Parker, 2009:44; Holloway & Wheeler, 2010:146; Hesse-Biber & Leavy, 2011:56), and not to populations (Yin, 2009:15; Adler & Clark, 2011:123; Cottrell & McKenzie, 2011:7).

The researcher distinguished between those in the population who were of potential interest and those who were not by defining a set of inclusion criteria (Johnson & Christensen, 2011:235) that the Grade 12 adolescents needed to possess in order to participate in this study. The inclusion criteria provide the reader with a clear picture of the participants' salient characteristics, which aids in "gauging the relevance of findings for other samples and contexts" (Ponterotto & Grieger, 2007:413). The sample's inclusion criteria for this study were as follows:

- English-speaking Grade 12 adolescents
- Attendee at High school A
- Male or female
- Using Mxit on a daily basis
- Voluntary participation

1.6.3. Data collection

The type of data that is collected and how it is collected will have an impact on its value in the analysis, reporting and application stages of the research study (Tappen, 2011:207). The adequacy of data, both in amount (sufficient information rich cases) and type (a variety in kinds of evidence), is essential for determining the standard of trustworthiness or rigour in a qualitative study (Morrow, 2007:219). For this reason, the selection process is influenced by the sufficiency of data rather than by numbers (Morrow, 2007:217; Greeff, 2011:350; Tappen, 2011:119).

The use of multiple sources of evidence strengthens the adequacy and accuracy of the data (Yin, 2011:8) by ensuring data triangulation (Shenton, 2004:66; Creswell, 2009:191; Delport & Fouché, 2011:442) and potentially neutralising bias sources (Elliott & Timulak, 2005:151). In this study, the multiple sources of evidence that were used included literature review (Delport *et al.*, 2011:306), in-depth semi-structured interviews (Flick, 2007:117; Greeff, 2011:351), documents (Shenton, 2004:66; Holloway & Wheeler, 2010:139) in the form of drawings (Lichtman, 2010:16) and Mxit text, as well as observations recorded in the field notes (Yin, 2003:83; Bachman & Schutt, 2011:267), self-reflective notes (Lichtman, 2010:164) and theoretical notes (Babbie, 2010:405).

1.6.3.1. Literature review

There is controversy within qualitative research approaches as to whether a literature review should be conducted before or after data collection (Merriam, 2009:73). This is particularly true for the case study approach which, according to Delport *et al.* (2011:306), falls in the middle of the continuum according to whether theory is used before or after the data is collected. One way of deciding when to conduct the literature review is to determine what its function within the study is. Johnson and Christensen (2011:65) state that a literature review can either “be used to explain the theoretical underpinnings of the research study, to assist in formulation of the research question and selection of the study population, or to stimulate new insights and concepts throughout the study”. For the purpose of this study a literature review (refer to Chapters 2 and 3) was conducted before collecting the data to explain the theoretical underpinnings, to assist in formulating the research question and to select the study’s population. A literature control (refer to Chapter 4) was used after the data had been

collected where the findings were embedded in larger theoretical perspectives or paradigms (Fouché & Delport, 2011a:66) to contextualise the study, fill in gaps, extend prior studies (Creswell, 2009:25) and verify the findings (Mouton, 2001:109).

1.6.3.2. *Semi-structured interviews*

Interviews endeavour to gain knowledge and understanding about the world from the participants' point of view (Kvale, 2007:1; Hesse-Biber & Leavy, 2011:98). In this study, the in-depth semi-structured interviews, which were guided by an interview schedule (refer to Annexure F), provided a detailed picture of the participants' experiences and perceptions about the research topic (Yin, 2009:101; Greeff, 2011:351).

1.6.3.3. *Documents in the form of drawings and Mxit text*

Documents involve a personal account of the participants' subjective perception and interpretation of their own lives and the events of the world around them (Strydom & Delport, 2011b:378). In this study, the participants found expression through drawings (Lichtman, 2010:164) created during the first meeting with the researcher (refer to Annexure E), which aided her in gaining an enhanced understanding of their experiences and perceptions (Merriam, 2009:143; Lindlof & Taylor, 2011:234; Strydom & Delport, 2011b:378) of peer-support. Another document that formed part of the data collection was what the researcher refers to as Mxit text, which is the raw data obtained from the semi-structured interviews over Mxit. These interviews were guided by an interview schedule (refer to Annexure G) and provided a personal account of the participants' experiences and perceptions of the topic at hand (Merriam, 2009:143; Lindlof & Taylor, 2011:234; Strydom & Delport, 2011b:378).

1.6.3.4. *Observations recorded in field notes, self-reflective notes and theoretical notes*

This study used field notes, which incorporated self-reflective notes and theoretical notes, as a method of data collection (Lichtman, 2010:164). Field notes are a written account of what the researcher has heard, seen, thought and experienced in the field (Patton, 2002:302; Greeff, 2011:359; Streubert, 2011:42). Theoretical notes involve writing memos about theoretical ideas (Holloway & Wheeler, 2010:166) while reflecting on and interpreting observational notes (Fox & Bayat, 2007:75; Rubin & Babbie, 2010:307), listening to participants, transcribing interviews and reading academic resources (Holloway & Wheeler, 2010:166). Self-reflective notes are used to

demonstrate the researcher's awareness of self as well as her influence on the research process (Lichtman, 2010:22 & 164).

After obtaining consent (Strydom, 2011a:118) from the Department of Education, the principal at School A (refer to Annexure A), the parents (refer to Annexure B) and the participants (refer to Annexure C), the researcher video recorded and transcribed all the interviews (Greeff, 2011:359-360), as well as made accurate field notes after each interview to ensure the trustworthiness of the study (Mouton, 2001:108). All data was stored in a lockable cabinet or electronically on the researcher's PC that is password protected and only accessible to the researcher, as recommended by Richards (2009:63).

1.6.4. Data analysis

According to Schurink, Fouché and De Vos (2011:397), analysis brings order, structure and meaning to the data collected. It is an ongoing, iterative and non-linear process that occurs throughout the course of the study (Maxwell, 2005:95; Boeije, 2010:xii; Lichtman, 2010:19) and intensifies as the study progresses (Merriam, 2009:169). In this study, the data analysis and interpretation, guided by Creswell's application of Tesch's method (Creswell, 2009:185-191), was conducted in order to generate findings (Boeije, 2010:xii).

The data was organised and prepared for analysis by transcribing the interviews, visually scanning the material and typing out the field notes, as recommended by Creswell (2009:185), Hesse-Biber and Leavy (2011:326), and Marshall and Rossman (2011:210). A general sense of the information was obtained while transcribing the interviews, reading through the material and later reflecting on its overall meaning (Creswell, 2009:185; Schurink *et al.*, 2011:404-408). Based on Creswell (2007:156), and Creswell and Clark's (2011:207) recommendations, the researcher recorded any thoughts in the margins of the interview transcripts and field notes. The data was then divided into meaningful and smaller segments (Hesse-Biber, & Leavy, 2011:326) in order to organise, explore and record key concepts (Creswell & Clark, 2011:207; Schurink *et al.*, 2011:409).

Classification of the data occurred as the researcher assigned it to various categories and then identified the connections between them (Rasli, 2006:35). Themes within each case study and then common themes across all cases were identified (Lichtman, 2010:194). Meaning was gained from the data in a systematic, rigorous and comprehensive manner rather than relying on the frequency and quantity with which something occurred (Marshall & Rossman, 2011:215). The classification of the data helped to create the theoretical foundation on which the researcher's interpretations and explanations were based (Spencer, Ritchie & O'Connor, 2003:217).

After categorising and identifying the significant themes and patterns the researcher coded the data, as suggested by Schurink *et al.* (2011:410). According to Creswell and Clark (2011:208), coding the data involves "dividing the data into small units (phrases, sentences or paragraphs), assigning a label to each unit, and then grouping the codes into themes". Colour was used as a coding scheme where various colours were used to code similar themes. These themes were then organised (Schurink *et al.*, 2011:411).

Finally, the developing understanding of the data was challenged by searching for negative instances of patterns in order to evaluate its usefulness (Schurink *et al.*, 2011:415). Alternative explanations were developed, leading to the emergence of new patterns and themes (Morrow, 2007:215; Schurink *et al.*, 2011:416). These themes were transformed into concepts by the uncovering of descriptive words for the topics (Creswell, 2009:186). This process allowed the researcher to "demonstrate how the themes relate to one another and how the Gestalt of the findings shed light on the phenomena under study" (Ponterotto & Grieger, 2007:413).

A deep immersion in the data throughout the process ensured satisfactory interpretations (Spencer *et al.*, 2003:237). According to Ponterotto and Grieger (2007:415), thick descriptions enabled the researcher to make "thick interpretations", which lead to "thick meaning". The framework of the interpretations were guided by Gestalt Therapy theory and verified by the literature findings, as recommended by Creswell (2009:189-190) and Delport *et al.* (2011:306).

1.7. VALIDITY OF THE STUDY

The trustworthiness (validity) of a research study is essential in evaluating its scientific worth (Cohen & Crabtree, 2006; Heppner, Kivlighan & Wampold, 2008:294; Tappen, 2011:153). In this study, the measures of trustworthiness were based on Lincoln and Guba's (1985:219) criteria of credibility, transferability, dependability and confirmability. The researcher supports Whittemore, Chase and Mandle (2001:530) who include authenticity as a fifth criterion.

- Credibility

Within qualitative research, internal validity is replaced by the concept referred to by Lincoln and Guba (1985:219) as credibility. Credibility ensures the truthfulness of the data (Shenton, 2004:63; O'Donoghue, 2007:99) by using research activities that enhance the likelihood that "credible findings and interpretations will be produced" (Lincoln & Guba, 1985:301). The credibility of this study was enhanced by prolonged engagement and persistent observation in the field (Flick, 2007:19; Rubin & Babbie, 2010:232; Streubert, 2011:48) where two initial contact meetings with the participants were later followed by face-to-face interviews and interviews over Mxit. The researcher also provided in-depth descriptions of the participants' experiences as well as the context of the research (Morrow, 2007:219).

- Transferability

Qualitative studies use transferability in place of external validity (Lincoln & Guba, 1985:219) as it is difficult to generalise findings to other populations (Schurink *et al.*, 2011:420). Transferability implies that it is the reader's responsibility to decide whether the research findings and conclusions can be transferred to other situations or contexts (Guba, 1990:113; Shenton, 2004:69). To enable the reader to make judgements about the transferability of the findings a rich, thick description of the study and all its particularities is required (Guba, 1990:113; Shenton, 2004:63; Merriam, 2009:234). The researcher used purposeful sampling, provided contextual information about the research site (Shenton, 2004:69), conducted an in-depth analysis of the interview transcripts, documents and observational notes (O'Donoghue, 2007:100) and provided a logical and clear presentation of the data within the theoretical framework (O'Donoghue, 2007:100; Schurink *et al.*, 2011:420) of Gestalt Therapy theory. The use of triangulation where multiple sources of data, including semi-structured interviews,

documents (Mxit text and drawings) and observations through field notes, self-reflective notes and theoretical notes (Lichtman, 2010:164), were used to increase the generalisability of this study's findings (Schurink *et al.*, 2011:420).

- Dependability

According to Lincoln and Guba (1985:219) dependability replaces the quantitative concept of reliability when conducting a qualitative study. Dependability implies that another investigator is able to follow the “decision trail” that the researcher used (Thomas & Magilvy, 2011:153). Although it is difficult to successfully achieve the criteria for dependability within qualitative studies, the researcher endeavoured to enable future investigators to repeat the study (Shenton, 2004:63) by providing an in-depth and detailed description of the processes used (Shenton, 2004:71; Schurink *et al.*, 2011:420; Thomas & Magilvy, 2011:153). This included describing the purpose of the study, discussing the process of and the reasons for selecting the participants, describing the process and length of the data collection procedures, explaining how the data were prepared and reduced for analysis, presenting a discussion on the interpretation and presentation of the findings, as well as providing the techniques that were used to determine the credibility of the data (Thomas & Magilvy, 2011:153).

- Confirmability

When conducting qualitative research objectivity, a quantitative term, is replaced by confirmability (Lincoln & Guba, 1985:219). Confirmability determines whether the findings of the study can be confirmed by another (Schurink *et al.*, 2011:421), and occurs with the establishment of credibility, transferability and dependability (Thomas & Magilvy, 2011:153). Confirmability is enhanced by demonstrating that the research findings emerged from the data and not from the researcher's own predispositions (Shenton, 2004:63; Schurink *et al.*, 2011:421). In this study, confirmability was achieved by utilising multiple cases as well as more than one method of data collection which, according to Shenton (2004:72), enhanced the value for using the findings within other settings.

- Authenticity

According to Whitemore *et al.* (2001:530), “authenticity is closely linked to credibility in validity and involves the portrayal of research that reflects the meanings and experiences that are lived and perceived by the participants”. By using the

phenomenological method of enquiry the authenticity of this study was enhanced where the subjective meanings of the participants' world (Blom, 2006:18; Masquelier, 2006:54) as well as their non-verbal cues were observed and described (Crocker, 2005:67). The researcher also attempted to stay true to the participants by remaining as close as possible to their lived experiences (Crocker, 2005:78) as well as maintaining an open mind and genuine curiosity (Joyce & Sills, 2010:18) but by avoiding hierarchical assumptions, and bracketing preconceived ideas, beliefs and assumptions (Crocker, 2005:67; Yontef, 2005:94).

1.8. IMPACT OF THE STUDY

It is the intention of the researcher to provide a better understanding of adolescents' experiences of using Mxit as a source of peer-support and to contribute to dialogue and discourse, which may extend the existing knowledge base of providing support, including therapeutic intervention, for adolescents in Grade 12. The inclusion of adolescents' experiences of using Mxit as a source of peer-support will provide a broader and more realistic understanding of their support preferences and needs. It may also contribute to professionals' awareness of the potential value of using Mxit as an alternative or additional source of therapeutic support to Grade 12 learners.

1.9. ETHICAL ASPECTS

According to Babbie (2010:64), researchers need to be aware of that which is generally agreed as being proper and improper conduct during scientific enquiry. The general ethical guidelines that are presented next were used to guide the researcher's conduct within all aspects of the study, as suggested by Gabrielian, Yang and Spice (2008:160), and Strydom (2011a:115).

- **Avoidance of harm**

During the course of the study the participants should be guarded against any form of physical discomfort or emotional harm (McLeod, 2011:251; Strydom, 2011a:115) by looking for the "subtlest dangers and guarding against them" (Babbie, 2010:65). Based on Strydom's (2011a:115) recommendations, the researcher informed the participants before commencing with the study that the investigation could potentially trigger negative memories from the past that might have resulted in discomfort. This provided

them with the opportunity to withdraw from the study if they so desired (Morrow, 2007:218). Throughout the study the researcher was also sensitive and alert to any signs of emotional distress so that, if the need arose, the relevant participants could be referred to the educational psychologist at School A.

- Informed consent

Informed consent involves discussing all possible and relevant information about the research (Christians, 2005:145; Duncan & Watson, 2010:56) so that the participants can make an informed decision as to whether they desire to be part of the study (Seidman, 2006:61; King, 2010:100). Strydom (2011a:117) states that informed consent is achieved by providing adequate information about the goal of the study, the procedures to be followed during the investigation, the potential advantages, disadvantages and dangers that the participants could be exposed to, as well as the credibility of the research. The participants (refer to Annexure C), their parents (refer to Annexure B) and the principal at School A (refer to Annexure A) received a consent form stating the duration and goal of the study, the procedures that the researcher intended to follow, the advantages and disadvantages, and the participants' right to non-participation and withdrawal.

- Privacy, anonymity and confidentiality

According to Strydom (2011a:119), privacy involves the element of personal privacy where the participant has the right to decide what and how much he/she wants to reveal. Confidentiality is an extension of privacy that includes handling all information in a confidential manner. It is the researcher's responsibility to maintain both the privacy and identity of the participants (Seidman, 2006:67) by keeping all information anonymous (King, 2010:101; Strydom, 2011a:120). The participants' right to participate, share or refuse to share and withdraw from the study at any stage without penalty was guaranteed within the respective consent forms. The identity of the participants was not included on any documentation which, according to Christians (2005:145), ensures anonymity and confidentiality. All records, including recorded material, were stored in a lockable cabinet or electronically on the researcher's PC that is password protected and only accessible to the researcher, as recommended by Richards (2009:63). The individual consent forms assured the participants, their parents and the school of their anonymity.

- Deception

Deception may involve deliberately providing misleading facts or withholding information to ensure participation that would otherwise have been refused (Corey, Corey & Callanan, 2011:404), such as going undercover when carrying out the research project or failing to explain the true nature and purpose of the study (Hesse-Biber & Leavy, 2011:73). The role of the researcher as well as the purpose of the study, namely to explore Grade 12 learners' experiences of using Mxit as a source of peer-support, was clearly and honestly stated in the respective consent forms. Deception could also occur during the researcher process (Strydom, 2011a:119) and while recording and presenting the findings (King, 2010:104). The researcher confirms that the research process proceeded as indicated and that the findings were not deceptive in any way.

- Adequate skill and competence

It is the ethical responsibility of the researcher to have sufficient skill and competency to conduct the research as well as to receive adequate supervision throughout the process (Corey *et al.*, 2011:325; Strydom, 2011a:123). The researcher's field of study has equipped her with the required skills and competency to identify and deal with emotional stress as well as make the necessary referrals to the school's educational psychologist should the need have arisen. Ongoing supervision was also obtained during the course of the study.

- Beneficence

The principle of beneficence has two aspects to it. The first involves determining whether the potential benefits of the research project outweigh the risks to the participants. The second requires the researcher to act in ways that enhance the participants' well-being (Sherblom, 2003:112) by developing valid and reliable scientific knowledge that can be used to improve the condition of the individual and society (Kitchener & Kitchener, 2009:13). This principle was applied to the short term immediate experiences of the participants and it dictated the specific rules as to how the study was conducted and used. As the researcher was responsible for clearly perceiving the participants' responses as well as authentically translating the data and presenting the findings, the principle of beneficence was applied as a matter of justice. The participants also had access to the research findings which, according to Mertens and Ginsberg (2008:497), is regarded as their basic right.

1.10. DEFINITIONS OF MAIN CONCEPTS

1.10.1. Mxit

Mxit, which stands for “Message Xchange it”, is a South African social networking software application that was released in 2005 (Mxit mobile chat, 2011). This social networking application uses the internet protocol to allow users to exchange messages in real time over mobile phones or PCs (Chigona & Chigona, 2008:44, Basson, Makhasi & Van Vuuren, 2010:395; Ford & Botha, 2010:2). It is similar to a Short Message Service (SMS) but costs a fraction of a SMS and allows users to send messages that far exceed the maximum length of a SMS message (Slabbert, De Kock & Hattingh, 2009:25). Mxit users are required to be online simultaneously (Ford & Batchelor, 2007; Butgereit, 2009a) either to chat on a one-to-one basis with contacts that have been added to their list without paying a monthly fee, via themed chatrooms which require registration and a fee, or through MultiMX whereby several contacts can be invited to chat together (Bosch, 2008; Chigona & Chigona, 2008:44; Chigona, Chigona, Ngqokelela & Mpofu, 2009). Other instant messaging services, such as Google chat, MSN messenger and Jabber, are interfaced with Mxit, making it easy for Mxit users to communicate with those who are part of other instant messaging communities (Dourando, Parker & De la Harpe, 2007; Butgereit, Leonard, Le Roux, Rama, De Sousa & Naidoo, 2010). For the purpose of this study the participants used their own mobile phones to communicate with the researcher on a one-to-one basis over Mxit.

1.10.2. Peer-support

According to Greenhalgh, Humphrey and Woodard (2010:55), there is not a single definition for peer-support. Peer-support is “an umbrella term for a range of activities where ... people have a strong desire to support each other and ... have significant influence among their peers” (Blake, Bird & Gerlach, 2007:84). Blake *et al.* (2007:84-85) state that the various activities that fall under peer-support include peer education, peer listening/counselling, peer mediation, peer buddying, peer mentoring, peer research and peer advocacy (refer to Table 3.4 in Chapter 3 for a description of each one). For the purpose of this study, peer-support is defined as social emotional support (Solomon, 2004:393) between individuals of the same age, role or background (Parsons & Blake, 2004:1) who voluntarily share their points of view with each other (Jack, Grim, Gross,

Lynch & McLin, 2010:66) while providing emotional support, including peer listening/counselling, and informational support, including peer education and mentoring (Brown, 2005:222) during times of need (refer to Table 1.1 for a description of the constructs of peer-support). This involves giving and receiving help by mutually sharing and offering support, respect, empathy, companionship, information and assistance (Mead, Hilton & Curtis, 2001:135) in a nonjudgmental and nonthreatening way (Casiraghi & Mulsow, 2010:116).

Peer-support, which can occur face-to-face or online over the internet, is available on a one-to-one basis or within a group situation (Solomon, 2004:394). For the purpose of this study, online peer-support groups were the main focus while one-to-one online peer counselling was considered, but in less detail.

Table 1. 1. Constructs of peer-support adapted from Jack <i>et al.</i> (2010:67).	
Construct:	Definition:
Emotional support	Conveying that an individual is being thought about, appreciated or valued enough to be cared for in ways that promote health (Jack <i>et al.</i> , 2010:67) by listening (Brown, 2005:222), as well as demonstrating concern (Mander, 2001:8), availability (Karlsson, Skargren & Kristenson, 2010), affection, mutual understanding (Solomon, 2004:394) and interest during times of stress or unrest (Burleson, 2003:552).
Informational support	Provision of necessary information (Nettelton, Pleace, Burrows, Muncer & Loader, 2002:181), advice or suggestions that are used to address a particular situation (Jack <i>et al.</i> , 2010:67).
Sharing points of view	Offering opinions about how one views a particular situation or how one would handle a situation, in order to suggest ways that another can address a particular situation (Jack <i>et al.</i> , 2010:67).

1.10.3. A Gestalt approach

Gestalt is a German term meaning whole, completion or form that when separated into its parts loses its essence (Corey, 2009:201). This signifies a holistic point of view (Ginger, 2007:2) where the whole is regarded as being greater than the sum of its parts (Clarkson, 2004:1; Antrop, 2006:34; Blom, 2006:18). Individuals are understood as patterned wholes that reflect interrelationships among elements and can only be studied in terms of the relationship of the parts to each other and to the whole (Yontef & Jacobs, 2011:349).

From a Gestalt perspective, individuals do not perceive the world in isolated parts that are then added together (Yontef & Jacobs, 2011:349), but continuously form organised patterns and wholes of their experiences (Nevid, 2011:7). They have an innate tendency and need to organise their experiences into meaningful wholes so that they can achieve closure and completion. Failure to do so leads to unfinished business causing discomfort until closure of the Gestalt is successfully achieved (Mann, 2010:57).

A central theme within the Gestalt approach is that organisms exist within the context of their field or total environment (Brownell, 2010:123). The field can be viewed as the ground (background) from which every figure (foreground) emerges and then returns to on completion (refer to Chapter 2 section 2.2.1 for an explanation of figure and ground) (Joyce & Sills, 2010:28).

The Gestalt approach is based on phenomenological principles that entail focusing on the immediate experience while seeking the truth or source of meaning without assumptions or presuppositions (Clarkson, 2004:15). This phenomenological approach was used in this study to explore the realities of each participant through their own eyes (Fall, Holden & Marquis, 2004:219).

1.10.4. Late adolescence

Late adolescence is the developmental stage that falls between the ages of 17 and 21 years (Rew, 2005:4; Corr, Nabe & Corr, 2009:366; Radzik, Sherer & Neinstein, 2009:14). It is the stage of development before the onset of adulthood (Schoeman, 2007:21; Austrian, 2008b:133; Gouws, Kruger & Burger, 2008:2) that consists of many changes (Schoeman, 2007:21; Vogel *et al.*, 2007:415; Mannheim, 2009) which require adolescents to creatively adjust to the conditions of their field (context) or life space (Harris, 2007:13; Burrows & Keenan, 2009:22). The major shifts in Grade 12 adolescents' life space that need to be managed include an extension or widening of their field, an increased differentiation of experiences in behaviour and self, and changes in organisation within their total field (McConville, 2001a:30-31; Toman & Bauer, 2005:183). Examples of these are the writing of final examinations in their school life (SADAG, 2008), making career choices (Ferguson & O'Neill, 2001:73) and disembedding from the family field (Toman & Bauer, 2005:182), which often causes

added stress and anxiety to the already stressful developmental tasks (Zulu, 2005; Weissmann, 2007:1; Masemola, 2008).

Owing to the stressful nature of this developmental stage, late adolescents are at greater risk for developing mental health problems (Sheffield *et al.*, 2004:495; Hutchinson, 2007:38; Tessner *et al.*, 2009:2), particularly depression (Stroud *et al.*, 2009:65; Tessner *et al.*, 2009:8) and suicidal thoughts, that can lead to attempted or completed suicide (SADAG, 2007:49; Premdev, 2008:4; Mannheim, 2009). For this reason, it is essential for late adolescents to have access to varying degrees of support that exist along a continuum from supportive others to mental health professionals, depending on the severity of their needs (Toman & Bauer, 2005:191).

1.11. OUTLINE OF RESEARCH REPORT

- Chapter 1: Introduction and overview of the study
- Chapter 2: Conceptual framework: Key tenets and core theoretical assumptions of Gestalt Therapy theory
- Chapter 3: Conceptual framework: Mxit, social networking applications and late adolescent development
- Chapter 4: Empirical investigation and literature control
- Chapter 5: Integrated summary of conclusions, limitations and recommendations

1.12. CONCLUSION

An introduction and overview of the study was provided in this first chapter. The rationale and problem formation validated the choice of topic and led to the discussion of the research goals and research question. The underlying assumptions of the study were laid down by the theoretical framework and paradigm. The objectives of the study provided an outline of the steps used to implement the research methodology. A discussion of the impact of the study and ethical aspects was provided and the main concepts defined.

The conceptual framework for this study will be discussed in the second and third chapters. Chapter 2 will introduce the concepts underlying Gestalt Therapy theory by discussing its key tenets and core theoretical assumptions applicable to the study. The

third chapter will provide a concise discussion of Mxit and the wider field of social networking applications, peer-support and late adolescent development while integrating Gestalt Therapy theory.

CHAPTER 2

CONCEPTUAL FRAMEWORK: KEY TENETS AND CORE THEORETICAL ASSUMPTIONS OF GESTALT THERAPY THEORY

2.1. INTRODUCTION

The first chapter provided an introduction and overview of the study. This chapter serves to present a framework of the main concepts that are relevant to this study (Maxwell, 2005:33) as well as their relationship to each other (Punch, 2005:64). In order to introduce the concepts underlying Gestalt Therapy theory an initial discussion of its key tenets is provided, followed by an overview of the relevant core theoretical assumptions.

2.2. KEY TENETS OF GESTALT THERAPY THEORY

Gestalt Therapy theory has central relational principles underlining it (Yontef, 2002:15). While there are significant inconsistencies worldwide in what is believed to be basic Gestalt theory, there are also several areas of convergence that have recently become apparent (Parlett, 2005:43). The three key tenets, or what Yontef (2002:15) refers to as the central relational principles, of Gestalt's integrated theoretical framework are examples of such convergence and include the field theory, phenomenology and existential dialogue (Yontef, 1998:82; Resnick, 2009:2). The researcher supports Blom (2006:19) who adds holism as a fourth key tenet of Gestalt Therapy theory.

2.2.1. Field theory

The field theory is a fundamental pillar upon which Gestalt Therapy theory rests (Kirtchner, 2000; Parlett, 2005:43; Corey, 2009:201; Joyce & Sills, 2010:28). As it is based on phenomenology (Yontef, 2002:19) some Gestaltists have referred to it as the phenomenological field theory in order to distinguish it from other field theories described in physics, chaos theory, economics and ecology (Maurer, 2005:240).

According to Schulz (2004), the phenomenological field theory “is a way of understanding how one’s context influences how one experiences self and other”. It provides a way of viewing how the world works, how it is organised and how to observe this organisation, as well as how changes occur (Yontef, 2005:84).

There are various types of phenomenological fields (Yontef, 2002:19) that Gestalt theory focus on (Joyce & Sills, 2010:28). The first is the experimental field which is the unique way in which individuals organise their experiences and phenomenological field. The next is the relational field which includes the mutual influencing that takes place between oneself and others. The last type is the larger field which incorporates the wider context in which individuals exist including cultural, political, historical and spiritual influences (Joyce & Sills, 2010:28).

The phenomenological field theory views the wider field and the sub-fields with which it comprises of as being interdependent (Yontef & Jacobs, 2011:343), interconnected, interactive and continually changing (Resnick, 2009:2; Rubenfeld, 2009:296). All phenomena are viewed as being inextricably connected and part of a vast network of interaction known as the field (Latner, 1996:20; Mackewn, 2004:48; Schulz, 2004). Everything is related to everything else in that nothing is independent (Blom, 2006:19). Individuals are never isolated, even if they perceive themselves to be (Yontef, 2002:19). They are constantly in contact and connected with everything in the field (Joyce & Sills, 2010:27-28). This holistic perspective of individuals extends to include the environment, culture, organisations and the social world (Parlett, 1991:68). Individuals are observed in their environment and as part of their constantly changing field (Mackewn, 2004:49; Parlett, 2005:49; Corey, 2009:201; Yontef & Jacobs, 2011:343).

The field is a whole where all its components are in direct relationship and responsive to each other (Yontef, 1993). According to Yontef (2002:19) and Parlett (2005:47), it is essential to define the field in relation to these components and to the wider field of which it is part. Parlett (2005:46-47) provides a broad definition of the field as “a totality of mutually influencing forces that together form a unified interactive field”. These mutually influencing forces are both affected by and affect the whole field (Yontef, 2002:19), implying that change in any one part of the field will affect the whole field (Mackewn, 2004:49).

According to Yontef (2002:19), a force cannot exist without the field and the field cannot exist without a force. All events within the field are determined by the whole field where some forces surface into figural awareness while others operate in the background. In such circumstances two fields, the outer and inner, become figural by emerging from the past (ground) to interact in a present moment (Rubenfield, 2009:296). According to Yontef and Jacobs (2011:353), the ground is that which the individual is unaware of, but which can emerge into awareness by becoming a figure. Joyce and Sills (2010:28) suggest that the field can be viewed as the ground from which every figure emerges.

According to Yontef and Jacobs (2011:343), there are specific principles that underlie every field. Parlett (1991:70) proposed five principles that characterise the phenomenological field theory and that lie at the heart of Gestalt Therapy theory. These principles overlap and are like different windows through which the field theory can be regarded. The five principles are as follows:

- The principle of Organisation

According to Lewin, meaning is obtained by considering the total situation (cited in Philippon, 1998) and depends on the position of a single fact within the larger field (Parlett, 1991:70) as everything is interconnected (Parlett, 1991:70), interrelated (Clarkson, 2004:16) and interdependent (Yontef & Jacobs, 2011:343). Meaning is acquired from the observer's frame of reference since what is seen is a function of how and when it is studied (Yontef, 1993). In other words, meaning arises from the relationship between the figure and ground (Resnick, 2009:2). Behaviour and phenomenological experience must then be viewed within the context of the whole field (Parlett, 1991:70; Yontef & Jacobs, 2011:343).

- The principle of Contemporaneity

This principle refers to the Gestalt concept of the here-and-now (Philippon, 1998; Schulz, 2004), which is one's awareness within the present moment (Schoeman, 2007:75; Corey, 2009:201). It suggests that the constellation of events or influences within the present field explain behaviour in the here-and-now (Chak, 2002:79). The present moment is what is important since the past and future manifest themselves within the here-and-now (Huckabay, 1996:317; Clarkson, 2004:16; Maurer, 2005:242; Corey, 2009:201; Yontef & Jacobs, 2011:343). It is within the present field that one

remembers the past or anticipates the future (Parlett, 1991:70; Philippson, 1998; Clarkson, 2004:16).

- The principle of Singularity

Parlett (1991:71) emphasises the singularity of all circumstances and individuals that are part of the field. All individuals, their situations as well as the person-situation field are distinctive (Parlett, 1991:71), since each moment is co-created by the interaction between organisms and their environment (Schulz, 2004). It is for this reason that individuals experience and perceive situations that are located in the same place and time in a unique manner (Schulz, 2004; Maurer, 2005:240-241) as well as construct meanings and draw up conclusions differently (Parlett, 1991:71). It is then essential to obtain unique viewpoints for unique circumstances (Parlett, 1991:72) and to remain sceptical about generalisations (Philippson, 1998).

- The principle of Changing Process

The field is a process that is subject to change (Philippson, 1998) as all things are in constant flux (Schulz, 2004). All experiences are provisional; nothing is fixed in an absolute way (Parlett, 1991:72). Individuals continuously organise and re-organise the field based on its conditions (Yontef & Jacobs, 2011:343). In other words, they constantly adjust to the changing field in order to maintain homeostasis (Philippson, 1998).

- The principle of Possible Relevance

According to Parlett (1991:72) and Schulz (2004), everything in the field is meaningful and nothing, no matter how mundane, should be omitted. This does not mean that every contributory influence within the field needs to be addressed. The most relevant part of the field will emerge into the present and that is what the focus becomes. What is important then is to be open to the whole field so that the most relevant issue for the situation can become a figure (Philippson, 1998).

From a Gestalt perspective, the field is the medium in which the research takes place and is inseparable from it (Parlett, 2005:43). It is necessary for the researcher to take the participants' field or context into account in order to understand their behaviour and experiences (Parlett, 2005:51; Yontef & Jacobs, 2011:343). The researcher is part of the field and cannot be excluded from the study (Latner, 1996:20; Parlett, 2005:47;

Corey, 2009:201). It is essential then for the researcher not only to be aware of the participants' field but also his/her entire situation as well as all that which goes on between them (Parlett, 2005:43; Ginger, 2007:108; Corey, 2009:201), emphasising the importance of considering the interconnected web of influences that are constantly present and that influence the understanding of the phenomenon within this study (Yontef & Fairfield, 2008:88; Joyce & Sills, 2010:27-28). According to Yontef (2002:17), any study using a field theory perspective focuses on the participants' phenomenological experiences and is never finished, objective or absolute.

2.2.2. Phenomenology

Phenomenology is derived from the word "phenomena" which means appearance and is the study of how the world appears to individuals (Schulz, 2004). According to Philippson (2009:6), it can be described as individuals' experiences of the world as filtered through their senses and understanding. Individuals construct their world in a unique manner by actively organising their experiences and creating meaning from them (Crocker, 2005:66; Blom, 2006:18-19). Meaning is derived and understood by considering individuals' interpretation of their present field (Fall *et al.*, 2004:219). How individuals see their world, contribute to their experiences, organise themselves and their world, and create their own meaning is important (Resnick, 2009:2). It is not the truth of the event that is important, but the awareness of it that gives it meaning, such as the memories, feelings, current sensory experiences, intuitive sensations, fantasies, current meaning systems and those developed over time, as well as other thought or experience forms (Burley, 2009:23). Phenomenology thus provides a way of working with and defining awareness (Yontef, 1998:82). From a Gestalt approach this implies that the researcher must use the phenomenological method of inquiry, also known as phenomenological reduction (Mann, 2010:152), during the research by paying attention to what is happening in the here-and-now (Corey, 2009:202).

There are three main components of the phenomenological method of inquiry which include bracketing or epoché, description and horizontalization (Yontef & Fairfield, 2008:94; Brownell, 2010:90; Mann, 2010:152-153). Joyce and Sills (2010:23) propose that active curiosity should be included as a fourth component since it is an essential concept for those who are attempting to understand others.

- Bracketing

Bracketing involves putting aside any preconceived ideas, interpretations, beliefs, assumptions, knowledge, theories and judgements (Crocker, 2005:67; Yontef, 2005:94; Yontef & Fairfield, 2008:94; Resnick, 2009:3; Brownell, 2010:90) by focusing on the personal experience of individuals within the here-and-now (Masquelier, 2006:46; Corey, 2009:202; Joyce & Sills, 2010:17). It aids in refining awareness by avoiding bias, particularly bias about what is valid data and what is real (Yontef, 2002:16), as well as remaining open to the way in which individuals perceive their world (Mann, 2010:152).

- Description

Phenomenology aims to understand individuals by describing and reflecting on direct observations (Yontef, 2002:16; Masquelier, 2006:46; Yontef & Fairfield, 2008:94; Brownell, 2010:90) rather than explaining and interpreting them (Ginger, 2007:105; Brownell, 2010:90; Joyce & Sills, 2010:21). This not only involves describing what is immediately obvious and what is perceived to be said or done by the participant, but also what the observer's own experiences are (Joyce & Sills, 2010:21).

- Horizontalization

Horizontalization, also known as the equalisation rule (Yontef & Fairfield, 2008:94), involves avoiding any hierarchical assumptions since everything that happens is viewed as being as important as anything else (Crocker, 2005:67). All data, including non-verbal behaviour (Joyce & Sills, 2010:22), is given equal importance where nothing is eliminated or ignored (Yontef & Fairfield, 2008:94; Brownell, 2010:91).

- Active curiosity

Active curiosity involves an interest in how situations arise, how individuals make sense of them, how things fit together and what it means in the larger field. By the researcher being curious about the participants' process and experiences it encourages them to further explore and clarify their understanding (Joyce & Sills, 2010:23).

According to Joyce and Sills (2010:18), the above four components are used to investigate individuals' subjective meanings and experiences of themselves in the world, as well as descriptively study their awareness process, which is the continuum of their flow of awareness (Yontef & Jacobs, 2011:344), in order to enhance clarity (Yontef & Jacobs, 2011:350). They are also used to identify and enhance direct and immediate

experience (Corey, 2009:202), reduce the distorted influence of bias and prior learning (Yontef, 2002:16), as well as to support existential dialogue (Yontef, 1998:91).

2.2.3. Existential dialogue

Resnick (2009:3) defines dialogue as “the open engagement of two phenomenologies”. It is a form of contact that takes place at the contact boundary and encompasses two polar attitudes of I-Thou and I-It (Mann, 2010:175). The I-Thou relationship is one of natural connectedness whereas I-It is one of natural separateness (Hycner, 2009:56-57). It is by genuinely relating with others, by being fully present without a goal or purpose in mind, and by appreciating the uniqueness of the other individual that one encounters an I-Thou relationship (Ellis & Smith, 2006:287). The I-Thou relation is an active creation of contact within a shared field of existence and not merely a passive perception of the phenomenological field (Uebel, 2007:334). It is frequently initiated by words but it is not defined by them. Genuine I-Thou dialogue can take place in silence (Hycner, 2009:56), which from a Gestalt viewpoint is regarded as purposeful and reflective awareness (Uebel, 2007:334). The I-It relationship occurs when there is a purpose or goal to the interaction (Crocker, 2005:72). Both these attitudes of relating with others are essential in healthy living (Ellis & Smith, 2006:287; Hycner, 2009:57).

True existential dialogue involves the I-Thou attitude between individuals (Woldt, 2005:xviii; Resnick, 2009:3) and is made up of four principles which have been derived from Martin Buber’s thoughts (Yontef & Jacobs, 2011:350). These include inclusion, confirmation, presence and commitment to dialogue (Yontef, 2005:95-96; Schoeman, 2006:5-6; Uebel, 2007:330). The researcher supports Schoeman (2006:6) and Sapp (2009:168) who includes “dialogue is lived” as a fifth principle.

- **Inclusion**

The principle of inclusion involves entering into the phenomenological world of another without losing one’s own sense of self (Yontef, 2002:24; Woldt, 2005:xx; Uebel, 2007:330; Yontef & Fairfield, 2008:100; Sapp, 2009:168; Yontef & Jacobs, 2011:350). It is associated with confirmation and is more than empathy since one perceives and confirms the wholeness of individuals as well as the uniqueness of their experiences (Schoeman, 2006:6).

- Confirmation

Confirmation involves apprehending and acknowledging another individual's whole being (Woldt, 2005:xx), not merely his/her present manifestation (Yontef, 2005:95). It entails accepting what others are aware of as well as what they may not be aware of. This principle is essential within the healing process and has been referred to as "the heavenly bread" that can only be given by someone else (Schulz, 2004).

- Presence

Presence is displayed when one is authentic, transparent, congruent and honest with others (Yontef, 2002:24; Parlett, 2005:50; Schoeman, 2006:6; Yontef & Fairfield, 2008:99; Yontef & Jacobs, 2011:350). According to Sapp (2009:168), this expression of oneself to others is in contrast to psychoanalytic approaches. It involves bringing one's whole self to the interaction (Yontef, 2002:24; Clarkson, 2004:81; Uebel, 2007:330; Resnick, 2009:3), while allowing oneself to be touched and moved by others as well as to be willing to be both powerful and powerless (Maurer, 2005:250; Woldt, 2005:xix).

- Commitment to dialogue

Commitment to dialogue involves giving up control of the outcome of interactions with others by being oneself (Yontef, 2002:25; Yontef, 2005:96; Uebel, 2007:330). It involves committing to the above mentioned principles without rejecting one's own or the participants' experiences (Yontef & Fairfield, 2008:100). This implies that the researcher should allow contact to happen rather than manipulate and control it (Yontef, 2002:25; Schoeman, 2006:5; Sapp, 2009:168).

- Dialogue is lived

According to Sapp (2009:168), this principle describes dialogue as occurring rather than being discussed. In other words, "dialogue is something done rather than talked about" (Yontef, 1993). This implies that non-verbal communication is an essential part of dialogue (Hoffmann, Farrell, Lilford, Ellis & Cant, 2007:340) and should be congruent with one's verbal expressions (McLoughlin, King & Chamberlain, 2010:68; Moore, 2011:18). It is within this principle that the immediacy of the experience wherein dialogue can be "lived" is emphasised (Yontef, 2002:24; Schoeman, 2006:6).

The researcher supports the idea that it is important to incorporate an existential dialogical attitude when conducting research since it creates an atmosphere where the

participants can feel safe to be their true selves and thus encourages the expression of true feelings, desires and past experiences (Yontef, 2005:96). The principles of dialogue can then guide one's contact with others (Yontef, 2005:92), whereby, in this case, the researcher is encouraged to make contact through an I-Thou relationship by remaining open and treating each participant as an equal, with respect and congruence, while avoiding judgement, manipulation and expectations (Blom, 2006:56).

2.2.4. Holism

Gestalt is a German word (Corey, 2009:201) that does not have a direct English equivalent (Mann, 2010:3; Yontef & Jacobs, 2011:349), but generally theorists have agreed that it encompasses concepts such as shape, pattern, form and configuration (Kirtchner, 2000; Clarkson, 2004:1; Blom, 2006:18; Mann, 2010:3). Mann (2010:3) suggests that these concepts fail to fully convey its meaning since in German a Gestalt relates to the totality of an individual. Corey (2009:201) similarly describes a Gestalt as a "whole or completion, or a form that cannot be separated into parts without losing its essence". This holistic perspective describes the whole as being greater and different from the sum of its parts (Kirtchner, 2000; Barrows, 2001:275; Clarkson, 2004:1; Fall *et al.*, 2004:220; Packman & Attanasio, 2004:53; Antrop, 2006:34; Blom, 2006:18), which are structured and integrated in a meaningful way (Blom, 2006:18) so that it is not merely an accumulation of components (Kepner, 2001:38). It is complexity, inclusion and diversity that are important from a holistic stance and not reductionism (Kirtchner, 2000; Clarkson, 2004:10).

Human beings are both an entity within themselves and within their environment. Although they function as a unit within themselves, they need the environment for satisfying their needs and thus to survive (Blom, 2006:22). Their experiences and lives cannot be divided into parts as their lived experience is grounded in experiences of their self, organisations and culture, biological nature, as well as the social and familial realities of their present world, such as technologies, economics and pressures (Parlett & Denham, 2007:230). Individuals are never reduced to parts and structural units (Kirtchner, 2000), but rather viewed holistically (Kepner, 2001:41; Panning, 2009:304) where their emotional, physical, cognitive, cultural, spiritual and social functioning form an inseparable entity (Clarkson, 2004:16; Blom, 2006:22; Ginger, 2007:5). Although the

components of this entity are distinguishable, they can never be separated (Blom, 2006:22) since the whole is greater than the sum of its parts.

Working from a Gestalt paradigm encourages the researcher to employ a holistic point of view where the larger overall context is considered (Ginger, 2007:2). Individuals are not observed in isolation from their natural settings (Yontef & Jacobs, 2011:347) as it is the patterns and relationships, whole configurations as well as complex interactions that are important, and not the separate parts (Parlett, 2005:44). Although one may attend to the figure or ground by focusing on the obvious, attention is also paid to “how the parts fit together, how the individual makes contact with the environment, and integration” (Corey, 2009:201).

The next section discusses some of the core theoretical assumptions of Gestalt Therapy theory that are relevant to this study. These include awareness, contact, the theory of self and health and dysfunction.

2.3. CORE THEORETICAL ASSUMPTIONS OF GESTALT THERAPY THEORY

2.3.1. Awareness

Awareness is a central concept upon which Gestalt Therapy theory is based on (Huckabay, 1996:316; Latner, 1996:15; Joyce & Sills, 2010:31). It is loosely defined by Yontef (1993) as a form of experience wherein individuals are in touch with their own existence. According to Joyce and Sills (2010:31), “at its best, awareness is a non-verbal sensing or knowing what is happening here and now”, which not only involves self-knowledge, but also knowledge of the current situation and how one is in that situation (Yontef, 1993). Being aware is meaningful only in terms of the present moment (Yontef, 1993; Fall *et al.*, 2004:235) since recreating the past or predicting the future hinders growth (Blom, 2006:57). It is by being aware of one’s behaviour and emotions within the here-and-now that is the keystone to effective interaction with the field (Sue & Sue, 2008:152).

Awareness occurs along a continuum from minimal or automatic awareness, such as during sleep, to a full self-awareness, also referred to as full contact, where one is completely aware of being in the moment (Joyce & Sills, 2010:31). Full awareness is not

an inwardly focused introspection but rather of a self in the world, in dialogue with the world, and with awareness of “otherness” (Sue & Sue, 2008:152). It brings individuals in touch with their own emotions and needs which encourages them to take responsibility for the choices they make (Blom, 2006:53), to become integrated, and to live fully (Sue & Sue, 2008:152). Full awareness is achieved by experiencing and owning all aspects of one’s self (Yontef, 1993; Fall *et al.*, 2004:235). Without it individuals cannot be responsible for their thoughts, feelings and actions (Fall *et al.*, 2004:226).

Latner (1996:18-19) describes five distinct qualities of awareness (refer to Table 2.1.). These qualities of awareness holistically form what individuals would call their experience (Latner, 1996:19). Experience is then not possible without contact (Blom, 2006:29).

Table 2. 1. Five distinct qualities of awareness adapted from Latner (1996:18-19)	
1. Contact	This quality of awareness refers to the meeting of differences (Latner, 1996:22), which involves internal dialogue or contacting the environment (Burley, 2009:23). Without it awareness, which results from contact at the boundary (Burley, 2009:23), is not possible (Yontef, 1998:87). Contact can however occur without awareness, for instance, when one worries about something without being aware that one is doing so (Yontef, 1998:87).
2. Sensing	This is the quality that determines the nature of awareness, and consists of close sensing (touching or feeling), far sensing (visual and auditory perception) as well as proprioception (thoughts, dreams, body sensations and emotions). Close and far sensing occur outside of individuals whereas proprioception occurs within them.
3. Excitement	This quality refers to a range of emotional and physiological excitation (Latner, 1996:19) that mobilises individuals towards a variety of choices (Yontef & Fairfield, 2008:89). It can, for example, range from a mild sense of attentiveness to a strong impulse towards action (Latner, 1996:19).
4. Figure formation	This quality is the means by which awareness is shaped and developed.
5. Wholeness	As previously stated, this quality refers to the whole as being greater and different from the sum of its parts. Awareness is holistic in nature where its parts, which include the inner, middle and outer zones, are interconnected and dependent on each other (Joyce & Sills, 2010:34). The inner zone refers to one's internal world which includes subjective phenomena such as the feeling and experiencing of emotions and bodily sensations (Bentley, 2000:183; Joyce & Sills, 2010:34). The middle zone is the mediator between the other two zones and includes one's thinking processes, beliefs, and fantasies. The aim of this zone is to make sense of the internal and external stimuli by organising and labelling experiences (Joyce & Sills, 2010:35). It is within this zone that a web of old beliefs and fears reside which interferes with figure-formation and full contact (Houston, 2003:21). The outer zone involves the awareness of contact with the world (Nelson-Jones, 2006:123; Joyce & Sills, 2010:34) including the way in which one uses one's senses to contact the environment (Bentley, 2000:183).

2.3.2. Contact

Contact refers to the interaction between individuals and their environment (Carroll, 2009:283). According to McConville (2001a:38), it involves a holistic process of connections, including engaging, joining, separating and adjusting between experiencing individuals and their environment. It is the meeting and experience of differences (Latner, 1996:22) and refers to that which individuals are in touch with during the emerging here-and-now (Yontef, 2005:92; Blom, 2006:29). Contact takes place at the contact boundary which is the boundary between the self and environment (Clarkson, 2004:40; Fall *et al.*, 2004:222; Hycner, 2009:55; Sapp, 2009:168), and is

organised by the figure/ground (Latner, 1996:22), and thus, according to Laura Perls, “contact is possible only to the extent that support for it is available. . . . Support is everything that facilitates the ongoing assimilation and integration of experience for a person, relationship or society” (cited in Yontef & Jacobs, 2011:357).

Individuals make contact by being fully present or engaged in the present experience with all parts of their self being available and vital (Oaklander, 2001:48), and being nurtured by it (Panning, 2009:301). Contact is made through the sensory and motor functions (Clarkson, 2004:40); that is hearing, seeing, touching, talking, smelling, tasting, moving and feeling (Blom, 2006:89; Schoeman, 2007:65). The use of these functions does not guarantee effective contact, but rather how one uses them determines the quality of the contact, which is coherent with holism in that the whole is greater than the sum of its parts (Clarkson, 2004:40). According to Joyce and Sills (2010:59), individuals contact the world differently depending on their various field conditions, which is depicted in the contact-withdrawal cycle.

2.3.2.1. Contact-withdrawal cycle

The contact-withdrawal cycle, also referred to as the awareness cycle, the instinct cycle, the cycle of experience, the figure-formation process (Clarkson, 2004:34) and the needs’ satisfaction cycle (Ginger, 2007:110), is used by the individual in an attempt to satisfy his/her needs (Blom, 2006:30). This cycle consists of various stages that represent different points of focus within the Gestalt formation and destruction process (Clarkson, 2004:37). Originally the four stages of contact included forecontact, contacting, final contact and post-contact (Kirchner, 2000; Ginger, 2007:110). According to Ginger (2007:110), this original theory has since been revised and extended by the Gestalt Institute of Cleveland into the “cycle of experience” (Kirchner, 2000), and is described in Table 2.2.

Table 2. 2. Cycle of experience	
Stages:	Description:
1. Fertile void	A state of balance where one is at peace with one's self, with no desires (Hine, 2007). It is at this stage that individuals assume an open and flexible attitude despite not knowing what to do or what lies ahead (Williams, 2006:9).
2. Sensation	The physical sensation that emerges from one of the senses which disturbs the previous state of equilibrium or balance (Pryor, 2009).
3. Awareness	A result of the physical sensation emerging as a figure (Thompson, Rudolph & Henderson, 2004:187).
4. Energy mobilization	The internal energy that is stimulated after the figure emerges into awareness (Sharf, 2004:231; Pryor, 2009).
5. Action	The individual organises perceptual, behavioural and emotional activity by choosing and rejecting available possibilities (Clarkson, 2004:40).
6. Full contact	At this stage the individual actively engages with the figure in order to learn about and unite the desired goal with what is possible (Yontef & Jacobs, 2011:352). The meaning derived from such experiences is thus generated through contact (Sharf, 2004:231).
7. Satisfaction	The individual acknowledges the completion of the need and assimilates the meaning of the contact (Colledge, 2002:89; Sharf, 2004:231).
8. Withdrawal	The attention that the individual previously gave to the figure deteriorates and fades into the background (Hine, 2007). The work has been completed and what has been learned remains in the background for later use (Ginger, 2007:135). At this point the individual returns to the resting position of the fertile void (Clarkson, 2004:43).

The contact-withdrawal cycle is cyclical in nature where equilibrium is disturbed when an emerging need becomes a figure within the individual's foreground, he/she contacts the environment in order to satisfy that need, which once satisfied moves into his/her background to restore balance and allow for a new need to arise into consciousness (Reynolds & Woldt, 2002:245; Lobb, 2005:31; Reynolds, 2005:159-162; Masquelier, 2006:60). Individuals need to move through the whole cycle, even the emptiness of the fertile void, in order to fulfil their needs and experience emotions fully. They need to work hard to achieve meaningful contact as it cannot be attempted and achieved every second (Clarkson, 2004:166). Wolfert (2003) proposes that one should stay with any uncertainty that arises so that the fertile void is allowed to blossom. The longer and more completely the individual can stay with the void, the more energy and excitement can pour into the subsequent stages of the cycle. Accordingly, richer contact and more meaningful experiences are achieved (Wolfert, 2003; Trivett, 2004; Hine, 2007).

The contact-withdrawal cycle occurs and reoccurs throughout one's life-span (Wheeler, 2003:163). Healthy individuals will have many cycles that operate simultaneously. They will move through such cycles at different speeds (Hine, 2007). For each cycle it is essential for them to regulate the flow between contacting and withdrawing in order to complete the Gestalt (Blom, 2006:30). When this flow of energy becomes blocked, interruptions occur which Gestaltists refer to as unfinished business (Clarkson, 2004:51). These interruptions can occur at any stage, resulting in incomplete cycles that interfere with the meeting of one's needs (Cain, 2002:191; Hine, 2007).

2.3.2.2. Contact boundary disturbances

According to Ginger (2007:34), the contact-withdrawal cycle does not always flow smoothly and can be disturbed at any stage as a result of one or more contact boundary disturbances. Anything that interferes with awareness is seen as a contact boundary disturbance (Howatt, 2000:110) where the boundary between the self and the environment becomes unclear (Blom, 2006:31), lost or impermeable (Yontef, 1993) as a result of reduced spontaneity (Lobb, 2005:33). Lobb (2005:33) defines spontaneity as "being fully present at the contact boundary, with full awareness of oneself and with full use of one's senses". It is when spontaneity is blocked that excitation turns into anxiety which individuals carry, without awareness, to the contacting stage via one or more contact boundary disturbances. The contact boundary disturbances that various Gestaltists have identified (Blom, 2006:31; Joyce & Sills, 2010:106) are described in Table 2.3.

Table 2. 3. Contact boundary disturbances	
Introjection	An uncritical acceptance of beliefs, rules, standards, patterns and behaviours that have been imposed by others (Yontef, 1993; Howatt, 2000:111; Schoeman, 2007:75).
Projection	The individual disowns unwanted aspects of him/herself by attributing them to someone or something else (Yontef, 1993; Lobb, 2005:33; Ginger, 2007:36). Projection is the reverse of introjections (Howatt, 2000:111).
Confluence	The individual's identity becomes lost as a result of a weak boundary between his/her self and the environment (Blom, 2006:34; Ginger, 2007:35). Confluence involves an appreciation of sameness (Schoeman, 2007:74) as well as a belief that everyone experiences the same thoughts and feelings (Howatt, 2000:111).
Retroflexion	An 'inhibition of action' (Ginger, 2007:36) where individuals either turn back onto themselves that which they would like to do to someone else (Blom, 2006:35) or doing to themselves that which they would like someone else to do to them (Howatt, 2000:111). According to Yontef (1993), retroflexion leads to isolation where one substitutes self for the environment.
Egotism	The individual blocks spontaneity in order to be in control, to avoid any danger, threat or risk (Clarkson, 2004:64; Lobb, 2005:35). According to Blom (2006:39), egotists have "objective, relational awareness of their experience, but not subjective or emotional awareness".
Deflection	A deviation of one's wants or needs (Ginger, 2007:36) whereby awareness (Yontef, 1993) or direct contact with another is avoided (Blom, 2006:36), for instance, by overusing abstract generalizations, humour, and questions rather than statements (Howatt, 2000:111).
Desensitization	The Individual numbs him/herself to the sensations of his/her body (Blom, 2006:37) so as to prevent stimuli from reaching his/her inner zone of awareness (Joyce & Sills, 2010:110).

These various disturbances interfere with intrapersonal and/or interpersonal contact, which are both essential concepts from a Gestalt theory perspective (Blom, 2006:29). According to Yontef (1998:87), interpersonal contact describes the contact between individuals and their environment. Intrapersonal contact, on the other hand, refers to the contact between individuals and aspects of their self (Blom, 2006:29).

2.3.3. Theory of self

From a Gestalt perspective, the self can only be understood through the field (Perls, 1957) and thus it refers to an organism that is intact and separate from its environment (Yontef & Fairfield, 2008:84). According to Perls (1957), "the self is the part of the field that is opposed to otherness". It is a system of contact at any given moment (Kirtchner, 2000) as well as a process which is in constant flux as it changes according to needs and environmental stimuli (Masquelier, 2006:72). The self cannot exist independent of the field or contact (Kirtchner, 2000; Yontef & Fairfield, 2008:85) since it is a function of

the interplay between organismic and environmental influences (Yontef & Fairfield, 2008:84). In other words, it is determined in and by relationships (Kirtchner, 2000; Philippson, 2009:20).

The self is distinguished from the environment by means of the contact boundary (Philippson, 2009:19) which allows individuals to differentiate between that which is part of themselves (the “Self”) and that which is not – the “Other” (Carroll, 1996:163; Blom, 2006:102; Hycner, 2009:56). The contact boundary is a place where exchanges take place between the self and environment, which aids in enhancing awareness and defining the self while simultaneously organizing and regulating contact with the environment, allowing both closeness/connectedness and separateness/differentiation (Masquelier, 2006:72&69). It is the nature of contact at this boundary that determines health or dysfunction (Perls, 1957).

2.3.4. Health and dysfunction

The World Health Organisation (2006:2) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity”. Ginger (2007:2) implies that this definition is closely linked to the Gestalt perspective since therapy aims to develop and maintain such a harmonious state and not to cure. Health and pathology are viewed as being fundamentally phenomenological where meaning is derived from the individual’s awareness of each situation rather than the truth of the event (Kepner, 2003:xv; Masquelier, 2006:46). The uniqueness of individuals is thus highly valued rather than seeking normality which is implied by the term “cure” (Ginger, 2007:2).

According to Yontef and Fairfield (2008:88), Gestaltists define health as creative adjustments where individuals find new ways of adjusting, or adjusting to, their environment by relying on the available resources and/or support within the current field. Healthy individuals not only have the capacity to make intra- and interpersonal contact (Oaklander, 2001:48; Clarkson, 2004:41; Blom, 2006:30), but also find a balance between self-support and environmental support (Fall *et al.*, 2004:224). These individuals are capable of achieving a balance between polarities such as pursuing individual interests and pursuing relational needs (Hycner, 2009:56), as well as understanding and accepting all aspects of one’s self such as realising one can be both

good and bad, healthy and unhealthy, right and wrong, at any given moment (Fall *et al.*, 2004:225).

The Gestalt approach thus has a positive viewpoint of human nature (Clarkson, 2004:49; Schoeman, 2007:57; Corey, 2009:200; Yontef & Jacobs, 2011:353). Individuals are believed to have an innate drive towards self-actualisation (Yontef & Jacobs, 2011:343); that is, a natural drive towards growth, completeness, and fulfilment (Howatt, 2000:109; Ginger, 2007:2; Corey, 2009:204). They naturally seek out health (Clarkson, 2004:49; Woldt, 2005:xv) and are capable of becoming self-regulating organisms who can achieve integration and a sense of unity in their lives (Schoeman, 2007:57; Corey, 2009:200).

According to Reynolds and Woldt (2002:245), the contact-withdrawal cycle allows individuals to become self-regulating organisms and to achieve homeostasis. Being able to move smoothly and permanently through this cycle is necessary for healthy functioning (Reynolds & Woldt, 2002:245; Lobb, 2005:31; Reynolds, 2005:159-162; Masquelier, 2006:60), where both contact and withdrawal are essential (Corey, 2009:204). Healthy individuals are aware of their shifting needs allowing them to make that which is most important the figure of their awareness (Blom, 2006:25; Yontef & Jacobs, 2011:353). They strive to function in the present moment and are capable of fulfilling their needs within the here-and-now by consistently moving through the contact-withdrawal cycle with little disruption (Fall *et al.*, 2004:224). These individuals are aware of what is happening within and around them (Fall *et al.*, 2004:225; Corey, 2009:200), allowing them to act and react as total organisms (Schoeman, 2007:57).

According to Ellis and Smith (2006:287), it is when individuals habitually and chronically use contact boundary disturbances, namely confluence, introjections, projection, egotism, deflection, retroflection and desensitisation (Blom, 2006:31), that healthy functioning is impeded. These habitual interruptions result in unfinished business which impedes meaningful contact (Lobb, 2005:33) and prevents individuals from fully satisfying their real needs since they are not capable of appropriate awareness (Blom, 2006:31) and attend to more than one need at a time (Schoeman, 2007:58).

According to Kepner (2001:29) and Clarkson (2004:50), Gestaltists often use the word dis-ease rather than disease to describe individuals who are not fully functioning. These

individuals purposively and regularly demote some aspects of their phenomenological field to their background (Yontef & Jacobs, 2011:353), and split certain aspects of their self into fragments as well as misidentify these parts as wholes (Kepner, 2001:29) in an attempt at healthful growth within the given environmental influences of their field (Carroll, 1996:159). They ineffectively move through the contact-withdrawal cycle since they fail to make appropriate contact with themselves and their environment (Clarkson, 2004:50). They become fragmented (Fall *et al.*, 2004:220; Schoeman, 2007:59) as they attempt to creatively adjust to their current field conditions (Yontef & Fairfield, 2008:89). This rigidity or maladjustment to the environment impedes the process of growth (Masquelier, 2006:48).

From a Gestalt approach, health is thus characterised by action, contact, choice and authenticity, whereas “dis-ease” which is commonly associated with anxiety is characterised by stasis, resistance, rigidity and control (Clarkson, 2004:50). According to Oaklander (2001:49), during different periods of life individuals may manifest several inappropriate behaviours and symptoms that interfere with healthy functioning in order to protect their self.

2.4. CONCLUSION

This first section of the conceptual framework introduces the Gestalt Therapy theory paradigm that guides the observation and understanding of adolescents’ perceptions and experiences of using Mxit as a source of peer-support. The key tenets of Gestalt Therapy theory include the field theory, phenomenological method of inquiry, existential dialogue and holism. The relevant core theoretical assumptions of awareness, contact, the theory of the self, and health and dysfunction help enhance the understanding of adolescents and Mxit from a Gestalt Therapy theory perspective. The second section of the conceptual framework, discussed in Chapter 3, introduces the pertinent aspects of Mxit and the wider field of social networking applications, adolescent development and peer-support.

CHAPTER 3

CONCEPTUAL FRAMEWORK: MXIT, SOCIAL NETWORKING APPLICATIONS AND LATE ADOLESCENT DEVELOPMENT

3.1. INTRODUCTION

Chapter 2 provided the first part of the conceptual framework for this study wherein the key tenets and relevant core theoretical assumptions of Gestalt Therapy theory were discussed. This chapter serves to provide the second section of the conceptual framework by presenting the phenomena that is relevant to this study (De Vos & Strydom, 2011:35). The researcher provides a concise discussion of Mxit and the wider field of social networking applications, peer-support and adolescent development while integrating Gestalt Therapy theory. This chapter in conjunction with Chapter 2 forms the basis on which this study is based and serves as part of the literature review.

3.2. MXIT AND THE WIDER FIELD OF SOCIAL NETWORKING APPLICATIONS

3.2.1. Historical context of Mxit and mobile instant messaging

One of today's major advancements is the development of real time communications such as newspapers, radio, telephone, fax, internet and mobile phones (Ginger, 2007:ix). The advancement in technology and the market has created forms of communication and types of devices that were unimaginable a generation ago (Farmer, 2003:1; Mitrano, 2006:20). Today's young adults and adolescents have grown up with technology, such as Personal Digital Assistants (PDAs), PCs, mobile phones, video game stations and the internet, which has continued to evolve and enhance their lives (Farmer, 2003:4; Slabbert *et al.*, 2009:25). According to Mitrano (2006:18), online multiplayer games, bulletin boards, news groups, mailing lists and dating services are considered early forms of social networking technologies even if these are only 10 to 15 years old. They have become historical applications that have formed the relevant backdrop to newer varieties including MySpace, Friendster, Facebook and Mxit, which are forming new social norms to replace traditional adolescent expression (Mitrano, 2006:20). In the researcher's experience many of these social networking applications

have recently become available over the mobile phone enabling real time contact across various networks and geographic boundaries, especially within Africa where mobile phones have, over the past decade, become the communication device of choice (Ford & Botha, 2010:4).

The annual growth of mobile penetration within Africa was twice that of the world between 2003 and 2008. South Africa is the fastest growing African mobile market (International Telecommunication Union, 2009) currently reaching more than 100 percent penetration (Ford & Botha, 2010:4). It is thus no surprise that mobile phones are no longer restricted to a privileged few (Bosch, 2008; Nitsckie & Parker, 2009:7; Donner, 2010:2). Hodge (2005:493) and Kreutzer (2009b) found that low-income South African households use mobile phones as a substitute for a fixed line telephone. As a result of the widespread penetration of mobile phones and the development of mobile internet, the internet has become more accessible to a vast number of South Africans (Reid, 2005:89; Kreutzer, 2008; Donner, 2009:97; Donner & Gitau, 2009; Nitsckie & Parker, 2009:7) who are “no longer restricted to the fixed internet world” (O’Farrell, Levine, Algroy, Pearce & Appelquist, 2008:138; Basson *et al.*, 2010:395).

Since the development of mobile internet, the function of the mobile phone has advanced (Nitsckie & Parker, 2009:7). It is not only used as a security device or to coordinate everyday events, but also for a wide range of interactions (Ling & Yttri, 2002:139; Ford & Botha, 2010:4). According to Moeng (2005), South Africans currently use mobile phones for a number of applications as depicted in Table 3.1.

Table 3. 1. Applications that South African's use via their mobile phones adapted from Moeng (2005)	
Application:	Description:
DOE mobile service	This application allows Grade 12 learners to access their final year school results via a mobile service offered by the Department of Education (Moeng, 2005).
MobiDic	A local mobile dictionary that allows users to receive definitions for words or phrases via sms (Science in Africa, 2005).
MobilEd	A South African mobile tools and services platform which aims to provide individuals with access to educational information (Ford & Batchelor, 2007; Ford & Leinonen, 2009; Ford & Botha, 2010:6).
Mobi Maths	This application allows users to learn the high school mathematics syllabus via their mobile phone (Shuttleworth Foundation, 2007).
MLearner Mobile	This application provides Grade 11 and 12 learners access to the subject syllabus and past maths, science, biology, economics, geography and computer studies exam papers, as well as providing interactive chatrooms (Naidoo, 2007).

Several studies have found that the youth prefer accessing the internet through a mobile phone as opposed to using other means (Ford & Batchelor, 2007; Ling, 2007; Bosch, 2008; Botha & Ford, 2008; Kreutzer, 2008; Battersby, 2009; Bell, 2009:14; Tapscott, 2009:46, Basson *et al.*, 2010:395). Guvi (2007), Chigona, Kankwenda and Manjoo (2008:2204), and Basson *et al.* (2010:395) found that the youth primarily use mobile internet for online chatting. The most simple and popular mobile internet communications application used among the youth is Mobile Instant Messaging (MIM) (Farmer, 2005:50; Butgereit, 2007; Chigona & Chigona, 2008:42). MIM is software that enables messages to be sent and delivered immediately between online users (Hwang & Lombard, 2006:50). According to Hwang and Lombard (2006:50), MIM has become a popular mode of communication and a vital part of individuals' lives. Mxit is currently the most frequently used MIM application among South African youth (Chigona & Chigona, 2008:42; Kreutzer, 2008; Donner, 2009:97; Slabbert *et al.*, 2009:25; Vosloo, 2009a).

3.2.2. Mxit

Mxit, which stands for "Message Xchange it" (Mxit mobile chat, 2011), is a South African social networking software application that uses the internet protocol to enable individuals to exchange messages via mobile phones and/or PCs (Chigona & Chigona, 2008:44; Mxit join the evolution, 2009; Basson *et al.*, 2010:395; Bsmrt in partnership with Mxit, 2010; Donner, 2010:8; Ford & Botha, 2010:2; Mxit mobile chat, 2011). It is similar to a SMS but requires users to be online at the same time in order to chat and it

costs a fraction of a SMS message (Ford & Batchelor, 2007; Butgereit, 2009a; Slabbert *et al.*, 2009:25). No monthly fee is required and the maximum length of chat messages far exceeds that of a SMS message (Chigona, Chigona, Ngqokelela & Mpofu, 2009). Mxit allows users to chat in real time on a one-to-one basis with contacts that have been added to their list, via themed chatrooms which require registration and a fee, and through MultiMX whereby several contacts can be invited to chat together (refer to Table 3.3 for the Mxit glossary) (Bosch, 2008; Chigona & Chigona, 2008:44; Chigona, Chigona, Ngqokelela & Mpofu, 2009). It also interfaces with other instant messaging services, such as Google chat, MSN messenger and Jabber, making it easy for Mxit users to communicate with those who are part of other instant messaging communities (Dourando *et al.*, 2007; Butgereit *et al.*, 2010).

The number of users has grown rapidly since the first version of Mxit was released in 2005 (Mxit join the evolution, 2009; Britten, 2010:18). Currently Mxit, which is about to go global, has 23 million users in South Africa alone (Britten, 2010:18) and is adding over 25,000 new users daily (Ramachandran, 2009:4). It has become a common phenomenon of most adolescents' field (Basson *et al.*, 2010:393; Britten, 2010:18) and its popularity is linked to the sense of autonomy it creates, as well as its accessibility and affordability, amounting on average to one to two cents per message (Ford & Batchelor, 2007; Ford, 2008; Butgereit, 2009a; Chigona, Chigona, Ngqokelela & Mpofu, 2009; Donner & Gitau, 2009).

According to Chigona, Chigona, Ngqokelela and Mpofu (2009), Mxit's popularity among the youth has created a number of concerns amongst various members of society. Mxit is often in the news as a result of paedophiles attempting to lure unsuspecting victims, as well as because of complaints of parents whose adolescents often break contact while "talking" with their friends via this mobile application (Bosch, 2008). Consequently, many people are unaware of the extent of Mxit's involvement in counselling and mobile education (Britten, 2010:18), as depicted in Table 3.2.

Table 3. 2. Counselling and educational services available over Mxit	
Service:	Description:
Wikipedia on Mxit	This service allows learners to look up information (Ford & Botha, 2010:7) and work collaboratively on a project (Slabbert <i>et al.</i> , 2009:25).
ImfundoYami/ImfundoYethu	This service allows access to Grade 10 mathematics exercises and related mathematics help using Mxit (Vosloo, 2009b).
Dr Maths on Mxit	A service that provides learners with access to mathematics tutors (Butgereit, 2007; Ford, 2008; Ford & Botha, 2010:7).
Bsmrt	An interactive educational project that provides free information and educational tools via Mxit (Pagan, 2009).
Kontax	A teen m-novel available on Mxit which was designed to encourage adolescents to read (Vosloo, 2009c).
K53 Mobi- Assist	This service allows learners to revise for their drivers licence by accessing practice tests and interactive videos via Mxit (Mxit mobile chat, 2011).
Drug counselling over Mxit	A community service for drug addicts (Brodock, 2008; Nicholson, 2008; Verclas, 2009).
RedZoneChat HIV/AIDS counselling	A service that provides text-based counselling to Mxit users (De Tolly, 2010).
Drug Advice Support (DAS)	This service provides advice and support via Mxit to individuals impacted by substance abuse problems (Nitsckie & Parker, 2009:15).
Angel	A service on Mxit that provides free information relating to HIV/AIDs, depression and debt (De Tolly & Alexander, 2009; Mxit mobile chat, 2011).
Childline's counselling project	This service provides one-on-one counselling to teenagers via Mxit (Mxit join the evolution, 2009; Childline SA, 2010).

Clearly there is more to Mxit than paedophiles luring unsuspecting users or adolescents breaking contact with their parents as a result of conversing with their friends and other contacts via this social networking application (Chigona, Chigona, Ngqokelela & Mpofu, 2009; Tangkuampien, 2009:14). This is not to say that these are not problems that users need to be aware of (Basson *et al.*, 2010:395), but one also needs to regard the social impact that Mxit has had and continues to have by offering African's the internet in a format that is cheap, easy to use and available on a device that is used by the majority of adolescents (Britten, 2010:18). The widespread usage of Mxit among the youth creates an opportunity for reaching those adolescents who would not otherwise have access to supportive others during stressful times. In this manner Mxit can potentially be used as an online source of group support.

Table 3. 3. The Mxit glossary adapted from Addinall (2008) and Mxit mobile chat (2011).	
Contact	This term is used when Mxit users are friends with someone on Mxit. To chat with other users one needs to configure them as a Contact. In order for Mxit users to add someone to their Contact List the receiving party needs to approve.
Moola	This is Mxit's virtual currency that users have to enter competitions, chat in chatrooms and buy skins or wallpapers. One rand is equivalent to 100 Moola.
MultiMX	This is a private chatroom where a Mxit user can invite a limited number of his/her contacts to have a group discussion. Invited contacts do not necessarily have to be on each other's Contact List.
Info	This is the first contact that users will see in their Mxit Contact List. It is also a guide to finding out more about the Mxit platform and the services that it offers.
Joe Banker	This contact allows users to manage their Moola by viewing their Moola balance, redeeming Mxit vouchers or mi-money vouchers, and buying additional Moola.
Tradepest	This contact is one of the main ways that Mxit corresponds to its users. Competitions, companies and virtual 'markets' can all be accessed through Tradepest.
Gallery	This is where Mxit users can store messages and pictures that they receive from other users.
Chat Zones	This is where Mxit users who are over 13 years of age can join various chatrooms to chat with anonymous users who have not been added to their Contact List. Users in chatrooms often use pseudo names and the phone numbers of the guests are not displayed.
Mxit Xchange	This is where items can be bought and sold via this contact.
Freestyler	To become a Freestyler one would need to pay 500 Moola per month for certain privileges. For instance, a Freestyler has unlimited plays on games like TiXi, a multiplayer word game, whereas a non-Freestyler can only play for free three times a day.
Skinz	These are downloadable wallpapers that users can use to personalise their Mxit profile.
Emoticons	These are animated faces with various emotional expressions that Mxit users can use while chatting with other users.
Chat Zone Block	This feature gives parents the ability to block Chat zones so that the Mxit user can chat only with invited and known contacts.

3.2.2.1. Online support groups

During the 20th century support groups, which are inexpensive and convenient, started to flourish as a result of their effectiveness in providing emotional relief from distressing situations (Barak, Boniel-Nissim & Suler, 2008:1868). These groups provide individuals with the opportunity to be part of a supportive social network that allows them to identify with others in similar situations (Bane, Haymaker & Zinchuk, 2005:240) as well as potentially profit from relief and improved feelings (Barak, Boniel-Nissim & Suler, 2008:1868).

The emergence of online support groups during the past decade (Barak, Boniel-Nissim & Suler, 2008:1868) has created an innovative and accessible way of attaining assistance, social connection and information (Davidson, Pennebaker & Dickerson, 2000:210; Bane *et al.*, 2005:243). Online support groups operate through internet applications such as email, chatrooms and forums (Barak, Boniel-Nissim & Suler, 2008:1868). Anyone can join such groups since they are public and open (Solomon, 2004:393). One example of an online support group is Emotions Anonymous (EA). EA offers both face-to-face meetings, which currently do not operate in South Africa, as well as worldwide online support groups. Individuals experiencing any type of emotional distress can attend this 12 Step organisation which is similar to Alcoholics Anonymous (Emotions Anonymous, 2010). EA is one example of the many online support groups that are designed for all ages. It can be assumed that since peers become increasingly more important during adolescence (McConville, 2001a:39) support groups consisting of all ages may not be as beneficial as peer-support.

3.3. PEER-SUPPORT

Blake *et al.* (2007:84) state that “peer-support is an umbrella term for a range of activities where ... young people have a strong desire to support each other and ... have significant influence among their peers”. According to Parsons and Blake (2004:1), peer-support is a voluntary activity between individuals of the same age, role or background that facilitates participants to gain life skills as well as support them in their emotional development. It correlates to the Gestalt concept of self-support which is defined by Philippon (2009:109) as “orientating oneself in the world so that the world supports you”. It is by coming together that individuals gain support from others in similar circumstances (Davison *et al.*, 2000:206). This view is supported by Rathus (2008:553) who states that interpersonal peer relationships can potentially provide personal validation which, according to Wentzel and Battle (2001:94), contributes to emotional health and well-being.

According to Blake *et al.* (2007:84-85), there are various activities that fall under peer-support and these are described in Table 3.4. For the purpose of this study peer listening/counselling, education, and mentoring will be the main focus. The researcher will also consider more informal approaches such as support from friends or peers who have not received formal training.

Table 3. 4. Activities that fall under peer-support adapted from Blake *et al.* (2007:84-85).

Peer education	Information about various health issues such as healthy eating, mental health, drugs and sexual health is provided
Peer listening	Individuals are trained to listen to self-referred peers. Cowie and Hutson (2005:40) refer to this type of peer-support as <i>peer counselling</i> since adolescents are trained to use active listening skills to help peers in distress. According to Cowie and Wallace (2000:40), this type of intervention is an extension of peer mediation and befriending.
Peer mediation	Trained adolescents volunteer to defuse interpersonal arguments between peers by encouraging problem-solving.
Peer buddying	Individuals aim to help and support their peers by befriending them.
Peer mentoring	Peers help each other in various ways, such as mentoring with school work, problem-solving or stress-management.
Peer research	Adolescents are trained to explore particular issues among their peers.
Peer advocacy	Individuals speak on behalf of, or represent the views of, their peers.

According to Parsons and Blake (2004:2), peer-support is beneficial not only to those being helped but also to those doing the helping. However, in order for it to be effective several principles must be adhered to (Blake *et al.*, 2007:85). An abridged version of Parsons and Blake's (2004:2) description of these principles is as follows:

- Adolescents involved in offering assistance must be provided with the opportunity and support to guide the process of peer-support.
- Adolescents involved in offering assistance must be aided in developing the necessary skills to support their peers.
- Peer-support should nurture the self-esteem and development of adolescents.
- Training must include confidentiality and child protection issues.
- Everyone involved must be informed about boundaries and referral procedures. In addition, clear boundaries, objectives and ground rules must be ascertained with those involved in peer-support.
- All adolescents who wish to be involved should have equal opportunities to do so.
- Parents and caregivers should be informed about their child's involvement and role, as well as the skills that their child develops.
- All projects should be continuously monitored to ensure principles are adhered to and objectives are being met.
- All adolescents who provide support must receive appropriate initial and ongoing training and supervision.

- Training adolescents need to be security checked and appropriately qualified.

Peer-support is particularly useful during matric since it aids in enhancing adolescents' motivation, engagement and academic achievement (Van Ryzin, Gravely & Roseth, 2009:2). This is supported by Perdue, Manzeske and Estell (2009:1094) who found that the quality of peer relationships is associated with school engagement. Similarly, Domagala-Zysk (2006:244) found that limited peer-support during adolescence is associated with school failure. Lack of peer-support is also associated with emotional distress (Wentzel & Battle, 2001:108; Murberg, 2009:508), which can potentially lead to loneliness, depression and suicidal thoughts (SADAG, 2007:49). Several authors suggest that today's adolescents are at greater risk of developing mental health problems (Sheffield *et al.*, 2004:495; Hutchinson, 2007:38; Tessner *et al.*, 2009:2), particularly depression (Stroud *et al.*, 2009:65; Tessner *et al.*, 2009:8) and suicidal thoughts (SADAG, 2007:49; Premdev, 2008:4; Mannheim, 2009), implying that peer-support is essential during this developmental period.

3.4. LATE ADOLESCENCE AS A DEVELOPMENTAL STAGE

3.4.1. Predominant models of development

Most of the predominant models of development consist of several stages which incorporate specific aspects of adolescent functioning (Parlett, 2005:56; Toman & Bauer, 2005:180). They attempt to explain development by "seeking causes in the child, in the environment, or in some combination of the two" (McConville, 2001a:29). For example, as illustrated in Table 3.5, Freud's model of personality development describes stages of psychosexual development (Toman & Bauer, 2005:180; Lee, 2009:28), Erikson suggested stages of psychosocial development (Shaffer, 2002:43; Austrian, 2008b:142), Piaget identified five stages of cognitive functioning (Toman & Bauer, 2005:180; Austrian, 2008b:143; Dupree, 2010:64), Maslow described a hierarchy of needs leading to self-actualization (Coon, 2010:427), Kohut proposed an object-relations theory of development (DeRobertis, 2008:55) and Kegan attempted to integrate cognitive development with the development of self-concept to form six developmental stages of self (Cavanaugh & Blanchard-Fields, 2006:367). According to McConville (2001a:30), these approaches partialize development in relation to

biological, psychological or social causality, all of which Lewin attempted to integrate into a developmental model.

Table 3. 5. Comparative array of some of the available developmental models by Wheeler (2002:52).						
	0-1 year	1-3 years	3-6 years	7-11 years	12-17 years	18 years
Freud	Oral Phase	Anal Phase	Phallic Phase	Latency	<<<< Genital Phase >>>>	
Erikson	Trust/Mistrust	Autonomy/Shame	Initiative/Guilt	Industry/Inferiority	Identity/Diffusion	Intimacy-Generativity
Piaget	Sensorimotor	<<<< Preoperational >>>>		Concrete Operations	Early Formal Operations	Full Formal Operations
Maslow	<<<< Physical Survival >>>>		Safety	Love/Affiliation	Self-Esteem	Self-Actualization
Kohut	Self-Regulating	Empathetic Mirroring	Idealizing	Twinship	<<<< Emergence of Mature Self Objects >>>>	
Kegan	Incorporative	Impulsive	Imperial	Interpersonal	Institutional	Intersubjective
Perls	Introjection/Resistance	Autonomy/Confluence	Projection / Inhibition	Concentration/Deflection	Expression/Retroflection	Orgasmic/Egotistical
McConville	<<<<<<<< Embedded Self Period >>>>>>>>				<<Disembedded Self Period>> <i>Differentiating – Interiorizing</i> <i>-- Integrating</i>	

3.4.2. Gestalt perspective on development

Unlike the predominant developmental models, illustrated in Table 3.5, that view development from an individualistic framework (Parlett, 2005:56), the Gestalt approach uses a whole field or phenomenological perspective in understanding development (McConville, 2001a:29; Wheeler, 2002:37; Parlett, 2005:56), which Wheeler (2002:76-77) describes as follows:

The self that develops is both the result and the goal of development, but is not an individual itself in the way we have been used to conceptualizing it. Rather, it is a coherent integrative process that unifies the whole field out of and into an individual point of view, resolving the inner and outer realms of experience into ever-new wholes of meaning and action. These new meaningful wholes of understanding then change each of those realms in turn, the interior and the exterior domains. This movement creates the

new ground for further self-construction, new resolutions of the whole field, and new levels of meaning.

This view of development as a function of the whole field (Parlett, 2005:56) was influenced by Lewin who used the framework of his field theory in understanding development (Carugati, 2004:119). “Lewin views development not as a succession of discrete stages following one after another, but as a process of recursive unfolding of the comprehensive field--differentiation and reorganisation, followed by further differentiation and further reorganisation.” (cited in McConville, 2001a:41.). Development is defined by the evolving organisation of the field rather than by developmental milestones (McConville, 2001a:41). Accordingly any phenomenon which is considered in terms of its isolated parts will result in a distorted viewpoint (Toomela, 2009:104), such as several of the previously mentioned predominant models of development, since they begin with the individual self in isolation and then use an outside or objective approach to view development (Wheeler, 2002:37).

From a Gestalt perspective, development is a process (Wheeler, 2002:60) where individuals slowly shed their old ways of being as they become more self-sufficient, self-observing and self-understanding. This maturation process helps to form a personal identity which aids in differentiating the individual from others in their field (Fall *et al.*, 2004:225). Developmental tasks are considered to be ongoing challenges arising from social and biological changes (McNamara, 2000:38) rather than necessary challenges that, once achieved, signify one's progression to the next stage of development (Carugati, 2004:122). A central developmental task that continues throughout adulthood involves the mapping and manipulating of the entire field of experience to form an integrated whole, where aspects of adolescents' inner needs and outer conditions are effectively combined to support their living as well as their growth and development (Wheeler, 2002:60).

According to Wheeler (2002:49), development is “the elaboration of successively more complex, more highly organized wholes of meaning”, which implies that the whole field develops. In other words, it is not just development in a field, but rather development of that field (Parlett, 2005:57). It is for this reason that psychological and developmental constructs such as “self”, “symptom”, “personality” and “adolescence” are defined in terms of the whole field (McConville, 2001a:29). Several Gestalt developmental

theorists, influenced by these assumptions, have provided their perspective of development, which are briefly discussed next.

3.4.2.1. Gestalt developmental theorists' perspective of development

Mortola (2001), Carroll (2002) and Wheeler (2002) are well-known Gestalt developmental theorists who were influenced by Stern's (1998) infant research and McConville's (1995) model of adolescent development (Reynolds, 2005:155). A brief overview of each theorist's perspective of development is described in order to enhance the reader's understanding of development from a Gestalt perspective. The researcher also includes Toman and Bauer's (2005:184) adaptation of Anna Freud's developmental lines, since it provides an alternative Gestalt-field based approach to adolescent development.

- **Mortola's perspective of development**

Peter Mortola (2001:45) proposes that disequilibrium is not only at the heart of Gestalt Therapy theory but also development. From a Gestalt perspective, individuals constantly strive to attain equilibrium which is disturbed as a need arises and regained upon satisfaction of that need (Reynolds & Woldt, 2002:245; Lobb, 2005:31; Reynolds, 2005:159-162; Masquelier, 2006:60). In his article Mortola further suggests that disequilibrium is at the heart of Piaget, Erikson and Freud's developmental theories. All these theories, although using varying terminology such as "trouble", "conflict" or "tension", use "the concept of disequilibrium...to describe the 'destabilization' experienced by children as they move toward and into more complex levels of development" (Mortola, 2001:45). These predominant developmental models, however, pathologize adolescents' behaviour whereas Gestalt Therapy theory acknowledges the role of self-regulation where growth and change are facilitated by moving through periods of disequilibrium (Braddock, 2007:4). Mortola (2006:xxvi) suggests that healthy development occurs when children and adolescents productively contact their environment and themselves in order to fulfil their needs when equilibrium is disrupted and becomes impeded when they are not met with supportive relationships, as well as when they are unsuccessful in contacting themselves and their world in a healthy manner. Carroll (1997) proposes a similar developmental theory of development.

- Carroll's perspective of development

According to Carroll and Oaklander (1997:185), "as the child develops, differentiation occurs through physical maturation and contact with the environment". In order for children to develop into their unique blueprint and to fulfil their physical, cognitive and emotional needs for growth and development, they need to be able to use their organismic functions, which include the senses, body, intellect and emotions (Carroll, 2009:283-284). According to Carroll (1996:168), on-going development and the fulfilment of one's self is fostered by a supportive field wherein contacting the environment yields satisfactory results. Integration and self-nurturance are encouraged, implying that holistic functioning is a key factor in development. Development is impeded when children lack support for their developmental needs and begin to lose sight of who they are (Carroll, 2002:332). It is self-support, which does not imply self-sufficiency (Perls, 1980:115), but rather effective contact with one's whole field in order to satisfy one's needs and become an integrated being, that fosters on-going growth and development (Carroll, 1996:159). The Gestalt concept of contact also plays an important role in Wheeler's (2002) proposed Perlsian model of development.

- Wheeler's proposed Perlsian model of development and general themes of development

As illustrated in Table 3.6, Gordon Wheeler (2002:43) used the classical ideas of Perls, Hefferline and Goodman (1951) to form what he believed would have been a Perlsian model of development wherein the life task stages are based on contacting styles. From this perspective, development is implied to be a progressive move from infantile dependency, where the boundary between self and the environment is nonexistent (confluence and introjection), towards self-support or mature autonomy (Wheeler, 2002:54; Fall *et al.*, 2004:232; Reynolds, 2005:155). According to Wheeler (2002:54), this Perlsian model of development is not supported by research findings such as the research Stern (1998:xxi) conducted on infants. Based on his research Stern (1998:xi) proposed a layered model of development that describes a "progressive accumulation of senses of the self, socioaffective competencies, and all ways-of-being-with-others. No emerging domain disappears; each remains active and interacts dynamically with all others". As an attempt to conform to Stern's findings, Gordon Wheeler (2002:59-60) proposed four general themes of development that are based on a Gestalt-field approach, which are briefly described in Table 3.6. Each of these themes support and interact with the others while also having their own developmental line.

Table 3. 6. Four general themes of development adapted from Wheeler (2002:59-76).	
Intersubjectivity and intimacy	For adolescents to develop fully, the developing field must be actively intersubjective (Wheeler, 2002:77). Adolescents construct meaning by manipulating and mapping the whole field into an integrated whole. This process occurs in a shared field that requires them to know themselves and others as they continuously interact (Wheeler, 2002:60-61). Wheeler (2002:63-64) refers to the process of making one's inner world known and coming to know the inner world of others as intimacy. Intimacy forms the necessary ground for gaining a full sense of self and a subjective sense of others.
Support and shame	For adolescents to develop fully, their self must integrate, which requires them to draw on whole-field support (Wheeler, 2002:71). They need continuously to organise and reorganise a coherent, integrated set of environmental supports that both fits with and supports their growing skills and capacities (Wheeler, 2002:64), implying that both environmental- and self-support are essential for healthy development (Wheeler, 2002:66). Lack of support from the field results in shame (Wheeler, 2002:77). Shame is not only an individual feeling, but also provides information about the conditions of the field, such as when the field becomes too deeply split for the self to integrate it fully. In this manner shame indicates a loss of field connection that is so severe that it threatens the integrating self-process (Wheeler, 2002:70). Sustained failure to whole-field support results in self destructive behaviours such as substance abuse, violence and suicide (Wheeler, 2002:71).
Gender and identity	The field that is integrated into the developing adolescent's self is a gendered field and the self that develops is a gendered self (Wheeler, 2002:72). Gender refers to a map of the field that sorts and organises the adolescent's world into what is or is not achievable, as well as into what is or is not supported by the field as a whole (Wheeler, 2002:71). The boundaries and contours of this gender map are held in place by shame, which results from non-support. Countering or deconstructing the gender map requires extra support to compensate the break in the field. Adolescents form an identity (who-I-am-in-myself-and-in-the-world) by interacting and integrating living processes in the gendered field (Wheeler, 2002:73).
Narrative and voice	Adolescents need to establish their essence of self, or their point of view by articulating and constructing interior experience. Their self develops when they give voice to their coherent and connected point of view in relationships. To have a voice is the same as having experience and is not merely a matter of inner capacity, but also of the receptive conditions in the field (Wheeler, 2002:74). When there is no significant listener, the developing voice diminishes resulting in the deterioration of the adolescent's sense of self (Wheeler, 2002:75). It is through narratives that adolescents understand themselves and others. They find and create a meaningful, coherent and contextualised self- and life-story by telling it to others. The story that has clear boundaries and relatedness, meaningful interactions and articulation, and that leads somewhere has energy for presence and moving forward in time and space to form meaningful wholes of understanding (Wheeler, 2001:76).

- McConville's proposed Gestalt developmental model

According to McConville (2005:184), contact is at the heart of development and implies boundary (often referred to as contact boundary), which involves meeting as well as

joining and separating. Children's or adolescents' capacity for contact advances during development, where their contact process at 5 years of age looks very different to that of when they are 16. McConville (2005:184) further suggests a whole-field Gestalt model of development that is influenced by Kurt Lewin's field theory (which is discussed in more detail under section 3.4.3.1). According to McConville (2001a:38), adolescence is a "progressive unfolding of the comprehensive field, an unfolding that includes de-structuring of childhood unity, expansion and differentiation of the life space, and transformation of the boundary processes that organize and integrate the field", as described in section 3.4.3.1. This perspective of development influenced Toman and Bauer (2005:183) to adapt Anna Freud's notion of parallel lines as a way of considering the de-structured aspects of childhood in order to gain a better sense of the adolescent's field.

- Toman and Bauer's adaptation of Anna Freud's developmental lines

Anna Freud (1989:64-79), influenced by the idea that drive and ego development are intertwined, proposed several developmental lines along which normality proceeds (Lee, 2009:30), including (1) from dependency to self-reliance, (2) from lack of control towards body independence, (3) from egocentricity to companionship, and (4) from the body to the toy and from play to work (Edgumbe, 2000:115). These developmental lines look at the totality of the child's personality rather than isolated parts (Austrian, 2008a:22) and when viewed holistically imply the value of balance (Toman & Bauer, 2005:184).

According to Toman and Bauer (2005:183), each developmental line can be seen as part of the field that sometimes becomes figural and at other times shifts into the background. This link between the field theory and Anna Freud's developmental lines influenced Toman and Bauer (2005:184) to propose an adaptation of these lines to form an alternative Gestalt field-based perspective for understanding adolescent development, as illustrated in Table 3.7. This Gestalt model shifts from Anna Freud's individualistic perspective to the idea that change takes place within the context of the field; that is, between the individual and the field (Toman & Bauer, 2005:184).

Table 3. 7. Developmental lines adapted by Toman & Bauer (2005:184-190).

From Dependency to Self-Reliance	This line involves the process McConville (2001a:39) describes as disembedding from the family field. Healthy disembedding from the family field requires support through the recognition that thoughts and feelings belong to the adolescent whereas outward behaviour involves the family as a whole. It also includes tasks that are accomplished during infancy and continue into adolescence (Toman & Bauer, 2005:184).
Developing Toward Body Independence	According to Anna Freud (1989:69), during early childhood the satisfaction or dissatisfaction of body needs, body impulses and their derivatives are determined by environmental influences. Freud states that the development along this line is marked by a progression in the following areas: “feeding, sleeping, evacuation, body hygiene, and prevention of injury and illness”. Toman and Bauer (2005:187) observed that parents frequently bring their adolescent children to therapy as a result of body-related problems. Thus, they feel that development along this line continues throughout adolescence in the form of self-destructive or self-mutilating behaviours, which from a Gestalt perspective is considered within the context of the field.
From Egocentricity to Companionship	This developmental line involves socialisation and social development, which results from interaction with others. From a Gestalt perspective, an awareness of self and others develops, where, initially, adolescents lack responsibility by failing to see the role their choices play in the unfolding of events, as well as the consequences that follow. They also tend to view their family and peers in a critical manner, often in the form of projection, as a result of disowned parts of their self. As they progress developmentally adolescents enhance their awareness of self and the role they have in influencing events, others’ reactions and consequences, which often leads to a highly critical focus on self. If adolescents develop in a healthy manner, they move past this critical self focus by recognising their own strengths and weaknesses, and becoming aware of their needs, attaining support to fulfil these needs as well as being responsible for and to themselves (Toman & Bauer, 2005:188-189).
From Body to Toy Parallels – From Play to Work	When considering adolescents, this developmental line involves a progression from finding pleasure in play to finding pleasure in work (Freud, 1989:82), including academic work. It is along this developmental line that adolescents make career choices, attain some financial independence, disembed from the family, and become aware of their personal strengths, achievements, values, talents and interests (Toman & Bauer, 2005:190).

3.4.3. Adolescence

Adolescence comes from the Latin word *adolescens*, meaning “growing up” or “growing to maturity or adulthood” (Bahr, 2007:7; Austrian, 2008b:133; Gouws *et al.*, 2008:2; Lerner & Steinberg, 2009:3). It is subdivided into early, middle and late adolescence (Ausubel, 2002:69; Rew, 2005:3; Stevens, Dunsmore, Bennett & Young, 2009:121) of which the respective ages are 10-13/14 years (Rew, 2005:3; Ozer & Irwin, 2009:619; Radzik *et al.*, 2009:14), 14/15-17 years (Rew, 2005:3; Corr *et al.*, 2009:366; Funnell, Koutoukidis & Lawrence, 2009:201; Radzik *et al.*, 2009:14; Westman, 2009:xv), and

17-21 years (Rew, 2005:4; Corr *et al.*, 2009:366; Radzik *et al.*, 2009:14). For the purpose of this paper, late adolescence will be the main focus.

3.4.3.1. Late adolescence

Although each society and era defines adolescence differently (Szalacha, 2005:16) it is commonly recognized as the phase of development between childhood and adulthood (McNamara, 2000:30; Bahr, 2007:5-6; Schoeman, 2007:21; Austrian, 2008b:133; Gouws *et al.*, 2008:2) in which the developing individual obtains the skills and attributes necessary to become a productive and reproductive adult (Barker, 2007:1). It is holistic in nature and thus not merely rooted in biological, social and psychological development, but it is also a socially constructed concept that is tied to culture and situated in time and place (Rew, 2005:51; Szalacha, 2005:16). Lewin views this transitional period as a change in group affiliation as well as a situation unfamiliar to adolescents that requires them to build up adequate cognitive, social and emotional tools (cited in Carugati, 2004:119) in order to become integrated whole individuals (Rew, 2005:52) who are capable of creatively adjusting to their field (Parlett, 2005:56).

Late adolescence is a difficult period with many changes (McNamara, 2000:30; Fodor & Collier, 2001:218; Spano, 2004; Rew, 2005:52; Schoeman, 2007:21; Vogel *et al.*, 2007:415; Gouws *et al.*, 2008:5; Mannheim, 2009; Ohio State University Medical Centre, 2010) which requires the developing individual to creatively adjust to the conditions of his/her field or life space (McConville, 2001a:29; Harris, 2007:13; Burrows & Keenan, 2009:22). Life space is the biological, psychological and social dimensions of an integrated field (McConville, 2001a:30; Ramage & Shipp, 2009:206). It is also referred to as the psychological field and describes the way in which individuals perceive and organise their environment (Swanson & Holton, 2009:79). In other words, it is the totality of influences acting on an individual at a given time (Lewin, 2008b:216). These influences are called *psychological facts* and include internal events such as pain and fatigue, external events such as other people or events, and recollections of prior experiences such as knowing that a particular individual is either pleasant or unpleasant (Hergenhahn, 2009:478).

In order to creatively adjust to their life space late adolescents need to develop their capacity for contact (McConville, 2005:184). This is in accordance with Singer (2001:180) who suggests that adolescence involves self development or maturation of

the contact boundary. In order for the contact boundary to emerge and transform over time, three major shifts in late adolescents' life space need to be managed. These include an extension or widening of their psychological field, an increased differentiation of experiences in behaviour and self, and changes in organisation of their field (McConville, 2001a:30-31; Plummer & Tukufu, 2001:61; Singer, 2001:180; Toman & Bauer, 2005:183; Lewin, 2008a:74). Although these developmental tasks are rooted in adolescence, once they begin, they continue throughout the individual's lifespan (Blaney & Smythe, 2001:201).

- Extension of the life space

According to Toman and Bauer (2005:183), the extension of the life space refers to the widening of the developing adolescent's field. As adolescents grow older there is an extension in the psychological world that affects their behaviour (Lewin, 2008a:74). They are exposed to increasingly wider and diverse fields of influence and information, apart from the family environment (Singer, 2001:179). The range and scope of their life space is amplified with age where new abilities and potentials surface, as well as "the mix of environmental supports and prohibitions" begin to change (McConville, 2001a:31). The perception of time also expands (McConville, 2001a:32) in that the adolescent's world stretches past the momentary present towards the future (Lewin, 2008a:173). This is especially true during late adolescence where the experiences of the field become polarised between the familiar ways of childhood and the daunting task of becoming an adult. During this time the adolescent contemplates the expectations and possibilities of adulthood (McConville, 2001a:32).

- Differentiation of the life space

According to Lewin (2008b:115), the development of the late adolescent's life space is largely characterised as a process of differentiation. There is greater differentiation in behaviour, experience, and between parts of the self and the environment (Toman & Bauer, 2005:183) resulting from new awareness, interests and activities (McConville, 2001a:33). This differentiation is not a segregation of the self from the environment, but rather the emergence of meaningful boundaries throughout the inner and outer field (McConville, 2001a:35). In other words, during late adolescence there is a progressive development of boundaries that differentiates one adolescent from another and from the environment (Swanson & Holton, 2009:80). Late adolescents begin by disembedding from the family field (Blaney & Smythe, 2001:201; Toman & Bauer, 2005:182; Austrian,

2008b:134; Stevens *et al.*, 2009:123) by creating a new boundary between their family and their autonomous private self-world which leads to interiority (Plummer & Tukufu, 2001:61; Singer, 2001:180; Wheeler, 2002:55). Interiority is a sense of an inner life, or an emerging awareness and ownership of one's experiences that is not directly dependent on outer events or actions (Blaney & Smythe, 2001:199; Plummer & Tukufu, 2001:61; Wexberg, 2002:327). According to McConville (2001b:293), an essential part of disembedding from the family field is identifying and owning those parts of self that are not supported by their parents. If adolescents ignore their own emerging authority as a result of required adherence to "adult" context they are likely to develop a sense of alienation from their self, resulting in a fragmented sense of self that impedes their development (Blaney & Smythe, 2001:193).

- Change in the organisation of the life space

"Life is an emergent level of organisation of the material field." (Philippson, 2009:115.). According to Wheeler (2002:77), it is the inherent drive to organise one's field that results in growth and development. As adolescents develop, they progressively gain a greater capacity to organise their field of experience at more and more complex levels (Singer, 2001:179). Organisation, which corresponds to Gestalt's theory of contact, refers to the conditions of connection between the elements of the life space. It involves the processes of connection as a whole; that is, the engaging, joining, separating and adjusting that occur between individuals and their environment (McConville, 2001a:38). Individuals actively organise their field and give meaning to their experience according to their present needs, as well as the conditions that they currently find themselves in (Mackewn, 2004:16). As the field develops there is a change in the nature of this organization (McConville, 2001a:37), which Toman and Bauer (2005:183) describe as the "transformation of the boundary processes that organize and integrate the field".

According to McConville (2001a:37), children initially integrate the parts of their field using simple interdependence, which refers to a fluid and direct connection between elements of the life space. As they develop they move towards the higher order form of integration referred to as organizational interdependence. According to Toman and Bauer (2005:183), this is the reassembling of the differentiated parts into more organised wholes. Early adolescents, for example, begin to stand apart and turn to their peers as they move away from being fluidly immersed in their family, and are less open to adult influence. This creates a polar differentiation between the counter-dependence

with their parents and the confluence with their friends. As they reach late adolescence these same adolescents develop a warmer and more connected relationship with their parents while they allow greater difference and assertiveness in their friendships (McConville, 2001a:39-40).

According to Gouws *et al.* (2008:5), managing these three major shifts in the life space are a greater challenge for South African adolescents at present than it was for their parents a decade ago owing to the constant change in society and the world in general. Today's adolescents are not only required to cope with their own development, but also with the challenges of society such as rapid technological changes (Jones, Marsden & Gruijters, 2009:1397; Swanson, Edwards & Spencer, 2010:xxi), increased family problems (Fourie, 2004:249; Austrian, 2008b:134), high prevalence of HIV/AIDS (Kalichman, 2009:77), drug abuse (Austrian, 2008b:134; United Nations, 2009:109), and rising unemployment (Austrian, 2008b:134; Gouws *et al.*, 2008:6; World Bank African Region, 2009:118). According to Kef and Dekovic (2004:454), social support plays an essential role in helping adolescents cope with the numerous changes that not only occur within but also outside of them. Peer-support is particularly important since peers become increasingly more essential during adolescence (Helson, Vollebergh & Meeus, 2000:320; Ferguson & O'Neill, 2001:72; Smith, Cowie & Blades, 2003:309; Keisner, Kerr & Stattin, 2004:546). In other words, the peer group becomes a figural field of influence where adults generally become the background (Ferguson & O'Neill, 2001:114; Toman & Bauer, 2005:182). When adolescents fail to acquire the skills to turn to peers for support and friendship, this already difficult developmental period is made even more stressful and lonely (Fodor & Collier, 2001:218).

3.5. CONCLUSION

Chapter 3 presented a concise understanding of the theoretical underpinnings of Mxit and the wider field of social networking applications, peer-support and development during late adolescence. Throughout the chapter a Gestalt Therapy theory perspective was used to guide the discussion. The following chapter presents the empirical investigation and findings together with the literature control.

CHAPTER 4

EMPIRICAL INVESTIGATION AND LITERATURE CONTROL

4.1. INTRODUCTION

In the first chapter an introduction and overview of the study was provided. The rationale and problem formulation was recorded to aid in ascertaining the research question, goals and aims. The underlying assumptions of the research design were provided in the theoretical framework and paradigm. Chapter 1 also included a definition of main concepts, the ethical considerations, and the impact of the study. The second and third chapters provided the conceptual framework of the study. Chapter 2 included the key tenets of the paradigm of choice, namely Gestalt Therapy theory, as well as the core theoretical perspectives of Gestalt theory. Chapter 3 focused on the theoretical underpinnings of the study that were relevant to Grade 12 adolescents' use of Mxit as a source of peer-support and included late adolescence, from a Gestalt and non-Gestalt developmental perspective. This chapter presents the research procedure, description of the findings of this study, and literature control.

4.2. RESEARCH STRATEGY AND DESIGN

The aim of this study was to explore and describe Grade 12 adolescents' experiences of using Mxit as a source of peer-support to develop a more comprehensive understanding of their support needs and preferences during stressful times, and would thus constitute applied research (Hall, 2008:14; Houser, 2008:44; Fouché & De Vos, 2011:94). The qualitative research approach used in this study allowed the participants to use their natural language (Fouché & Delport, 2011a:65) so that an in-depth and genuine understanding of their views and perspectives could be obtained (Creswell, 2007:40; Yin, 2011:8). The unit of analysis was holistic as the researcher focused on the relationships between elements and contexts (Fouché & Delport, 2011a:64) by "reporting multiple perspectives, identifying the many factors involved in the situation, and generally sketching the larger picture that emerge[d]" (Creswell, 2007:39).

The case study design that was outlined in Chapter 1 was used. In other words, this study involved an in-depth enquiry of a bounded system (Creswell, 2007:73) in time and place (Fouché & Schurink, 2011:321) as the participants included eight Grade 12 adolescents from High School A. More specifically, an instrumental case study was used to gain an in-depth understanding and provide a rich description (Stake, 2005:445; Silverman, 2009:139; Fouché & Schurink, 2011:321) of Grade 12 adolescents' experiences of using Mxit as a source of peer-support.

4.3. RESEARCH METHODOLOGY

The following procedure was followed during the study:

- The researcher applied for consent to conduct the study at High School A by completing and posting the Gauteng Department of Education Research Request Form to the Department of Education.
- The researcher approached the principal of High School A for permission to conduct the study. He agreed on condition that permission from the Department of Education were granted.
- Permission from the Department of Education was obtained and the researcher met with the principal at High School A to discuss the selection criteria, establish a date to talk to all Grade 12 learners, and sign the school consent form (refer to Annexure A).
- The researcher explained the purpose of the study to all the Grade 12 learners during their assembly, after which they each completed a pre-interview survey (refer to Annexure D), which was used for the purpose of obtaining the research sample and establishing the context of the research. Of the 104 pre-interview surveys received, 22 Grade 12 learners met the criteria for this study.
- Another meeting with the principal of High School A confirmed a date for the researcher to meet with the learners who met the study's criteria.
- The researcher met with the 22 Grade 12 adolescents in small groups ranging from 4 to 6 to explain the reason and purpose of the study. During this meeting the researcher obtained the relevant participant consent forms (refer to Annexure C) and a drawing or writing of each individual's perception of the meaning of peer-support (refer to Annexure E). Each Grade 12 learner was given a parental consent

form (refer to Annexure B) to take home and return to the school office the following day.

- Nine of the Grade 12 learners returned their parental consent forms, 9 changed their minds about participating and 3 said that their parents did not want them to participate.
- Video recordings were made of all face-to-face (F2F) individual interviews, which were conducted on High School A's premises over a three week period, to allow time for transcribing and analysing between each interview. Saturation occurred after eight interviews. Field notes, theoretical notes and self-reflective notes were written during and after each interview (refer to Annexure H for a sample of these notes).
- The interviews over Mxit were conducted during the school holidays over a three week period. Saturation occurred after seven interviews. Field notes, theoretical notes and self-reflective notes were written during and after each interview.
- Participants were debriefed telephonically or via email.
- Categories of data were developed and later a literature control was conducted.
- An integrated summary of the conclusions, limitations and recommendations was recorded in Chapter 5.
- The final research study was emailed to those participants and their parents who desired feedback.

4.3.1. Universe, population and sample

According to Cottrell and McKenzie (2011:125) and Strydom (2011b:223), the universe includes all individuals who possess the characteristics that the researcher is interested in. In this study the universe is all Grade 12 adolescents in Gauteng.

The population is a smaller unit of study that includes those individuals in the universe who possess the specific attributes that the researcher requires (Cottrell & McKenzie, 2011:125; Strydom, 2011b:223). All Grade 12 adolescents of High School A formed the population for this study.

The sample was selected from the population by means of the non-probability, purposeful (judgmental) sampling procedure (Patton, 2002:244; Cargan, 2007:243;

Babbie, 2010:193; Adler & Clark, 2011:123). Non-probability sampling includes any procedure where subjects within the population have an unequal, or even no chance, of being selected (Cargan, 2007:242; Babbie, 2010:192; Adler & Clark, 2011:104). A pre-interview survey was used to distinguish between those Grade 12 adolescents who met the study's criteria (22 learners) and those who did not (83 learners). Of those learners who met the study's criteria, a total of 9 adolescents volunteered to participate in the study. For the purpose of this study the school and all participants received pseudo names to ensure anonymity. The pseudo name "High School A" was used to identify the school and the terms "Participant 1" to "Participant 8" were used to distinguish between the participants.

Two of the participants from High School A who had consented to the study decided to withdraw from participating in one of the interviews. The first was a male participant who did not arrive at school on the day that the face-to-face interview had been scheduled. The researcher telephoned him to inquire about his whereabouts but he did not answer the telephone. Shortly after this, the participant requested he withdraw from the study. The second was a female participant who, despite requesting to be involved in both interviews, failed to log on for the scheduled interview over Mxit. After the researcher telephoned her she apologised profusely and we rescheduled the interview. This process was repeated on two other occasions, indicating to the researcher that the participant wanted to withdraw from participating in the interview over Mxit.

Sampling continued until data redundancy and theoretical saturation occurred (Patton, 2002:245; Ritchie *et al.*, 2003:80; Kumar, 2005:165; Pitney & Parker, 2009:44; Holloway & Wheeler, 2010:146; Hesse-Biber & Leavy, 2011:56). Consequently, eight participants were interviewed face-to-face and six over Mxit (refer to Table 4.1 for a summary of the participants' information). The additional participants who had met the criteria from High School A were not required.

Table 4. 1. Summary of the participants' information						
Participant	Age	Gender	School	School year	Time spent on Mxit per day	Participated in either F2F/Mxit interview or both
1	18	Female	High School A	Matric	6-7 hours	Both
2	18	Female	High School A	Matric	4-5 hours	Both
3	18	Female	High School A	Matric	2-3 hours	F2F interview
4	18	Female	High School A	Matric	6-7 hours	Both
5	19	Male	High School A	Matric	4-5 hours	Both
6	17	Female	High School A	Matric	2-3 hours	Both
7	18	Female	High School A	Matric	2-3 hours	F2F interview
8	18	Male	High School A	Matric	1 or less hours	Both

4.3.2. Setting and length of data collection process

The data was collected by individually interviewing eight participants face-to-face and then, at a later date, individually interviewing six of these same participants over Mxit. Before commencing with the interviews the researcher met with the participants in small groups to foster a relationship, gain their trust, and obtain their drawings of the meaning of peer-support, which allowed for prolonged engagement (Rubin & Babbie, 2010:232; Streubert, 2011:48). The face-to-face interviews, which lasted approximately one hour each, took place at High School A and were conducted and completed before instigating the interviews over Mxit. A specified venue was not required for the interview over Mxit as this social networking application enabled the researcher to communicate with each participant regardless of where they were at the time. The first interview over Mxit lasted approximately one hour. The researcher was unable to cover fully everything during this interview and thus arranged to conduct the rest of the interviews via Mxit over a two-hour period. After each interview the researcher allowed for general conversation to end the interview in a positive way, which aided in restoring the balance. The data was collected over a six week period; that is, three weeks for the face-to-face interviews followed by another three weeks for the interviews over Mxit.

4.3.3. Data collection methods

As indicated in Chapter 1, the data collection for this study used multiple sources of evidence (Creswell, 2009:175), including in-depth semi-structured interviews (Flick, 2007:117; Greeff, 2011:351), documents (Shenton, 2004:66) in the form of Mxit text and drawings (Lichtman, 2010:16), as well as observations recorded in field notes (Yin,

2003:83; Bachman & Schutt, 2011:267), self-reflective notes (Lichtman, 2010:164) and theoretical notes (Babbie, 2010:405). The use of multiple sources of evidence (Fouché & Delport, 2011a:65), also referred to as data triangulation (Shenton, 2004:66), increases the reliability of the study's observations (Schurink *et al.*, 2011:420) by neutralising bias sources (Elliott & Timulak, 2005:151).

- Semi-structured interviews

Semi-structured interviews were used as the main data collection method for this study. This type of interview is useful when one is trying to gain knowledge about personal issues (Greeff, 2011:351). Semi-structured interviews provide flexibility (Hesse-Biber & Leavy, 2011:103) and are used to explore the research topic openly where participants are able to express their ideas and opinions in their own words (Arksey & Harris, 2007:172). A predetermined schedule was used to guide the interview rather than to dictate it (refer to Annexure F) (Klenke, 2008:127; Greeff, 2011:352), which allowed the researcher the freedom of rephrasing questions and further exploring the participants' answers (Klenke, 2008:127). The course of dialogue that the researcher pursued was thus largely set by the participants and not by predetermining all the questions (Freebody, 2003:133).

- Documents in the form of Mxit text and drawings

Documents in the form of Mxit text and drawings were also used as a source of data collection. The Mxit text was gathered by semi-structured interviews over Mxit and guided by an interview schedule (refer to Annexure G). This interview provided the participants with the opportunity to explore the use of Mxit and offer immediate feedback. It also enabled the participants to present their present feelings, thoughts and ideas about Mxit rather than relying on past experiences. The researcher was able to experience the difference between interviewing the participants face-to-face and over Mxit, and then compare this with the participants' feedback. Drawings were used to explain how the participants perceived peer-support (refer to Annexure E). The participants were asked to provide a written explanation of their drawings since, from a Gestalt Therapy theory perspective, it is essential to obtain meaning from the participant rather than to rely on the researcher's interpretation of each drawing (Blom, 2006:113).

- Field notes, self-reflective notes and theoretical notes

This study used field notes, which incorporated self-reflective notes and theoretical notes, as a method of data collection (Lichtman, 2010:164). Field notes are a written account of what the researcher has heard, seen, thought and experienced in the field (Patton, 2002:302; Greeff, 2011:359; Streubert, 2011:42). Theoretical notes involve writing memos about theoretical ideas (Holloway & Wheeler, 2010:166) and the relationship between them (Altrichter & Holly, 2005:25) while reflecting on and interpreting observational notes (Fox & Bayat, 2007:75; Rubin & Babbie, 2010:307), listening to participants, transcribing interviews, and reading academic resources (Holloway & Wheeler, 2010:166). Based on Fox and Bayat's (2007:75) recommendations, the researcher took field notes and gave them theoretical status by listening to the participants without allocating categories, comparing with the observations of other participants, as well as interpreting by providing meaning to that which was observed. Self-reflective notes were used to demonstrate the researcher's awareness of self as well as her influence on the research process, as suggested by Lichtman (2010:22&164).

Phenomenological interviews were used to gather the descriptive data (King, 2004:12-13) that formed the empirical basis of this study. The adequacy of data in terms of amount (sufficient information rich cases) and type (a variety in kinds of evidence) aided in maintaining the standard of trustworthiness or rigour of this study (Morrow, 2007:219).

4.3.4. Data analysis

Data analysis and interpretation was guided by Creswell's application of Tesch's method (Creswell, 2009:185-191). The researcher initially transcribed the interviews, visually scanned the material, and typed out the field notes to organise and prepare the data for analysis, as suggested by Creswell (2009:185), Hesse-Biber and Leavy (2011:326), and Marshall and Rossman (2011:210). A general sense of the information was obtained whilst transcribing the interviews, and later reading the material and reflecting on its overall meaning (Creswell, 2009:185; Schurink *et al.*, 2011:404-408). Based on Creswell (2007:156), and Creswell and Clark's (2011:207) recommendations, the researcher recorded any thoughts in the margins of the interview transcripts and field notes. The data was then divided into meaningful and smaller segments (Hesse-

Biber & Leavy, 2011:326) in order to organise, explore and record key concepts (Creswell & Clark, 2011:207; Schurink *et al.*, 2011:409).

The researcher randomly selected one interview to read and examine during the coding process. Notes were recorded in its margins while the underlying meaning of the interview was determined (Creswell, 2009:186). According to Creswell and Clark (2011:208), coding the data involves “dividing the data into small units (phrases, sentences or paragraphs), assigning a label to each unit, and then grouping the codes into themes”. Based on Schurink *et al.*’s (2011:411) recommendations, the researcher used colour as a coding scheme where various colours were used to code similar themes for the participant and then these themes were organised. The same process was applied to each remaining interview, as well as to the drawings and field notes, as recommended by Creswell (2009:186). Similar themes across all the data were identified by colour and clustered together (Creswell, 2007:244; Merriam, 2009:183; Marshall & Rossman, 2011:210). The data was then cut and pasted onto a separate worksheet and arranged into themes, sub-themes and leftovers (Merriam, 2009:183). After the coding was well under way the researcher challenged the developing understanding of the data by searching for negative instances of patterns in order to evaluate the usefulness of the data, as suggested by Schurink *et al.* (2011:415). Alternative explanations were developed leading to the emergence of new patterns and themes in the data (Morrow, 2007:215; Schurink *et al.*, 2011:415-416). These themes were transformed into concepts by uncovering descriptive words for the topics. These concepts were then reduced by grouping similar topics together and finding the association between them, which led to the formation of categories. Where necessary the existing data was re-coded (Creswell, 2009:186). Ultimately, the researcher identified three underlying concepts. The first concept consisted of five categories, the second included two categories and the last was made up of three categories.

Meaning was gained from the data in a systematic, rigorous and comprehensive manner rather than relying on the frequency and quantity with which something occurred (Marshall & Rossman, 2011:215). The classification of the data helped to create the theoretical foundation on which the researcher’s interpretations and explanations were based (Spencer *et al.*, 2003:217). A deep immersion in the data throughout the process ensured satisfactory interpretations (Spencer *et al.*, 2003:237). The framework of the interpretations was guided by Gestalt Therapy theory (refer to

Chapter 2) and verified by the literature findings (refer to Chapter 4) (Creswell, 2009:189-190; Fouché & Delport, 2011b:136).

4.4. RESEARCH FINDINGS

Table 4. 2. Summary of the concepts and categories	
Concept	Category
1. Typical meta-map for making contact during Grade 12.	1. Developmental origins of stress which emerge from the field into awareness through the senses.
	2. Adolescents' perception of peer-support as the resource of choice during mobilization and action stage.
	3. Affordability, accessibility and non-threatening nature of contacting peers for support over Mxit.
	4. Adolescents' use of Mxit as a source of peer-support to satisfy their need for emotional and educational support.
	5. Avoided or disrupted contact resulting in withdrawal without satisfaction of their needs leading to suicidal thoughts.
2. Disruptions in contacting peers for support over Mxit.	1. Disruptions in contacting peers for support over Mxit as a result of restricted existential dialogue.
	2. Disruptions in contacting peers for support over Mxit as a result of lack of trust.
3. Mxit as an additional resource to the preferred face-to-face peer-support.	1. Participants' perceived need for the availability as well as their anticipated usage of peer-support groups and counselling over Mxit.
	2. Peer-support groups over Mxit that have boundaries in place perceived as a non-threatening source of support when general age-related problems become foreground needs.
	3. Participants' perceived need for the availability of several counsellors who provide one-on-one sessions when major personal problems become foreground needs.

4.4.1. Concept 1: Typical meta-map for making contact during Grade 12

The typical meta-map for making contact during Grade 12 demonstrates how peer-support, which is frequently obtained over Mxit, is used as a preferred means of making contact when developmental stressors became foreground needs. It also demonstrates how lack of support can lead to depression and suicidal thoughts.

4.4.1.1. Category 1: *Developmental origins of stress which emerge from the field into awareness through the senses*

According to Reynolds (2005:161), adolescents experience a sensation to an external or internal stimulus in their field, which becomes a figure as it emerges into awareness.

They can experience emotional instability, confusion, stress and anxiety when they become aware of a critical moment in their field (Ferguson & O'Neill, 2001:72). The researcher's findings indicate that the critical moments in the late adolescents' field that cause stress are mainly a result of developmental challenges. This is consistent with De Minzi (2006:73) who found that the greatest source of stress for adolescents is related to the developmental stage they are in. Adolescence is a period marked by a rise in problems (Alexander, 2009:226) that frequently lead to stress and emotional turmoil (King, 2007:287).

"The older you get the more problems, well like, I have discovered you get more problems, home, friends, well for others who have boyfriends, even like the little things, even with work there is so much pressure." Participant 1 (face-to-face interview)

"There's people who, especially kids, who have more problems than people realise, like we have a lot of stress, I mean we have all been through it, but to some there might be more than what others have." Participant 2 (face-to-face interview)

"Like each time you grow I think it becomes more painful because you experience more." Participant 3 (face-to-face interview)

According to Toman and Bauer (2005:185), as adolescents progress through the developmental line from *dependency to self-reliance* (refer to Table 3.7 in Chapter 3) their need for independence and freedom increases as they attempt to form a separate self while still maintaining a place within their family field. This process of disembedding from the family field is often a source of stress for adolescents as it is challenging for them to shift their authority from their parents to themselves while simultaneously learning to respect as well as be critical of other authority figures (Ferguson & O'Neill, 2001:114).

"Some parents they want to push you to whatever they think you can do, even if you know you can't do it, but then they think you can do it because maybe they are intelligent or something, and then they expect me to get those marks or whatever, or when you come to them with a problem, obviously every parent does not want their child to have problems or have anything go wrong in their lives, so they will probably shout at you or ban you from doing anything whatsoever, day or night, whatever it is. I'm not allowed to go out unless it has something to do with school related because maybe like my sister before messed up and then now it is coming onto you." Participant 1 (face-to-face interview)

“Juggling partyn and work and parents sayn no t partyn...my parents wer kwl with me going out mre often nw its ‘wer u going, who with, were u stayn, what u gna do?’...Yes I want my dad to chill. I havnt been in kuk yet. Yeah but 1 year and im FREE’.” (Juggling partying and work and parents saying no to partying...my parents were cool with me going out more often now it's 'Where you going, who with, where you staying, what you going to do?' ...Yes I want my dad to chill. I have not been in trouble yet. Yes but one year and I am free). Participant 6 (Interview over Mxit)

As adolescents attempt to *develop toward body independence* (refer to Table 3.7 in Chapter 3), problematic body-related issues can manifest in the form of eating disorders (Toman & Bauer, 2005:187). The adolescent's body undergoes various changes that can affect his/her self image (Dumont & Rainville, 2006:195). Blaney and Smythe (2001:203) found that the cultural and familial messages within adolescents' environmental field can result in the distorted introjection that “beauty ideal” leads to success and happiness. Such introjections cause adolescents to worry about their body image, which can be projected onto others.

“I am not being horrible about her, I am being very blunt. She is large okay, she is extremely over-weight and she forever complains about it and is forever depressed and like she'll go out and then she will go for supper and instead of having one burger, she will have two Spur burgers or she will go to Gourmet Garage for burgers, you know, but she will never do anything about it...” Participant 6 (face-to-face interview)

“...like my one friend um, he had anorexia...” Participant 7 (face-to-face interview)

For some adolescents moving *from egocentricity to companionship* (refer to Table 3.7 in Chapter 3) can be a stressful process. During this developmental line adolescents aim to enhance their awareness of others and themselves (Toman & Bauer, 2005:188). Enhanced awareness enables adolescents to become self-supportive (Oaklander, 2007:105) by orientating themselves in the world so that the world supports them (Philippson, 2009:109). This can be stressful for adolescents with poor social skills (Findlay, Coplan & Bowker, 2009:53) or those who do not have access to supportive others (Toman & Bauer, 2005:191; Columbus, 2006:x) since there is a high likelihood that they will struggle to find the environmental support that they require to fulfil their needs (Findlay *et al.*, 2009:49). This is supported by De Minzi (2006:69) who found that poor relationships and interpersonal difficulties with parents and peers negatively influence adolescents' stress levels and coping skills.

"I've noticed that sometimes you confide yourself and tell your peers your problem and expect them to keep it confidential and then they end up like spreading it as a rumour, and stuff like that, so then it becomes even harder to go to someone for peer-support, you know, and then you feel like you are all alone, want to commit suicide, you know...so then it becomes difficult, like who can you tell, who can't you tell and then probably the person who you can tell does not have as much insight as the person you can't tell and then it just becomes so stressful." Participant 1 (face-to-face interview)

"As peers with social skills problems will feel that if they had to try talk to someone about their problems they'll (they will) get rejected so they keep to themselves and end up having more problems because it all just builds up inside." Participant 2 (Interview over Mxit)

"You tell your parents something and you are really stressed, yet your parents are going to give you more stress because now they are shouting and it's like, 'Why you shouting, I don't get it, I don't understand why you are shouting?'; and then they come back and take their stress back. So basically it is like a roller coaster ride, which you would rather just avoid. Just get it over and done with....because parents take the small stress and toss in the biggest stress you could ever find all at the same time, so it is like, you remind me about something that happened three years ago (she pretends to be one of her parents and says), 'Remember that time when I told you, don't go to that party. This is why I warned you!', it is like (she pretends to be herself), 'You weren't even sure that was going to happen', you see, so it is like they will bring back everything from a while ago and toss it at you just for that moment instead of just fixing that moment and then looking at the past or whatever, because you can't deal with the past, present and future all at the same time. It won't work, ja, then you will find your child hanging themselves in the bathroom." Participant 3 (face-to-face interview)

According to Toman and Bauer (2005:189), it is also during this developmental line that adolescents form companionships by identifying with a group or clique. Adolescents are preoccupied with being liked by others (Ikiz & Cakar, 2010:2338) and develop a need to fit in (Kef & Dekovic, 2004:454). Those adolescents who fail to identify with a group often experience feelings of rejection and try to gain acceptance by using, for example, drugs, alcohol or sexualised behaviour (Toman & Bauer, 2005:189).

"Sometimes it is pressure from your boyfriend, and then you getting pregnant." Participant 1 (face-to-face interview)

"Like some people stil (still) want to be noticed by others and they stil (still) try so hard to fit in with people. And these people who want to fit in are people who have social problems ... It (social problems) can create problems bcuz (because) it could distract you from your school work and with your school work suffering it would just create more stress for yourself." Participant 2 (Interview over Mxit)

“At this age everyone is looking for comfort from someone, and if they go and find that comfort in some strange person or some influential person in a bad light then, problems.” Participant 6 (face-to-face interview)

“... they are more academic, popular type, ‘What did you do on the weekend?’ type girls and guys ... they spoke a lot about that, like what they had done on the weekend with this person and that, and who could get drunk with this person ... There are a lot of people in our grade that are actually sexually active at the moment ... I think that people are very arrogant especially in our grade and they think that you have to be a non-virgin by the time that you go to university, that people are going to look down on you and things like that.” Participant 7 (face-to-face interview)

As adolescents move through the developmental line *from body to toy parallels – from play to work* (refer to Table 3.7 in Chapter 3) (Toman & Bauer, 2005:190) they are confronted with major career and lifestyle decisions (Ferguson & O’Neill, 2001:73) that require an increased awareness of their personal strengths, interests, values, achievements and talents (Toman & Bauer, 2005:190). Since they have not been required to make decisions of this nature before, it can be a daunting task that becomes a source of stress for them (Ferguson & O’Neill, 2001:114). This is supported by De Minzi (2006:73) who found that adolescents worry about their studies and have fears about their future. According to King (2007:287), it is predominantly during late adolescence that academic issues become a source of stress for adolescents.

“With work there is so much pressure. We have so little time, like this year there is 20 something days left at school...you always get stressed, there is not enough time to get through the work ... Usually when you are doing really badly at school you end up becoming so stressed, especially like it is time for us to choose which career you want to go into, what university you are going to go to and they all have their own requirements and then when you do so badly and you want to do well you become extra stressed.” Participant 1 (face-to-face interview)

“I have noticed a lot of people going through family problems at the moment so definitely that would be one, maybe work stress, definitely exam stress ... We are all going through different problems, family related, friend related etc is enough but with stress on top of it from matric makes it more difficult.” Participant 2 (Interview over Mxit)

Q: What would you say makes matric stressful, like things you find you and your peers go through that are stressful this year?

A: *Boys, skul, exams, matric dance, wat university u want to go 2. Hav u applied or nt, problems at hme, prelims, final exams, studyn yep.* (Boys, school, exams, matric dance, what university you want to go to. Have you applied or not, problems at home, prelims, final exams, studying yes). Participant 4 (Interview over Mxit)

"During matric most probably because people are going to have like nervous break downs when exams come, then they obviously need their friends to be there ... Like too much pressure or like stressing for a certain subject maybe and they are worrying that they are not going to get their 80 or something like that ... peers have got their own pressures, and like worries and stress and all that because they are also in matric." Participant 5 (face-to-face interview)

"After I did that peer counselling course, then I was like, this is definitely what I want to do, to help people, I have always wanted to help people, since I was little, but I wanted to go into medicine but then I was like, I don't want to study ten years. Then I was like Psychology, you know this is what I wanted to do and I have asked this lady about what she did and the subjects and it sounded fascinating to me, so I was like, okay this is what I want to do, then Microbiology came up and then I was like, this is also fascinating, I also like biology." Participant 7 (face-to-face interview)

"Matric adds a bit more stress on everyone, it is more studying, more pressure because it is like finals and stuff and it kind of determines whether everything else happens." Participant 8 (face-to-face interview)

It is important that adolescents acquire support from others in their field to help them cope with these developmental stresses that are common during this stage in their life. Kef and Dekovic (2004:454) concur that social support is particularly important during adolescence due to the many changes that occur within and without the individual.

4.4.1.2. Category 2: *Adolescents' perception of peer-support as the resource of choice during mobilization and action stage*

During adolescence there is a restructuring of social relationships. As adolescents begin to spend more time with their peers (Helson *et al.*, 2000:320; Piko & Hamvai, 2010:1479), they frequently turn to friends to discuss and resolve age-related issues (O'Neil & Parke, 2000:217; Sharry, 2004:60). Considering that all participants reported that their friends are a significant source of support for them during their matric year, emphasises the importance of peer-support during adolescence. This is consistent with evidence that suggests that adolescents primarily turn to their peers for support, comfort and reassurance (Markiewicz, Lawford, Doyle & Haggart, 2006:137) to reduce stress (Seiffge-Krenke, 2004:379) and the depressive symptoms (Vaughan, Foshee & Ennett, 2010:270) that generally increase during adolescence (Fauth, Roth & Brooks-Gunn, 2007:265).

"I prefer using peers for support because you tend to open up more to maybe younger people your age, because I mean when you are my age you are like, 'Older people don't understand what we are going through', they really don't, so it is rather nice to have people who maybe are your same age but can help you ... it is nice though because if you can help someone who is your age, like it just makes it so much easier to talk as well, because maybe the older person has a kid or whatever, and they probably will think, 'Wow if this is what this kid is doing then what the hell is my kid going through?', you know." Participant 2 (face-to-face interview)

"So there are teachers that you can talk to and the school psychologist that you can go to if you can't go to your friends ... Ja, like if your friends are not there you can go to one of the teachers." Participant 5 (face-to-face interview)

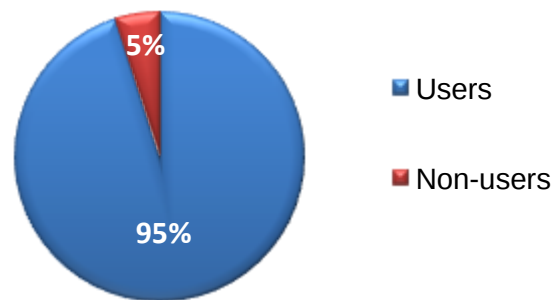
"I think most matrices go to their friends first and then their parents. I rate they will go to their friends first, ja, always their friends I rate and then see what they have to say and then their parents and then the psychologist, in that order." Participant 8 (face-to-face interview)

4.4.1.3. Category 3: Affordability, accessibility and non-threatening nature of contacting peers for support over Mxit

According to Slabbert *et al.* (2009:25), Mxit has become the preferred medium through which adolescents stay in touch with one another. This is consistent with research findings that indicate Mxit's popularity among South African's under the age of 25 (Goldstuck, 2007:88; Butgereit, 2009b; Chigona, Beukes, Vally & Tanner, 2009:13; Jordaan & Ehlers, 2009:32; Basson *et al.*, 2010:393; Butgereit & Botha, 2010:16; Ford & Botha, 2010:6; Parker, Wills & Wills, 2010a). Considering that 95% of the matrices at High School A use Mxit (refer to Graph 4.1) provides evidence of its popularity among adolescents. The reason for Mxit's popularity among the youth is its affordability (Butgereit, 2008:77; Ford & Botha, 2008:160; Chigona, Beukes, Vally & Tanner, 2009:13) and accessibility to the majority of adolescents regardless of their economic status (Chigona, Beukes, Vally & Tanner, 2009:8; Kreutzer, 2009a; Donner, 2010:8).

Graph 4. 1. Grade 12 adolescents from School A who use Mxit compared with those who do not

(Data obtained from pre-interview survey. Sample included 104 Grade 12 learners)



The success of Mxit as a social networking software application makes it an effective medium for adolescents to contact their peers for support in real time, independent of time and location (Bosch, 2008; Butgereit, 2009b; Chigona, Chigona, Ngqokelela & Mpofu, 2009:4; Basson *et al.*, 2010:393; Kreutz, 2010:24). This is supported by Parker, Wills and Wills (2010b:248) who, for example, found that adolescents were able to quickly and easily access drug-related peer-support in a cost effective way using mobile instant messaging. The researcher's findings indicate that Mxit's popularity (Saxtoft, 2008:105; Jordaan & Ehlers, 2009:32; Slabbert *et al.*, 2009:25; Butgereit & Botha, 2010:16; Ford & Botha, 2010:6), affordability (Goldstuck, 2007:88; Slabbert *et al.*, 2009:25; Parker *et al.*, 2010a) and accessibility (Dourando *et al.*, 2007; Donner & Gitau, 2009; Kreutz, 2010:24; Parker *et al.*, 2010a) make it a viable medium through which peer-support groups can be developed for adolescents to use during stressful times (Basson *et al.*, 2010:395).

"I think peer-support groups on Mxit would actually benefit the whole of South Africa a lot because a lot of people use Mxit, even like I remember in Grade 10 my English teacher even used it even though she did not have a T.V, it was like so weird ... Mxit is cheap, it's not like only the Sandton people can use it but also those who are from Diepsloot or Soweto or something like that, could also use it." Participant 1 (face-to-face interview)

"Mxit is convenient because it is quick, it's easy ... so many people use Mxit... I think it would be very beneficial to have peer-support groups over Mxit and also it is quick and easy as well... it is very convenient because if you are on Mxit at the time you are going through something and you just know you need to speak to someone there, right there and then, it just makes it way better, more convenient.." Participant 2 (face-to-face interview)

"Peer-support to me is my friends that are around me and ask for advice from and I give advice to when we have problems about anything and we generally talk about it on Mxit because it is cheap." Participant 4 (drawing)

"Mxit is kind of like a mobile thing. Ja, it is like wherever you are, if you have like a nervous breakdown in the middle of Cresta for example, and there is no one there to help you then you can just like go sit in the corner, log on to Mxit ... I think the reason people choose Mxit over other services is because Mxit is easy to use, it is quickly understandable, there is so much you can do with Mxit, um, and it is more popular from a word of mouth so people are like, okay, let me just give it a try and then when they try it they enjoy it." Participant 5 (face-to-face interview)

"Generally if you go onto Mxit you will have a different, you will have options, like I know with me I have lots of people on Mxit, I have lots of close friends that I have on Mxit and then I will go on at any one given point of time and there will be at least three of them online." Participant 6 (face-to-face interview)

"I think Mxit is a good way to communicate with friends instantly...you can see if they have time to chat by them being online...it makes it easy and you can do it pretty much at any time ... like on Mxit you can get a lot of peer-support because you just like log on ... Like I think Mxit is like one cent or something to login and then that's it, so it doesn't like, it doesn't really cost anything and so it is obviously cheaper than phoning someone." Participant 8 (Interview over Mxit)

The researcher's findings indicate that contact over Mxit is perceived to be less threatening than face-to-face. This is consistent with past research findings that report that adolescents are more comfortable sharing personal problems over mobile instant messaging applications (Yalom & Leszcz, 2005:523; Cilliers & Parker, 2008; Chigona, Beukes, Vally & Tanner, 2009:13), including Mxit (Parker *et al.*, 2010a), than they are face-to-face. Bosch (2008), for instance, found that teenagers frequently express their emotions to their peers over Mxit, which is in accordance with Butgereit (2008:83) who found that several adolescents unexpectedly spoke about their problems during numerous peer-tutoring sessions on Dr Maths, an educational service that is provided over Mxit. Parker *et al.* (2010a) found that adolescents shared various personal issues with each other over Mxit which were beyond the drug support service they were providing.

"Participant 5 was very different in the two interviews. He showed far more confidence in answering the questions over Mxit and was less shy...The face-to-face interview seemed to be more stressful for Participant 5. He was shy, answered some questions reluctantly and was noticeably nervous. This face-to-face interview was difficult because Participant 5 generally provided very short answers and thus continuous probing and encouragement were needed for him to elaborate further." Participant 5 (Researcher's field notes)

"Well in-person there would be a type of awkwardness because you hardly know them, but on Mxit it is easier because you can start off the conversation slowly and then it like develops from there whereas in-person, as I said before, people are shy so it is hard for them to start the conversation to get going ... People would be more judgemental in-person than on Mxit." Participant 5 (face-to-face interview)

"I find I can be more calm over Mxit I guess it's not as awkward ... I just guess it's not as awkward coz it's more nerve racking in person ... You can be more open ... I think maybe there is a sense of shyness" (I find I can be more calm over Mxit I guess it's not as awkward ... I just guess it's not as awkward because it's more nerve racking in-person ... You can be more open ... I think maybe there is a sense of shyness). Participant 5 (Interview over Mxit)

"On Mxit you can say things that you wouldn't normally say to the person face-to-face, like I know I do that a lot especially when it comes to people who break up, they prefer to do it on Mxit then on sms or whatever because it is easier in that way to say what you want to say without having to look at the person or feel that they are going to say, 'Why would you do that?' or things like that. A lot of people use it for that... to keep back what you want to say because you are afraid of what the other person is going to say or going to think, or going to feel, so you would rather say it on Mxit and then they can deal with it by themselves rather than having to be there. That is why when people break up, even though it is better to do it face-to-face, doing it over the phone or on Mxit is actually easier. Like, like if you are on Mxit and then someone like says something really hurtful, um, the person on the other side might be crying, but you don't know that so in a way they cry in closure, if that makes sense ... because most of the time, if someone had to say something and the other person is in front of you and they look like they are about to cry, you feel bad and therefore the person who actually wants to say something like holds back and, okay wait, now I don't think I am going to say it anymore because the person is like already upset and you don't want to upset him/her even more." Participant 7 (face-to-face interview)

"During the face-to-face interview Participant 8 appeared very nervous and seemed to struggle to relax. It was a challenge to get him to elaborate and answer the questions fully as he was very shy in-person. This changed during the interview over Mxit. He became more open and less shy which made it easier for me to communicate with him. Interestingly then, both the male participants were more closed and shy in-person where I struggled to get them to elaborate, whereas during the interview over Mxit they were more confident, less shy, and easier to communicate with." Participant 8 (Researcher's field notes)

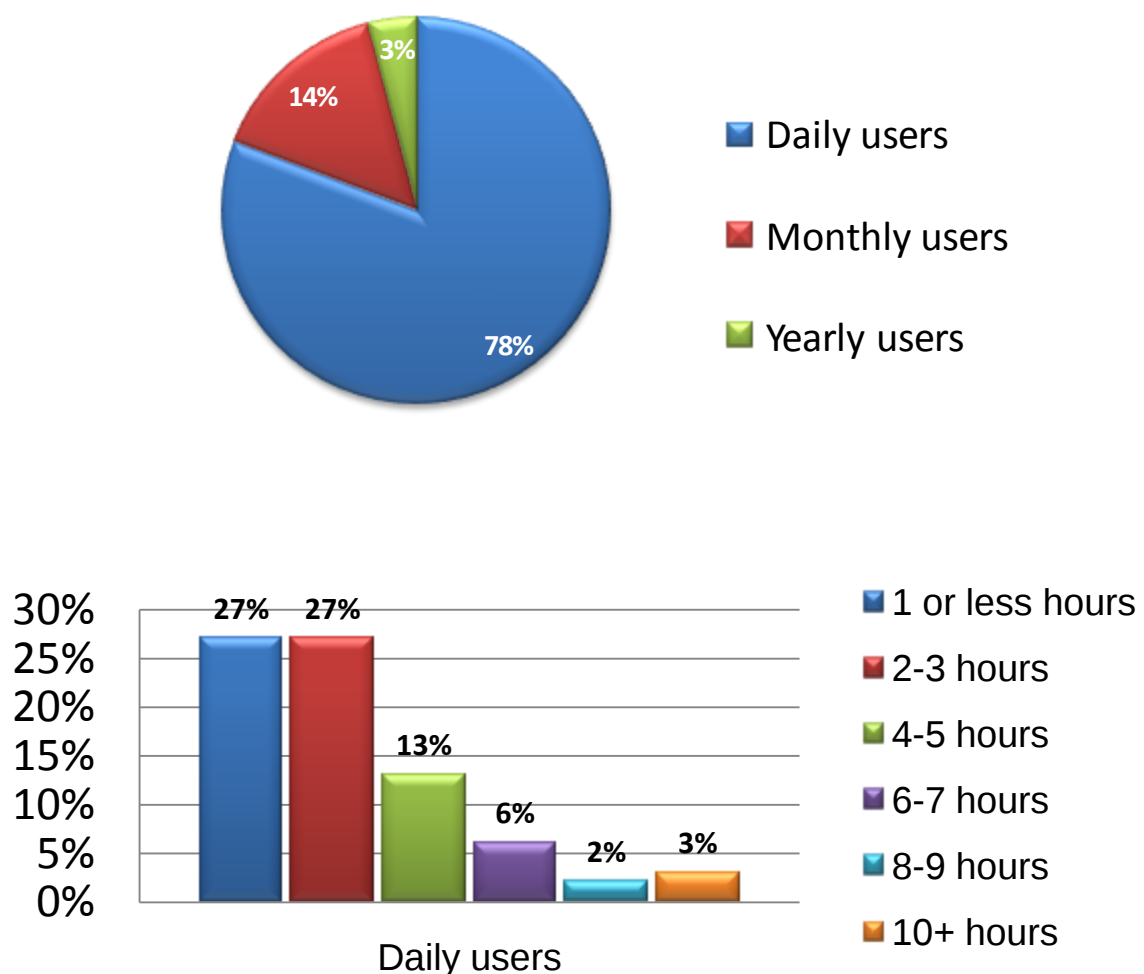
"I think it's (it's) pretty good getting support from your peers over Mxit because you tell them exactly what you want without having to worry." Participant 8 (Interview over Mxit)

4.4.1.4. Category 4: *Adolescents' use of Mxit as a source of peer-support to satisfy their need for emotional and educational support*

Basson *et al.* (2010:395) found that the majority of adolescents spend several hours on Mxit per day. Considering that of the 95% matrics at High School A who are Mxit users, 78% reported using it on a daily basis and of those, 51% reported spending more than 2 hours on it per day (refer to Graph 4.2), which emphasises the significant role that this service can play in providing adolescents with an easy (Dourando *et al.*, 2007) and cost effective (Butgereit, 2009a) way to provide and obtain psychological and educational support during the emotionally challenging developmental phase they are in (Donner, 2009: 97; Basson *et al.*, 2010:393&395; Donner, 2010:8).

Graph 4. 2. The frequency of School A's Grade 12 learners use of Mxit

(Data obtained from pre-interview survey. Sample included the 99 Grade 12 learners who use Mxit)



This is consistent with the researcher's findings and supported by Bosch (2008) who found that adolescents frequently obtain emotional and educational peer-support via Mxit (refer to Graph 4.3). Previous research findings provide further evidence to support the effectiveness of using online services as a means of obtaining emotional and educational peer-support (Fahy, 2003; Barak, Boniel-Nissim & Suler, 2008:1879; Stretcher, 2010:1014).

"When I have got a problem, when I just want to vent, my friends are the first person that comes to mind, and then I will go onto Mxit and you know like when you have those status little things, then I will write a status." Participant 3 (face-to-face interview)

"Then on Mxit when I go on Mxit and I'll have a sad emoticon and they will be like, 'What is wrong?', and I will tell them...I have got my friends and then I have got people that I don't know, so I got people that I have met but I don't really spend time with them. So I just talk to whoever has just asked me what is wrong ... or you do your homework on Mxit, 'What is that answer?', 'I think it is this'." Participant 4 (face-to-face interview)

"Well benefits of Mxit is, that you can find out what homework you have and what is happening with the plans for the weekends, what's like, if they are feeling down you can ask them." Participant 5 (face-to-face interview)

Q: When do you find you use Mxit to get support from peers?

A: *Generally when I need notes or a good night out ☺ or to bitch about parents. Generally if I have a bad day.*
(Generally when I need notes or a good night out or to bitch about parents. Generally if I have a bad day).
Participant 6 (Interview over Mxit)

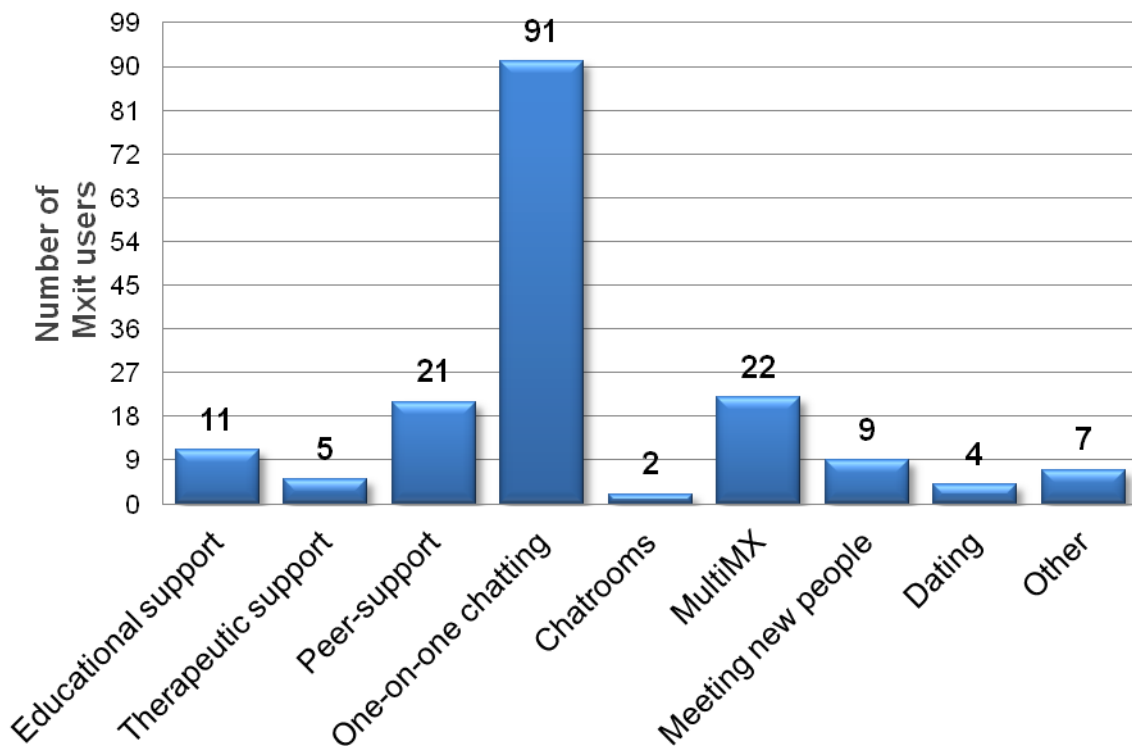
"I do use Mxit but it is mainly to talk to my friends that I don't ever see but you know they are my close friends but they like go to a really far school or something like that, so, but most of them are about personal issues or something that has happened and you don't know how to deal with it ... We have emoticons, however you say it, like you have emotions that you can show on Mxit, happy face, smiley face whatever ... On Mxit you more, like, just get the emotional support." Participant 7 (face-to-face interview)

Q: When do you find people use Mxit to get support from peers?

A: *If they are stressed is a good example can help you calm down and get back to earth, but people pretty much talk about anything on Mxit.* Participant 8 (Interview over Mxit)

Graph 4. 3. School A's Grade 12 learners use of Mxit

(Data obtained from pre-interview survey. Sample included the 99 Grade 12 learners who use Mxit)



The researcher found that adolescents have a greater sense of control when contacting their peers for emotional support over Mxit compared with face-to-face support. Three participants reported that it was easier to break contact over Mxit when they were not ready to elaborate further their problems or emotions, which is demonstrated in the following segments from the researcher's field notes.

"Participant 5 was very different in the two interviews. The interview over Mxit gave him a sense of control where he would take very long to answer certain questions, and also would answer with more confidence. He even made a joke at the end of the interview." Participant 5 (Researcher's field notes)

"The interview initially went very well; I was able to explore what Participant 8 said. This, however, changed after one point during the interview where, despite Mxit indicating that Participant 8 was online, he decided to stop answering any further questions. Most of the participants seemed to find it easier to avoid answering a question or to cut a conversation short during the interview over Mxit than during the face-to-face interview, implying that people have a greater sense of control using Mxit than in-person." Participant 8 (Researcher's field notes)

It is less likely that adolescents can be obliged to make a disclosure or further explore something that they are not ready to whether they use Mxit or communicate face-to-face. Forcing clients to achieve a specific outcome before they are ready to do so violates the existential principle of commitment to dialogue (Yontef, 2005:96; Sapp, 2009:168), which interferes with the quality of support that is provided (Corey, 2008:290). This implies that it is easier for some adolescents to protect themselves from disclosing or doing something before they are ready when using Mxit than it is during face-to-face interactions. This is supported by evidence that web-based users perceive themselves to have a greater sense of control over what they share within various online support groups (Lin, 2009:571; Barak, 2010:51; Stretcher, 2010:1014).

"Mxit, um, I guess like if you have more emotion than you want to let out or whatever, they don't necessarily have to listen to it or, you know, or if you want to hold back something if you don't feel comfortable with that person." Participant 2 (face-to-face interview)

"Like on Mxit you go, 'I felt today...' and then you just log off. You don't need to stay for comments and then when you login next time, it is like, 'Thanks guys I really needed that'." Participant 3 (face-to-face interview)

"Well, like, if you just want to stop talking about it then you can just, like, log off Mxit and be done with. You can just leave when you want whenever you are talking to someone type thing. Face-to-face you can't just stop. If you leave they will probably just follow you." Participant 8 (face-to-face interview)

One participant specifically mentioned that emotional support over Mxit was useful when exploring various alternatives, as several peers could be contacted simultaneously. This is consistent with previous research findings that report the advantage of obtaining support online is being able to gain easy access to numerous viewpoints from a diverse community (Wellman & Gulia, 1999:178; Grinter, Palen & Eldridge, 2006:432; Bartlett & Coulson, 2010:1).

"On Mxit you can have, like, more than one conversation, so you can have conversations, like the same conversation with, like, five of your friends and see, like, all their views, so that type thing...you can just get all their opinions and stuff which I think is quite cool." Participant 8 (face-to-face interview)

4.4.1.5. Category 5: *Avoided or disrupted contact resulting in withdrawal without satisfaction of their needs leading to suicidal thoughts*

Previous research indicates that the adolescent suicide rate has increased over the past fifty years (Hoffmann, Myburgh & Poggenpoel, 2010; Maimon, Browning & Brooks-Gun, 2010:307). The risk of youth suicide has been found to correlate with low self-esteem and depressive symptoms, such as hopelessness (Reinherz, Tanner, Berger, Beardslee & Fitzmaurice, 2006:1226; Fortune, Stewart, Yadav & Hawton, 2007:208; Walker, Ashby, Hoskins & Greene, 2009:336; Kendler, 2010:301).

Depression is what Ginger (2007:ix) refers to as the “illness of the century” since, worldwide, 40% of individuals at one moment or another are affected by it. The prevalence of depression increases notably during adolescence (Rudolph, Hammen & Daley, 2006:300; Jacobson & Mufson, 2010:140) and is generally chronic in nature, where 84% of depressed youth are found to suffer from depressive episodes during adulthood (Abela & Hankin, 2008:3).

According to Jacobson and Mufson (2010:140), adolescent depression cannot be traced to a single cause as it is the result of a combination of factors. Murberg (2009:507) found several pathways that correlate with the onset of adolescent depression including cognitive, biological and environmental pathways (Murberg, 2009:507). According to Micucci (2009:147), the developmental changes, particularly hormonal factors, that occur during adolescence are not as influential at the onset of depression as environmental stressors are. This is supported by McNamara (2000:59-60) who found that the high prevalence of depression in adolescence is a direct reflection of the increased stressfulness during this period. Distress, feelings of hopelessness and anxiety during adolescence increase significantly with approaching examinations (Sookha, 2004; Zulu, 2005; Weissmann, 2007:1; Masemola, 2008). Grade 12 learners are even more vulnerable owing to the additional stress of coping with their final year at school (SADAG, 2008).

According to SADAG (2007:49), many adolescents who are depressed do not have anyone to turn to which exacerbates the probability of suicide, the third leading cause of death worldwide in 15 to 24 years olds (Maimon *et al.*, 2010:307; Wilson, Deane, Marshall & Dalley, 2010:343). Suicide is an extreme response to stress when the adolescent's coping strategies fail (McNamara, 2000:60). Suicidal behaviours, which

are defined as a preoccupation or act that is focused on voluntarily causing one's own death (Pillai, Andrews & Patel, 2009:460; Ohio State University Medical Centre, 2010), have developmental pathways that begin with emotional and/or psychological distress, develop into ideation, which then leads to attempting suicide and ultimately ends with suicidal completion (Drum, Brownson, Denmark & Smith, 2009:217; Wilson *et al.*, 2010:344). Suicidal ideation is common among adolescents and refers to thoughts of harming or killing oneself, whereas attempted suicide is an unsuccessful act that was intended to cause one's own death (Pillai *et al.*, 2009:460). The youth who are at risk of acting on their suicidal thoughts are most likely to avoid seeking help for their potentially lethal thoughts (Wilson *et al.*, 2010:344), implying that appropriate support and help are essential early on in the developmental pathway.

Unfortunately adolescents do not always have access to an effective support system early on in their developmental pathway (Toman & Bauer, 2005:191; Columbus, 2006:x). This is reiterated by five out of the eight participants who mentioned that they or one of their peers have thought about committing suicide owing to the lack of supportive others during stressful periods. SADAG (2007:49), Sherer (2008:1022) and Vaughan *et al.* (2010:261) provide evidence to suggest that adolescents who do not have an effective support system during stressful life events are at greater risk for depressive symptoms. This correlates with the risk of youth suicide (Reinherz *et al.*, 2006:1226; Fortune *et al.*, 2007:208; Walker *et al.*, 2009:336; Kendler, 2010:301). The theme underlined in section 4.4.3.1 supports this notion, as several of the participants who admitted to having suicidal thoughts also implied that their current support system was not always sufficient. Instead they expressed a need for the development of peer-support groups over Mxit.

"I've noticed that sometimes you confide yourself and tell them your problem and expect them to keep it confidential and then they end up like spreading it as a rumour, and stuff like that, so then it becomes even harder to go to someone for peer-support, you know, and then you feel like you are all alone, want to commit suicide, you know... Like the child who killed herself because of her matric results." Participant 1 (face-to-face interview)

"You can't deal with the past, present and future all at the same time, it won't work. Ja then you will find your child hanging themselves in the bathroom ... I don't think the matric results should even be published on Mxit ... Mmm they sms them and then they tell you, like, seven days before they come out. So, like, when you are here at school they give it to you the day before they come out in the newspaper but then Mxit does it seven days before, so you know, you are thinking and now you stressing, 'I failed, I failed, I failed', by the time the seventh day comes when the results

actually come out, you are going to hang yourself because now everybody else is finding out their results and saying they passed, they passed, and you failed.” Participant 3 (face-to-face interview)

“Oh must I tell you this story? I think there was this guy that I was dating and he would be, like, ‘I am going to kill myself’...” Participant 4 (face-to-face interview)

“Like in Grade 10 when I was bad, when I was a naughty child, I was not allowed to see my horse and then I was in complete, like, freaking, ‘Ahh, shoot me mode’, sort of thing.” Participant 6 (face-to-face interview)

“One of the pupils in my class, one of her, I don’t know, I think it was her boyfriend’s brother at that stage, they were twins, no actually, no they were brothers, and she was dating the one but she liked the other brother. Anyway this brother ended up committing suicide, so it caused her to go into this phase that, ‘I’m not worth living, I want to die, I want to kill myself’, things like that, and the thing is that she was so emotional that she wouldn’t, like, talk to anybody and I just spoke to her and I was, like, ‘What are you feeling right now?’, and she just felt like she wanted to give up and end her life because of this one boy that died. You know she felt like her life depended on him ... I mean I was in that situation once, where I wanted to commit suicide, I mean not many people actually say that, but not many people admit to actually wanting to, people just say, ‘No I will use it as a backup or whatever’, but at that point I actually felt like I wanted to.” Participant 7 (face-to-face interview)

4.4.2. Concept 2: Disruptions in contacting peers for support over Mxit

4.4.2.1. Category 1: *Disruptions in contacting peers for support over Mxit as a result of restricted existential dialogue*

The researcher’s findings indicate that contact over Mxit can be limited as a result of restricted existential dialogue. Six of the participants reported that dialogue over Mxit is often misinterpreted, as non-verbal communication cannot be considered, which interferes with the use of the existential principles of inclusion and confirmation. Past research findings provide evidence to support that the lack of non-verbal communication over web-based services can result in misinterpretation (Fahy, 2003; Chigona, Beukes, Vally & Tanner, 2009:14; Bartlett & Coulson, 2010:1; Li-xia, Ya-nan, Li & Sheng, 2010:77). Adesemowo and Tucker (2005:249) found that misinterpretation over online social networks can be reduced by providing non-verbal cues in the form of one-click affective gestures that represent a face-to-face expressive gesture over instant messaging applications such as Mxit.

“Also what’s really bad about Mxit is that sometimes because you can’t exactly say it in a way so that people know which way you are saying it, they get the wrong idea, then obviously you get insulted or they take it like, (rolls her

eyes and slightly moves her head from side to side while saying in an angry tone of voice) 'Wahoo, okay', type of thing, ja, which is also bad, I rate." Participant 1 (face-to-face interview)

Q: How are you finding this interview over Mxit compared to the face-to-face interview we previously had. Which do you prefer and why?

A: *Uhm I like them both. Maybe the face to face was better coz (because) we understand each other better ... or when something is said over Mxit and misunderstood which can end up creating unnecessary problems.*

Participant 2 (Interview over Mxit)

"I think it is better face-to-face because you get to see someone's emotions because you might not see someone's emotions when you are on Mxit so you might not take them seriously...because sometimes you will say things to me and I am, like, 'Ha, ha, whatever', because, you know, I am thinking they are not being serious, and then it is, like, 'Oh am I bad, I did not know that' ...because sometimes the way people send messages, you don't know, should I laugh or shouldn't I. Ja, because I think one of my friends was going through something and they were, like, 'Okay I am crying', and I was, like, 'Oh whatever', and she was, like, 'No actually I am really crying', 'Oh am I bad' ... Face-to-face you can, like, tell the person, like, how you are feeling, where on Mxit, on Mxit you can fake things, you can act like you are fine but you are not, you know, and it is better if someone really sees how you are feeling and then they will ask and get to the problem." Participant 4 (face-to-face interview)

"During the interview over Mxit Participant 6 and I sometimes did not understand each other so it was important to continuously clarify in order to make sure that I understood her correctly." Participant 6 (Researcher's field notes)

"And then also the other thing that I wanted, that I find is a lot of the messages can be read in two ways, like, if you speaking to your friends you could say something and she could mean one thing and you can interpret it in a whole different way and then that causes problems as well, so it is very easy to misinterpret things and to blow things way out of proportion over Mxit because you don't have the person, you don't have the tone, you don't have the expressions, you don't have most of those things." Participant 6 (face-to-face interview)

Q: How is it for you when you get support from your peers/friends over Mxit?

A: *It makes me comforted to an extent. But I generally will give them the gist of my issue than make plans to see them in person.* (It makes me comforted to an extent. But I generally will give them the gist of my issue than make plans to see them in-person).

Q: Sounds like you prefer face-to-face, what about face-to-face do you prefer?

A: *The people's reaction. Easier to read a person's proper view so I can react accordingly. I also find double meanings in texts. Can't pick up on tone.* (The people's reaction. Easier to read a person's proper view so I can react accordingly. I also find double meanings in texts. Can't pick up on tone). Participant 6 (Interview over Mxit)

“On Mxit you can’t really tell what type of tone they are saying it in, if they are being sarcastic or if they are lying, or if they are joking around. On Mxit, you can also read it differently. That is the problem I think when people, like, someone might say something and then you take it differently so instead of, like, like you misinterpret what they are saying, so the person might mean one thing, but then you take it differently and then the whole situation gets muddled up and confused and no one knows what is happening and that also creates a problem.” Participant 7 (face-to-face interview)

“Like on Mxit you could mean something in a sarcastic way but you can’t give them, like, that sarcastic tone and they could take it seriously. You just, like, completely miss what they are trying to say. Even if they, like, come up with one word answers or whatever, you could think, ‘Ah they are in a bad mood’ or whatever, but it could just be that they could be busy with something else but you don’t know.” Participant 8 (face-to-face interview)

In addition to misinterpretation, one participant felt that it is difficult to express herself fully over Mxit. The researcher also found that it was more difficult to provide detailed explanations during the interview over Mxit than it was face-to-face, as depicted in the field notes below. This is consistent with Woodward (2005:207) who found that the chat informality of MIM does not lend itself to long explanations and in-depth conversations.

“As typing over Mxit takes much longer than talking in-person it was difficult to elaborate on ideas during the Mxit interview and thus only a few questions could be covered in an hour.” Participant 1 (Researcher’s field notes)

Q: How is being interviewed over Mxit different from the face-to-face interview, which do you prefer?

A: *Vewi diff bt da same bcuz u stayd da same wth da personality n prefer f2f bcoz cn say mre wheras wth typin u cn b limitd.* (Very different but the same because you stayed the same with the personality and prefer face-to-face because can say more whereas with typing you can be limited). Participant 1 (Interview over Mxit)

“The Mxit interview with Participant 4 went very well. I did notice that I had to check to make sure I understood her correctly a few times as it is easy to misunderstand others over Mxit since everything is abbreviated and it is difficult to fully express oneself while typing.” Participant 4 (Researcher’s field notes)

“Participant 6 did not elaborate as much during this interview, which seems to be a common theme in all the interviews over Mxit since it takes far longer to type than to talk.” Participant 6 (Researcher’s field notes)

Both misinterpretation and limited expression imply that it is more difficult over Mxit than face-to-face interaction to enter effectively into the phenomenological world of other individuals and thus it becomes a greater challenge to acknowledge successfully their whole being, which are essential parts of inclusion and confirmation (Woldt, 2005:xx).

Li-xia *et al.* (2010:80) provides evidence to challenge this notion as their findings indicate that the level of empathy and positive regard during online and face-to-face counselling are the same.

The participants also reported that it was sometimes difficult to remain fully present during conversations over Mxit. Since mobile internet applications, such as Mxit, create an opportunity for multitasking (Chigona, Beukes, Vally & Tanner, 2009:10; Tangkuampien, 2009:15), individuals can become easily distracted and thus fail to remain fully present (Woldt & Toman, 2005:xix; Grinter *et al.*, 2006:436). Two of the participants admitted to participating in other activities while simultaneously attempting to participate in the interview that was conducted over Mxit. In both circumstances a message came up to say, 'Participant is now away', indicating that the participant was doing something else while keeping the Mxit profile open. During two of these occasions the researcher wrote the following in regard to their respective field notes:

"During the Mxit interview, Participant 2 by mistake sent a message to me that was meant for someone else. This implied that she was not fully present as she was talking to others, or multitasking, while simultaneously participating in the interview with me." Participant 2 (Researcher's field notes)

"The downside of interviewing over Mxit was that Participant 5 was not always fully present during the interview. At certain points it was obvious that he was doing something else, resulting in a very drawn out interview that did not flow as expected." Participant 5 (Researcher's field notes)

Apart from multitasking, two of the participants reported that their surroundings as well as their wandering thoughts during Mxit conversations could also interfere with their ability to be fully present. This is supported by Farmer (2003) and Dourando *et al.* (2007) who found that the surroundings that individuals are in can be a distraction while communicating via MIM.

"Sometimes you are thinking about other things, so now you are on Mxit and then when you read the message it just comes up and you are, like, 'Okay, that was rude' and then you will type back and they are like, 'Okay, I didn't mean it that way'." Participant 4 (face-to-face interview)

"Like when it's busy in my surroundings. Like if you're surrounded by lots of people its nt (not) as easy to go on Mxit." (I then clarify, 'I think I get what you mean, is it that your surroundings can distract you and not make it possible to give your full attention to the Mxit conversation?') *"Ja."* Participant 5 (Interview over Mxit)

The participants further reported that communication over Mxit could be manipulated and thus interfere with one's commitment to dialogue, which is another principle of existential dialogue (Sapp, 2009:168). This is supported by Parker *et al.* (2010a) who found that one limitation for counselling and support groups over Mxit is that as the counsellor is unable to see the facial expressions of the clients, it is difficult to know how genuine the clients are being. This in turn suggests that the clients will find it difficult to determine how genuine the counsellor is. It is thus easier to manipulate the process of dialogue over Mxit. There is evidence to suggest that increasing the time of communication over online services aids in reducing mistrust and manipulation (Li-xia *et al.*, 2010:81).

"It was difficult not being able to view her body language during this Mxit interview as her non-verbal communication would have assisted in providing cues about what to ask next as well as determining how genuine her answers were." Participant 2 (Researcher's field notes)

"I don't know if in real life I could act sad and manipulate someone into believing that I am sad, you know, but on Mxit you can, you just put on that sad face and everyone is like, 'What's wrong?' and then you will make up a story. Ja and then you can act all sad." Participant 4 (face-to-face interview)

"Ja well people are not generally honest on Mxit. Like they will say things maybe to make you feel better or they will say things to portray themselves in a better way, like, they will lie about their personal details so that they can get in better with you or something like that." Participant 5 (face-to-face interview)

The researcher's findings indicate that it is difficult to achieve the existential principle referred to as "dialogue is lived" when using Mxit. In order for dialogue to occur rather than to be discussed (Sapp, 2009:168) non-verbal communication is essential (Schoeman, 2006:6), but this is limited over online services (Woodward, 2005:206; (Henderson, Spigner-Littles & Milhouse, 2006:69; Coon, 2010:529; Coon & Mitterer, 2010:503), such as Mxit. Three of the participants specifically mentioned that support via Mxit lacks physical contact. Although evidence suggests that online peer-support groups have numerous advantages (Nicholas, Huntington & Jamali, 2007:11) the lack of physical contact is a disadvantage (Kroll, 2005:87). Barak and Bloch (2006:65) found contrary results to suggest that it is not non-verbal communication, which includes physical contact, but rather the depth and smoothness of the conversation as well as

the positive attitude it arouses in highly distressed clients that relate to perceived session helpfulness of both web-based and face-to-face support services.

"Face-to-face you can let out everything and they can know what you are feeling or you can know what they are feeling. You can, like, give them a hug or pat them on the back, whereas over the phone you can't do that."

Participant 5 (face-to-face interview)

"Physical face 2 face fun, my friends make me laugh, and if I wna cry they can hug me or what eva Mxit cnt hug me or make me laugh." (Physical face-to-face fun, my friends make me laugh, and if I want to cry they can hug me or whatever. Mxit cannot hug me or make me laugh)

Participant 6 (Interview over Mxit)

"You cant (can't) physically be there for the person, like if they need a hug, or a smack or something. You can only communicate with them and not really be there for them. You can't over Mxit, you can only talk to them." Participant 8 (Interview over Mxit)

4.4.2.2. Category 2: Disruptions in contacting peers for support over Mxit as a result of lack of trust

The researcher's findings indicate that adolescents are wary about using Mxit as a source of support owing to their lack of trust in other users. Three of the participants specifically mentioned their concerns about the confidentiality of information sent over Mxit. There is evidence to suggest that maintaining privacy over MIM applications cannot be guaranteed (Farmer, 2003), especially when adolescents allow their peers access to their mobile phones (De Tolly & Alexander, 2009; Van Heerden, Norris & Richter, 2010:303).

"The only, like, downside for smsing and Mxit is that people can save the messages and maybe someone goes through, you know they know." Participant 5 (face-to-face interview)

"I don't know, I think people should just be very wary of it, of Mxit, um in a sense of now everything that you send can be saved and obviously with children being little beasts they are going to go and show it to other people, that information." Participant 6 (face-to-face interview)

"I think that also one thing with Mxit that I think is quite, that is also maybe quite negative, is that people can save messages and people can use them again later." Participant 7 (face-to-face interview)

To help protect their users, Mxit developed a security feature that consists of two options. The first option poses a security risk as it allows users to automatically login to their Mxit account without having to re-enter their password (Mxit mobile chat, 2011). The second option is more secure as it requires users to enter their password each time they login in order to gain access to their Mxit account (Thomas, 2006:12). Despite the participants concern for their privacy, none of them had chosen the second security option owing to the inconvenience of having to enter a password every time they login. Butgereit *et al.* (2010) found similar results where the majority of the participants became discouraged when “Dr Math” required a password to access online educational games. These users later requested the use of a non-secure model.

A: *The disadvantage of Mxit is that you can have your Mxit account on two different phones, the thing is if you login on one phone your other phone will keep getting disconnected so someone can easily steal your phone and go into your Mxit, because you don't have to enter your password every time you go in.*

Q: So their security is not where it should be, maybe you should have to put in your password every time?

A: *It is but it gets annoying, you can put your password in if you want, but most people choose just to go straight through, so you go into the link and then it says um, 'Internet connection?', and then you just say, 'Yes', and then, well mine does not actually come up where you can put your password in, only if you push the end button then it will say that it requires a password. Mine is already in, like it has star, star, star, star, star, star and then you just say, 'Ok'. Participant 7 (face-to-face interview)*

The participants also showed concern about the safety of using Mxit as a source of support since it is easy to be deceived by other users. Previous research suggests that deception is a concern when using social interaction technologies such as Mxit (Hancock, 2007:293; Chigona, Chigona, Ngqokelela & Mpofu, 2009; Donner, 2010:8; Wasserman, 2010:90). The media has reported cases of teenagers allegedly being kidnapped, raped and abducted after giving out personal details to unknown contacts (Butgereit, 2009b; Chigona, Chigona, Ngqokelela & Mpofu, 2009; Basson *et al.*, 2010:394), which has created concern amongst various members of society (Chigona & Chigona, 2008:53; Wasserman, 2010:90). Two participants specifically showed concern about the trustworthiness of prospective Mxit peer counsellors and thus reported that they would be wary of subsequently meeting for a face-to-face consultation if the need arose.

“Um, it is just, what also would make people a bit wary because like you have heard about the different meeting Mxit people and how badly they have turned out, I mean maybe Mxit have employed these people but you yourself, you

don't know what they are like, you don't know if you can trust them but um, I think it is still, if you are really, if you really need it you will, you will do it, so I think it would be nice just to, because they already know your situation so they can still help you face-to-face as well." Participant 2 (face-to-face interview)

"You don't know if the counsellors on Mxit are actually counsellors because people can fake, you can be like, 'I am a counsellor', and then we meet up and he beats me up, so, no I definitely would not meet up." Participant 4 (face-to-face interview)

In Butgereit's (2009b) research she was able successfully to ensure the safety of her participants by obtaining an ethics clearance, by requiring all "Dr Math" tutors to sign a code of conduct that forbade them from making physical contact with the participants, by encouraging participants not to give out their personal details, and by recording and monitoring all conversations. Chigona, Chigona, Ngqokelela and Mpofu (2009) found that adolescents are aware of the dangers of Mxit and the potential consequences of giving out personal details. This is consistent with the participants who reported that the majority of adolescents do not give out their personal details owing to the dangers that could lead to.

"Ja they portray Mxit as like a bad thing. The only reason they portray it as a bad thing because you get a select few of people who, are, I can't say too open but they don't know where the boundaries are, so they go and give out all their personal information which other people generally wouldn't do, even to someone you know, like, your age, your, well obviously you might give your age, your sex, your race, where you live in area wise but not specifically um, and some people would just give out their actual address, they would give out their school, their grade, their class, the kind of details that would help like a predator or stalker or whatever you call them to find you and to rape you or whatever so it is kind of, it is only a certain few that ruin it for the rest." Participant 5 (face-to-face interview)

Despite the limitations of using Mxit as a source of peer-support, there is evidence to suggest that online peer-support groups have the power to create and sustain interpersonal engagement, as well as to provide effective educational and emotional support (Fahy, 2003). This is consistent with the participants' perceived need for the development of peer-support groups over Mxit.

4.4.3. Concept 3: Mxit as an additional resource to the preferred face-to-face peer-support

According to Van Uden-Kraan, Drossaert, Taal, Seydel and Van de Laar (2009:66), online support should not be seen as a sole provider of support, but rather as an additional resource. Considering that three of the participants reported that they either use Mxit as a source of peer-support when they are unable to obtain support in-person or in conjunction with face-to-face support implies that obtaining peer-support over Mxit is used as an additional resource to the preferred face-to-face support. Although difficult to prove (Eysenbach, Powell, Englesakis, Rizo & Stern, 2004), there is evidence to suggest the effectiveness of online peer-support services to complement face-to-face support (Powell, McCarthy & Eysenbach, 2003; Bonniface, Green & Swanson, 2005; Yalom & Leszcz, 2005:523; Griffiths, Cleave, Banfield & Tam, 2009; Van Uden-Kraan et al., 2009:67; Li-xia et al., 2010:81).

"When I have got a problem, when I just want to vent, they (friends) are the first person that comes to mind, and then I will go onto Mxit." Participant 3 (Face-to-face interview)

"So personally it is better to speak to them (peers) in-person but alternative routes are like phoning, Mxit or smsing ... if I am not with the person to talk to then maybe I would go onto one of the Mxit support groups." Participant 5 (face-to-face interview)

Q: When do you find people use Mxit to get support from peers?

A: *If they are stressed is a good example can help you calm down and get back to earth, but people pretty much talk about anything on Mxit ... it is the next best thing to being there in person.* Participant 8 (Interview over Mxit)

4.4.3.1. Category 1: Participants' perceived need for the availability as well as their anticipated usage of peer-support groups and counselling over Mxit

There is evidence to suggest that Mxit is a viable medium through which adolescents can obtain online counselling as well as partake in peer-support groups (Bosch, 2008; De Tolly & Alexander, 2009). Butgereit's (2008:83) findings support this by uncovering a need for the availability of Mxit-based counselling services and support groups. This is further consistent with evidence that reveals the success of a Drug Advice Service (DAS) over Mxit (Nitsckie & Parker, 2009:18). Considering that all participants, apart

from two, expressed a need for the availability of peer-support groups over Mxit further demonstrates the necessity for developing such resources.

"Mxit could actually start, or even other things besides Mxit because there is the Migg33 now and the Grid and all those other things, ja, then they could also start support groups, it would be very efficient. I think it would actually benefit the whole of South Africa a lot because a lot of people use Mxit, even like I remember in Grade 10 my English teacher even used it even though she did not have a T.V, it was like so weird... Peer-support groups over Mxit would be helping a lot of people, maybe there would be less suicide and teenage pregnancy and all that other nonsense, because sometimes it is pressure from your boyfriend, and then you getting pregnant, and then at least if you had someone to talk to, it helps, like even a bad situation at home, it helps talking to someone. Like the child who killed herself because of her matric results, that was sad, but then if maybe she had someone to talk to she was going to know that she can upgrade certain subjects and then that would bring up her average, because it does not cost that much, and then Mxit doesn't take that much time." Participant 1 (face-to-face interview)

"I think that would be really good because some people would prefer to have support groups, like if they are able to do that over Mxit, I think a lot of people would use it, I really do, I mean quite honestly maybe I would even, just to, like, know how people are coping differently." Participant 2 (face-to-face interview)

"Having peer-support groups on Mxit would be a nice advantage because now you know you are not alone." Participant 3 (face-to-face interview)

"Ok well, it is probably 12 o'clock, you are going through something hectic, then I would talk to a counsellor on Mxit." Participant 4 (face-to-face interview)

"I think it would be good if Mxit did make support groups because then people could open up to other people and other people can get advice from every past experience. Ja, I think it will be useful. It would relieve the stress, it would make the person maybe feel better or whatever because when, like, when I have problems I speak to people, my friends, my family and then I feel better myself and then I have heard from my friends when they let stuff off their chests, they also feel better. Ja it takes the weight off your shoulders." Participant 5 (face-to-face interview)

"I think it would be a good idea to have one of those peer-support groups, it would help a lot of people especially people who are not emotionally stable, and who don't seek support from friends, or especially if they feel like an outsider or left out, I think that would definitely help. Also the fact that they can have someone always there and that they can talk to, it can be in the middle of the night, or early in the morning or whatever, and you can just talk to them freely." Participant 7 (face-to-face interview)

4.4.3.2. Category 2: *Peer-support groups over Mxit that have boundaries in place are perceived as a non-threatening source of support when general age-related problems become foreground needs*

Developing online support groups over mobile phones is an innovative way (Ford, 2008) for reaching a vast number of adolescents (Preziosa *et al.*, 2009:322). As adolescents turn mainly to their peers for support when faced with age-related problems (O’Neil & Parke, 2000:217) suggests that the peer-support groups over Mxit should focus on issues that are common among teenagers. This is consistent with the participants who felt that they would mainly use the peer-support groups over Mxit for general age-related issues, such as exam or work stress, relationship problems, family-related problems, peer-related problems, educational-related problems and sex-related problems (refer to Annexure J). There is evidence to support the effectiveness of peer-support groups in helping distressed adolescents before more serious problems develop (Seiffge-Krenke, 2004:379).

“For, like, general problems, like stress or maybe financial problems at home, or boyfriend or girlfriend problems, ja, that would be better with your peer group.” Participant 2 (face-to-face interview)

Q: What topics do you think would be beneficial if peer-support groups were developed over Mxit?

A: *Maybe social groupz, work related groupz, family problems, friends problems, just the basic issues teens wil be dealing with. Maybe even one for couples or people who are having problems in their relationship.* Participant 2 (Interview over Mxit)

“...for, like, something personal I just want to tell one person and get their view on it, but if it is, like, whatever else, then it is, you know what I am talking about, kind of thing...an issue that involves everyone then you just tell the whole group.” Participant 8 (face-to-face interview)

Although the participants liked the idea of having peer-support groups available over Mxit when general problems arose, they also felt that several boundaries needed to be in place before they would make use of this resource. The first and most prominent boundary that they mentioned was anonymity. All the participants but one said that they would only use the peer-support groups if everyone who joined the group remained anonymous. Butgereit’s (2008:83) research project supports this as she found that several participants specifically asked for the development of anonymous based counselling or support groups over Mxit. This is consistent with Parker *et al.* (2010a) who found that adolescents were more comfortable opening up and sharing their

problems over a Mxit-based drug counselling session compared with a face-to-face session, owing to their anonymity over Mxit. De Tolly and Alexander (2009) also found that adolescents prefer using Mxit as a medium because they can remain anonymous.

"I think that would be fine for Mxit or when it is something that is really confidential for you that you don't want people to even know what you look like when it comes to the problem, when it is something really big. So it's, like, nice to just tell someone you don't know, then you get it over and done with. Plus it is, like, people all over South Africa so then it is fine if someone tells on purpose, it does not really matter." Participant 1 (face-to-face interview)

"If you are going to take out your problems to someone, take them out to a stranger on Mxit and never ever in your life see them again or talk to them again...they can go tell someone but who cares because now they don't even know you. So it is no big deal, it will take, like I don't know, about ten years to find that person so it is just, like, 'Oh whatever'." Participant 3 (face-to-face interview)

"Okay, well if it is like a stranger basically like a counsellor or a support group it would be better over Mxit. It is just more, like I said earlier, it is more anonymous and people can open up more because there is not that sense of awkwardness, so that is what I think about it." Participant 5 (face-to-face interview)

"I think the Mxit support groups being anonymous, it is a sense of, 'Ok well they can't judge me', so they don't know me, they don't know who I am, I don't know who they are, I don't know where they are from, I don't know their background so I can't think, 'Well maybe she is saying this because...,' so I think that would create a sense of everyone is equal, no one can say, 'Oh but this kid failed three times, hahaha', you know, or 'Oh, um she does not even go to school at the moment, or she is at home schooling', or that sort of thing." Participant 6 (face-to-face interview)

In addition to having anonymity, three participants felt that it was important to have a qualified peer counsellor present during the group sessions. Evidence suggests that adolescents are sceptical about older authority figures (Deering & Scahill, 2008:623) and feel more comfortable with counsellors closer to their own age (Seiffge-Krenke, 2004:379).

Q: If peer-support groups were developed over Mxit, what do you feel would be needed to make them useful or beneficial to matrics?

A: *Just to have other matrics there to talk to, maybe some peer councillors (counsellors) just to help out if there is a serious problem.* Participant 2 (Interview over Mxit)

A: *Wel mayb wit a councillor en lyk a multimx wr every1 chats bout wat stress's thm.* (Well maybe with a counsellor and like a MultiMX where everyone chats about what stresses them). Participant 4 (Interview over Mxit)

“Peer-support groups on Mxit will be beneficial because most of the time it is in your own time that you are going through that stuff, and it is so easy to just pick up the phone and find out from someone else, and I would rather find out from someone who is trained in that area than from a kid in my class.” Participant 6 (face-to-face interview)

Although the participants did show a preference for having a peer counsellor within the peer-support groups, they also indicated that they had a few concerns. One concern that they reported was whether they could trust that the peer counsellors were who they said they were. In order to prevent fraudulent counsellors from accessing the groups, one participant felt that the executives at Mxit should formally employ the peer counsellors and three of the participants felt that all the peer counsellors should be required to upload a profile with their qualifications. These participants’ concerns about the trustworthiness of using unknown peer counsellors were anticipated, since the media frequently reports the dangers of giving out personal details to unknown contacts over Mxit (Butgereit, 2009b; Chigona, Chigona, Ngqokelela & Mpofu, 2009; Basson et al., 2010:394).

“Because these people might have employed these counsellors on Mxit but have, like, unless it is, like, structured that you know, we have seen pictures of these people, and they have been employed by Mxit like properly face-to-face and not just over, ‘Oh you sound like you will be a good person to counsel, you can be on this Mxit counselling group or whatever’. No, rather have someone who everyone knows like we have seen pictures. They have been properly employed by Mxit and they do have obviously their degrees or whatever.” Participant 2 (face-to-face interview)

“It would be better if the counsellor did give all the information, like where you can view their profile, give their real name, where they work, and all that so that you can maybe research them and make sure that you are talking to the right person.” Participant 5 (face-to-face interview)

“The counsellors must be, like, I am a male or a female, I am this age and I have studied this and then just a basic, like, outline of their views, like, obviously not too personal but just something, like, maybe something that they are inspired by or something they believe in so that you can also kind of pick up, like, I don’t enjoy very religious people and if that counsellor is going to be, like, go pray or go to a church, you know, it is going to be, like, ‘Stab your eye out with a spoon’, sort of thing.” Participant 6 (face-to-face interview)

One participant also showed concern about the competency of using peer counsellors and two participants implied that it was essential that peer counsellors receive supervision especially when they were going through personal issues themselves. It is

evident that these participants are not aware that to become a peer counsellor, training and ongoing supervision is required (Egbochuku & Obiunu, 2006:505). As part of the training the peer counsellors are made aware of their ethical responsibility to refer clients whose problems lie beyond their competencies and expertise (American Psychological Association, 2010). The Mxit services DAS (Nitsckie & Parker, 2009:12) and “Dr Math” (Butgereit, 2008:82-83) demonstrate how peer counsellors can be effectively used to support other adolescents.

“It might backfire when the peer counsellor gets a certain situation that they don’t know how to handle, especially when it is a situation that they haven’t come across or something that is not usual.” Participant 7 (face-to-face interview)

“It’s also having to know that there is so much to be put on your plate, as a peer counsellor, with other people’s problems, that if you are maybe going through a problem that day, on that specific day, or whatever, that they really need you, you are not exactly able to help them because you are going through your own problems. Ja, because everyone needs support, it does not matter if you are eighty years old or if you are eight years old, you all need support, and psychologists go see other psychologists, so everyone needs support, so, it just makes life easier.” Participant 2 (face-to-face interview)

“Ja, and then sometimes they even, like the one peer counsellor I won’t mention any names, but it is this one girl and she has lots of problems and she has got the badge for being a peer counsellor...Not many people go to the peer counsellors, but if they had to it would just put more strain on her because she has so many problems.” Participant 5 (face-to-face interview)

Besides training and supervision, the development of a monitoring system on “Dr Math” contributed to its effectiveness. Butgereit (2009b) initially found that some of the users tried to abuse this tutoring service by using vulgar language and talking about unrelated topics. The researcher’s findings indicate that four of the participants felt that some adolescents would abuse the support groups over Mxit in a similar manner. According to Butgereit (2009b), this problem was successfully eliminated by monitoring all conversations that were made over “Dr Math” and then deleting any users who misused the system or who intentionally went off the stipulated topic.

“...I think some people will take the peer-support groups seriously and some won’t...” Participant 4 (face-to-face interview)

"I wouldn't want people who aren't there for help to be able to join a Mxit support group." Participant 5 (Interview over Mxit)

"I suppose people also go very off the topic, like, well I can't really say I am speaking from experience, but I, if the Mxit peer-support group is, if it is monitored obviously and the actual administrators of the group or whatever monitor it and filter through the messages before they get sent through then I suppose it would work because if it is completely, if it is about the topic then it is fine... and also if they go off the topic like, 'Oohh let's meet up', No. Then if they filtered it, it would be fine, but no filter, no, no." Participant 6 (face-to-face interview)

"I also think that you will get certain people that will go onto these actual groups and start to change the subject or make an idiot of themselves." Participant 7 (face-to-face interview)

4.4.3.3. Category 3: *Participants' perceived need for the availability of several counsellors who provide one-on-one sessions when major personal problems become foreground needs*

Peer-support groups have not always yielded successful results. There is evidence to suggest that one-on-one counselling is more effective with adolescents who have more serious problems in addition to the general age-related problems (Seiffge-Krenke, 2004:379). This implies that in addition to the support groups over Mxit, one-on-one sessions need also to be available, which is consistent with the researcher's findings.

"Sometimes you have a problem that's really deep and then you need like one-on-one." Participant 1 (face-to-face interview)

"I would say the different groups on Mxit, like, for stress and this and that and that, it would be a lot better, and, like, if there was something that you would want to speak to one-on-one then maybe have a group where only one person can go in at a time." Participant 2 (face-to-face interview)

"I think support on Mxit should be, like, maybe, this is a bit farfetched, but maybe it should also be one-on-one, like with the counsellor." Participant 5 (face-to-face interview)

4.4.4. Conclusion of findings

A common theme that emerged indicated that Grade 12 adolescents perceive Mxit as an additional source of peer-support to the preferred face-to-face support. When these adolescents experience stress as a result of progressing through the developmental

lines that Toman and Bauer (2005:184-190) presented, they turn to their peers for support. According to the participants, the use of Mxit as a source of peer-support is beneficial in conjunction with face-to-face support, or when support in-person is not possible. The affordability and accessibility of using Mxit as a source of peer-support make it a viable resource during times of need. Contact over Mxit is also reported to be less threatening than a face-to-face encounter, especially for those who have poor social skills or who are shy. The use of Mxit as a source of peer-support was perceived to be helpful in satisfying the adolescents' need for emotional and educational support, for controlling their contact with others, and for simultaneously accessing numerous viewpoints while exploring alternatives. The participants indicated that face-to-face peer-support is preferred owing to the disruptions in contact that occur over Mxit. These include restricted existential dialogue and lack of trust towards other Mxit users, since the privacy of their information cannot be guaranteed and deception is common. Existential dialogue is often restricted over Mxit as a result of misinterpretation, multitasking, distracting environment, wondering thoughts, manipulation and lack of physical contact.

Another theme that emerged from the interviews was the adolescents' need for the development of both peer-support groups and one-on-one counselling over Mxit. The lack of supportive others during stressful times often resulted in suicidal thoughts, indicating the need for the availability of an additional resource during times when other sources of support failed them. The peer-support groups over Mxit were perceived to be useful for dealing with general age-related problems. Certain boundaries, including anonymity, the presence of a qualified peer counsellor, profiles of the peer counsellors, ongoing training and supervision for the peer counsellors, as well as a monitoring system to prevent misuse of the groups needed to be in place before the adolescents would feel safe using peer-support groups over Mxit. Peer-support groups were, however, not perceived to be sufficient as the participants felt that one-on-one counselling over Mxit needed to be available when major personal problems became foreground needs.

4.5. CONCLUSION

The use of semi-structured interviews, documents and field notes, which included self-reflective notes and theoretical notes, during data analysis, resulted in the development

of three main concepts. These were the typical meta-map for making contact during Grade 12, the participants' disruptions in contacting their peers for support over Mxit, and their perception of using Mxit as an additional resource to the preferred face-to-face peer-support. In Chapter 4 the research findings were simultaneously recorded as well as verified by relevant literature, and a summary of the analysed data was provided. In the following final chapter (Chapter 5) the conclusions, limitations and recommendations of the study are discussed.

CHAPTER 5

INTEGRATED SUMMARY OF CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

Chapter 5 has three aims. The first is to determine whether the aims and objectives as well as the research question, which together constitute the outcomes of this study as stipulated in Chapter 1, were adequately met and answered. The second is to present a summary and conclusion of the study while simultaneously providing recommendations for professionals working with Grade 12 adolescents. The last is to provide a discussion of this study's limitations and possible future research opportunities.

The chapter will begin by evaluating the aims, objectives and research question. This will be followed by a summary of each chapter as well as a description of the conclusions drawn from this study. A discussion of the recommendations for professionals working with Grade 12 learners, the limitations together with the possible future research opportunities will follow. Lastly, a concluding statement will be provided.

5.2. EVALUATION OF REALISING THE AIM AND OBJECTIVES

5.2.1. Realising the aim

The general aim of this study was to explore and describe late adolescents' experiences of using Mxit as a source of peer-support during their Grade 12 year. The outcomes of this study are later used to provide recommendations to professionals working with Grade 12 adolescents.

An instrumental case study, within a qualitative research approach bounded by time and place, was used to gain an in-depth understanding and provide a rich description of Grade 12 adolescents' experiences of using Mxit as a source of peer-support. The sample was selected from the population by means of non-probability, purposeful (judgemental) sampling to provide information rich cases that contributed to an in-depth

understanding. In order to achieve an in-depth and detailed data collection, multiple sources of information, including eight semi-structured interviews, six interviews over Mxit, eight drawings (refer to Annexure E), and observational notes (refer to Annexure H) were used. This helped the researcher gain an understanding, from the participants' perspective, of the meaning of their lived experiences. The face-to-face semi-structured interviews were video recorded, transcribed, and together with the Mxit text, drawings, as well as field notes, self-reflective notes and theoretical notes formed the data for this study. After the data was analysed it was discussed in Chapter 4 with a literature control.

5.2.2. Realising the objectives

In order to accomplish the aim of the study the objectives that were specified in Chapter 1 were successfully completed as follows:

- **Objective 1**

A conceptual framework, which formed part of the literature study, was provided in Chapters 2 and 3. This included a description of Gestalt Therapy theory, a developmental theory of adolescence, as well as the relevant theory relating to Mxit and peer-support.

- **Objective 2**

An empirical study was conducted where semi-structured interviews and documents (Mxit text and drawings) were used to collect evidence. This allowed the researcher to explore and describe Grade 12 adolescents' experiences of using Mxit as a source of peer-support.

- **Objective 3**

The researcher analysed the data by examining and categorising it in order to generate the research findings. When considering the research findings a Gestalt Therapy theory framework was employed. To verify the research findings relevant concurrent literature was used (refer to Chapter 4).

- Objective 4

The adolescents' experiences of using Mxit as a source of peer-support were described in Chapter 4. In the following sections, the researcher provides a summary, a conclusion and recommendations for those professionals working with Grade 12 adolescents based on the research findings.

5.3. EVALUATION OF ANSWERING THE RESEARCH QUESTION

The research question that was formulated for this study is as follows:

What are the experiences (subjective reality) of adolescents using Mxit as a source of peer-support during their Grade 12 year?

The researcher believes that the research question was adequately answered by means of a qualitative research paradigm wherein a case study strategy was used. This belief was assisted by the use of data triangulation which strengthened the accuracy of the data. Insight into Grade 12 adolescents' experiences of using Mxit as a source of peer-support was gained from the rich descriptions of the interviews. These aided in formulating three concepts and numerous categories. A verification of these findings was achieved by means of a literature control. The findings generated (Chapter 4) in this study thus answer the research question and provide insight into Grade 12 adolescents' experiences of using Mxit as a source of peer-support.

5.4. SUMMARY OF THE CHAPTERS IN THIS REPORT

5.4.1. Chapter 1: Introduction and overview of the study

In the first chapter an introduction and overview of the study was provided. A discussion of the rationale and problem formulation which aided in ascertaining the research question, goals and aims was presented. The underlying assumptions of the research design were described in the theoretical framework and paradigm. An outline of the steps needed for implementing the research methodology was provided within the objectives of the study. Chapter 1 also included a definition of the main concepts, the ethical considerations, and the impact of the study.

5.4.2. Chapter 2: Conceptual framework: Key tenets and core theoretical assumptions of Gestalt Therapy theory

This chapter served as the first part of the conceptual framework. It consisted of a detailed discussion of the key tenets and core theoretical assumptions of Gestalt Therapy theory. In this study, the Gestalt Therapy theory paradigm guided the observation and understanding of Grade 12 adolescents' experiences of using Mxit as a source of peer-support. Both Chapters 2 and 3 were used as a foundation for the empirical study. The key tenets of Gestalt Therapy theory, namely the field theory, phenomenological method of inquiry, existential dialogue and holism, were presented. A discussion of the relevant core theoretical assumptions including awareness, contact, theory of the self, as well as health and dysfunction aided in enhancing the understanding of Grade 12 adolescents and their use of Mxit from a Gestalt theory perspective.

5.4.3. Chapter 3: Conceptual framework: Mxit, social networking applications and late adolescent development

Chapter 3 formed the second part of the conceptual framework for this study, wherein a concise discussion of Mxit and the wider field of social networking applications, peer-support, and adolescent development was provided. Throughout the chapter a Gestalt Therapy theory perspective was used to guide the discussion. The aim of this chapter was to enhance the reader's understanding of the concepts pertinent to late adolescents' use of Mxit as a source of peer-support during their final school year. Together with Chapter 2, this chapter served as a foundation for the empirical study. Late adolescence as a developmental stage was viewed primarily from a Gestalt theory perspective and thus was the focus, while the non-Gestalt developmental theories were briefly mentioned.

5.4.4. Chapter 4: Empirical investigation and literature control

This chapter consisted of a description of the empirical investigation and findings together with the literature control. The general aim when conducting the research study was to explore and describe Grade 12 adolescents' experiences of using Mxit as a

source of peer-support. The phenomena were described and explored to obtain in-depth information within a Gestalt Therapy theory paradigm.

The process used when collecting and analysing the data was described in this chapter. The use of an instrumental case study aided in providing insight into Grade 12 adolescents' experiences of using Mxit as a source of peer-support. The case study consisted of eight Grade 12 adolescents from School A. The use of multiple sources of information, including in-depth semi-structured interviews, documents, and observations recorded in field notes, self-reflective notes and theoretical notes ensured an in-depth and detailed data collection.

The study used a systematic, rigorous and comprehensive method of gaining meaning from the data. The analysis together with the interpretation of the data produced the necessary findings to answer the initial problem formulation, thus accomplishing the aim of the study. A description of the findings together with raw data in the form of direct quotes was included so that a richer understanding of the experiences of Grade 12 adolescents' use of Mxit as a source of peer-support could be attained. The chapter included a literature control that was used to verify the empirical results and led to the formulation of recommendations for professionals working with Grade 12 adolescents based on the findings presented in this study.

5.4. CONCLUSIONS REGARDING THE CATEGORIES OF ANALYSIS FOR THE STUDY

The analysis and interpretation of data, discussed in Chapter 4, enabled the researcher to identify concepts and categories of meaning. These categories and concepts contributed to dialogue, to discourse and to extending the knowledge of providing support, including therapeutic intervention, for adolescents in Grade 12. This led to the formulation of the recommendations for professionals working with such adolescents. Table 5.1 provides a summary of the concepts and categories of Grade 12 adolescents' experiences of using Mxit as a source of peer-support.

Table 5. 1. Summary of the concepts and categories

CONCEPT 1

Typical meta-map for making contact during Grade 12.

CATEGORIES

Category 1

Developmental origins of stress which emerge from the field into awareness through the senses.

Category 2

Adolescents' perception of peer-support as the resource of choice during mobilization and action stage.

Category 3

Affordability, accessibility and non-threatening nature of contacting peers for support over Mxit.

Category 4

Adolescents' use of Mxit as a source of peer-support to satisfy their need for emotional and educational support.

Category 5

Avoided or disrupted contact resulting in withdrawal without satisfaction of their needs, leading to suicidal thoughts.

CONCEPT 2

Disruptions in contacting peers for support over Mxit.

CATEGORIES

Category 1

Disruptions in contacting peers for support over Mxit as a result of restricted existential dialogue.

Category 2

Disruptions in contacting peers for support over Mxit as a result of lack of trust.

CONCEPT 3

Mxit as an additional resource to the preferred face-to-face peer-support.

CATEGORIES

Category 1

Participants' perceived need for the availability, as well as their anticipated usage of peer-support groups and counselling over Mxit.

Category 2

Peer-support groups over Mxit that have boundaries in place perceived as a non-threatening source of support when general age-related problems become foreground needs.

Category 3

Participants' perceived need for the availability of several counsellors to provide one-on-one sessions when major personal problems become foreground needs.

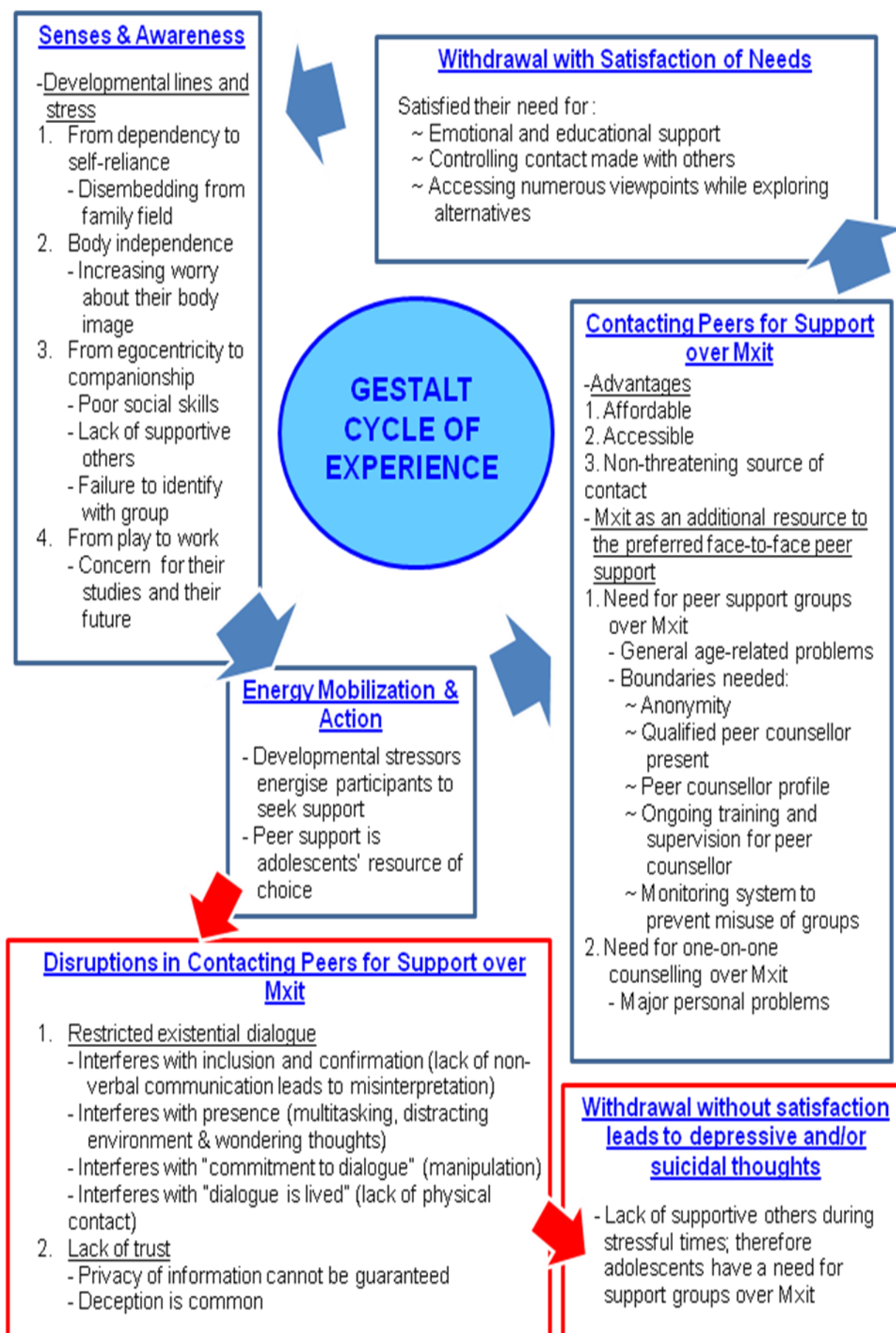
In summary, adolescents experience Mxit as an additional source of peer-support that can be used in conjunction with face-to-face peer-support or when support in-person is not possible. This type of peer-support is perceived to be useful when dealing with the stresses that result from developmental problems emerging as foreground needs. Mxit is experienced as a source of support that is affordable, accessible and non-threatening, and is frequently used by Grade 12 adolescents to obtain emotional and educational support. Face-to-face support is preferred owing to the lack of existential dialogue and trust that adolescents experience when communicating over Mxit. Mxit is perceived to be an essential source of support for those adolescents who do not have

access to other effective support systems and who are at greater risk of depression and suicidal thoughts. Adolescents perceive the need for developing peer-support groups over Mxit that have boundaries in place and that can be used for obtaining support for general age-related problems during their Grade 12 year. They also perceived a need for the availability of one-on-one peer counselling over Mxit when more serious problems arose during their last school year.

5.5. RECOMMENDATIONS FOR PROFESSIONALS WORKING WITH GRADE 12 ADOLESCENTS

This study has highlighted the need to make use of innovative mobile technology applications such as Mxit when providing support to Grade 12 learners. Evidence of this is provided in the research findings which can, from a Gestalt theory perspective, be mapped to meta-theory as depicted in Figure 5.1, where developmental stressors energise the Grade 12 learners to seek both face-to-face peer-support and support over Mxit. While face-to-face peer-support is their preferred means of support owing to the restricted existential dialogue and lack of trust while communicating over Mxit, they perceived Mxit as an additional source of support that is necessary when support in-person is not possible. The research findings indicate that peer-support groups over Mxit were perceived to be necessary for gaining support for general age-related problems whereas one-on-one Mxit counselling was deemed necessary for more severe problems. Lack of support during Grade 12 led to depression and suicidal thoughts, emphasising the need for the availability of support groups and counselling services over Mxit, especially for those adolescents who have limited access to supportive others.

Figure 5. 1. Meta-theoretical map of the research findings



The researcher provides the following recommendations for those professionals who are interested in using Mxit as an innovative way of reaching and supporting Grade 12 learners based on the above findings and current literature:

- The typical late adolescence contacting style, depicted above, demonstrates a need for the development of peer-support groups over Mxit to aid in satisfying the Grade 12 learners' emotional and educational needs. In order for these groups to work several boundaries will need to be in place before the Grade 12 adolescents would make use of them.

The first boundary is anonymity which, according to Mortola (2006:256), provides clients with the opportunity to take risks and try out new ways of being, including a heightened willingness to be more open and emotionally vulnerable. Anonymity is necessary in order to gain the adolescents' trust and encourage openness and sharing (Parker *et al.*, 2010a) owing to the many media reports of adolescents being kidnapped, raped and abducted after giving out their personal details over Mxit (Butgereit, 2009b; Chigona, Chigona, Ngqokelela & Mpofu, 2009; Basson *et al.*, 2010:394). The benefit of using mobile internet support groups and counselling is that it is possible to ensure user anonymity (De Tolly & Alexander, 2009; Barak, 2010:48; Wasmer-Andrews, 2010:492) by requiring all counsellors and support group facilitators to sign a code of conduct that not only prohibits them from making physical contact with Mxit users, but also requires them to encourage users regularly to avoid giving out any personal details that could jeopardize their safety and security (Butgereit, 2009b).

A second boundary is the presence of a qualified peer counsellor within each group, who, according to Wasmer-Andrews (2010:492), would receive ongoing training and supervision. As the research findings were consistent with previous evidence that indicated that adolescents felt more comfortable with counsellors who are closer to their age (Seiffge-Krenke, 2004:379) it may be fitting to require students, as part of their third year or honours psychology course curriculum, to facilitate these groups and provide one-on-one counselling over Mxit. This could form part of their community service as well as aid them in gaining work experience. These students would be required to register with a Counselling Board and receive ongoing training and supervision.

Another boundary that is essential within the groups is requiring all peer counsellors to upload a profile onto Mxit that indicates their qualifications and experience. The Grade 12 learners felt that this was necessary as they were concerned that without these details they would find it difficult to trust the counsellor due to the dangers that have been reported about talking to strangers over Mxit (Butgereit, 2009b; Chigona, Chigona, Ngqokelela & Mpofu, 2009; Basson *et al.*, 2010:394). The researcher recommends formally interviewing each potential counsellor before allowing him/her to facilitate a group to ensure that a professional service is provided.

The last boundary that Grade 12 learners deemed necessary was the development of a monitoring system to screen the text messages so that any member who abuses the group or goes off the stipulated topic could be deleted. The researcher supports Yalom and Leszcz (2005:520) who stipulate that a monitoring system aids in maximizing the therapeutic opportunity for each member, which would in turn enhance the quality of the service provided. Butgereit (2009) demonstrates how a monitoring system can be successfully used over Mxit.

- The researcher recommends that users be informed of the development of peer-support groups over Mxit rather than relying purely on web enabled word of mouth. Although De Tolly and Alexander (2009) found that the developmental Mxit services “Dr Maths” and “Angel”, which relied solely on web enabled word of mouth or mobile viral marketing (Palka, Pousttchi & Wiedeman, 2009:172), were taken up quickly by Mxit users, none of the participants in this study had heard of “Dr Maths” and only one acknowledged having heard of “Angel”. The participants further indicated the importance of advertising over Mxit so that they could be kept informed when new services, such as peer-support groups, became available (refer to Table 5.2).

Table 5. 2. Keeping Mxit users informed	
Participant	Quote
Participant 1 (face-to-face interview)	<i>"Instead of those, like, ads on T.V and what not, because most people when it goes on ad break they flip the channel, so they end up not seeing it, but then on Mxit you know, like, 'Info' sends you messages, 'Tradepost' and all those other ones, so as the message comes you are going to read it either way, so you would know, like, ok there is a new thing here, a new topic for today or something."</i>
Participant 2 (face-to-face interview)	<i>"I did not know that "Dr Maths" existed, unless they, like, advertise then I don't know what is going on. Ja, because they have 'Tradepost' where they have all the different things, but unless they advertise it, I don't even know if my friends know if there is a "Master Maths" whatever it is, I don't know, I have never heard of it, so ... Mxit normally sends, as you go on. In 'Information' they give you um different information about how, what is happening. If you are going through any problem phone Childline or um get ring tones from here. Ja they normally do that, unless they don't do that no one knows about it ... Ja advertising, especially if they want to improve that kind of stuff because a lot of people will use the support groups on Mxit. It will just, if it is there, easy, then people will use it, but if they don't advertise, how will people know about it?"</i>
Participant 8 (face-to-face interview)	<i>"I didn't even know it had that "Dr Maths" like does it have that? Um, well, I will go see it and go check it out ... They should, like, advertise the peer-support groups because you know when you login it has that advert thing that pops up, they should just put up there... like as you login it has the logo and then the advert and then it logs you in, so they should put it up there...like all the new stuff that is happening on Mxit, I just look at that."</i>

- The research findings indicated that peer-support groups were necessary for proving support for general age-related problems, but would not suffice for more severe personal problems, which is consistent with Seiffge-Krenke (2004:379). The researcher recommends that one-on-one peer-support counselling be made available over Mxit so that more individualised support is available when the need arises. Referrals to specialists can be made to link the relevant users to professionals whom they would otherwise not have been in contact with (Glasby & Dickinson, 2009:127; White & Preston, 2009:27). It may, too, be useful for professionals who are working with adolescents to consider using Mxit in conjunction with their current services, in order to reach those who do not have the opportunity of seeking outside help, whether owing to financial problems, logistic problems or personal preferences (Rosner, 2007:14; Nitsckie & Parker, 2009:5; Taylor, 2010:7160).
- Online support groups over Mxit have the advantage of being available to users anywhere, anytime (Wasmer-Andrews, 2010:492). The research findings indicated

that support over Mxit would be used in addition to face-to-face support or when support in-person was not possible. Thus, this service would need to be available after hours, as is evident in Table 5.3.

Table 5. 3. Twenty-four hours availability of support services over Mxit	
Participant	Quote
Participant 1 (face-to-face interview)	<i>"The bad thing about the Childline service on Mxit is it only starts after school around 2'o clock, and then it finishes early, so by the time it finishes you have not got through because it is always so full."</i>
Participant 1 (Interview over Mxit)	<i>"Wel cld pt mre 24hrs services bcuz troubles arise at anytym n mre educational grps whr thr r useful quizzes n quests."</i> (Well could put more 24 hours services because troubles arise at anytime and more educational groups where there are useful quizzes and questions).
Participant 2 (face-to-face interview)	<i>"I think it would be very beneficial to have someone over Mxit, and also it is quick and easy as well. It is very convenient because if you are on Mxit at the time you are going through something and you just, now you need to speak to someone there, right there, and then it just makes it way better, more convenient."</i>
Participant 4 (face-to-face interview)	<i>"Ok well, it is probably 12'o clock, you are going through something hectic, then I would talk to a counsellor on Mxit."</i>
Participant 5 (face-to-face interview)	<i>"...it is like wherever you are, if you have like a nervous breakdown in the middle of Cresta for example, and there is no one there to help you then you can just like go sit in the corner log on to Mxit. It is like a mobile support group... I think there should be someone there all the time like you can just go into the Mxit room and speak to the person so they can give you advice."</i>
Participant 7 (face-to-face interview)	<i>"I think it would be a good idea to have one of those peer-support groups...well the fact that they can have someone always there and that they can talk to, it can be in the middle of the night, or early in the morning or whatever, and you can just talk to them freely...You can have access to that person at anytime, maybe it is not the same person but different people, and then you can just talk to them whenever you want and they will always be online, so the counsellors would have shifts in other words."</i>

5.7. LIMITATIONS OF THE STUDY AND POSSIBLE FUTURE RESEARCH OPPORTUNITIES

5.7.1. Limitations of the study

The limitations of this study are as follows:

- Only English-speaking participants who attended a public school within the Northern suburbs of Johannesburg took part in the study. Thus, the results do not reflect the views of other cultures or school communities.

- The study was restricted to individuals living in the Northern suburbs of Johannesburg and so was not reflective of South African society as a whole. This reality together with the relatively small sample size does not allow for the research findings to be generalised to other populations.
- There were mainly female participants within the study, which limits the possibility for comparing any gender differences.
- While the researcher attempted to maintain a phenomenological stance throughout the interviewing process by bracketing any preconceived ideas, interpretations, beliefs, assumptions, knowledge, theories and judgements, as suggested by Yontef and Fairfield (2008:94), Resnick (2009:3) and Brownell (2010:90), it is acknowledged that the continuous attempt to restrain one's own biases and reactivity is a complex matter which may have subtly influenced the perception of the participants or one's self (Holloway & Wheeler, 2010:216).

5.7.2. Possible future research opportunities

This study has contributed towards filling the void of research on adolescents' experiences of using Mxit as a source of peer-support during their Grade 12 year. It serves as a pilot study for future research with particular emphasis on using mobile instant messaging applications, like Mxit, as an innovative and additional source of support and counselling during adolescence.

Research that focuses on the structure, procedure and functionality of the support groups over Mxit is a potential research prospect. The research findings suggested that the support groups over Mxit should include various restrictions (refer to Annexure I) and focus on several age-related topics (refer to Annexure J). It would seem that the restrictions mentioned in Annexure I are accepted as a norm within face-to-face group counselling, as indicated by Brigman and Goodman (2001:viii), Shechtman (2007:74), and Corey (2008:72). That is, developmentally appropriate formats are used (Sadock & Sadock, 2009:191), the size of the group is relatively small because members of large groups generally hesitate to share or run out of time to share, and the duration of the session is usually between one and a half to three hours. The session should not be too short because this interferes with achieving the objectives of the group; that is, to move into a deeper and more personal level of sharing (Jacobs, Masson & Harvill, 2009:42). Yalom and Leszcz (2005:520) believe that unlike face-to-face group therapy there is not

as yet a clear structure or procedure for internet support groups. Further investigation is needed to determine the logistics of the support groups as well as which age-related topics would be most beneficial for the Grade 12 adolescents.

The research findings touched on the non-threatening nature of using Mxit to communicate with others, particularly for those who have poor social skills (refer to Chapter 4 section 4.4.1.3). The effects of Mxit on those who have poor social skills are thus another area that could be explored further.

Additional research opportunities would include the use of Mxit to provide support to other developmental age groups, as well as other ethnic and cultural groups and those from a low socio-economic status. The effectiveness of using other social networking applications that are accessible through the mobile phone could also be explored and compared with the use of Mxit.

5.8. CONCLUDING STATEMENT

This study facilitated the gaining of insight into the adolescents' experiences of using Mxit as a source of peer-support during their Grade 12 year. It contributed to a better understanding of their support needs and preferences. The identification and description of the late adolescents' experiences of using Mxit as a source of peer-support has not only provided professionals with a better understanding of their needs, but is also an innovative way of reaching those adolescents who are unwilling or unable to seek face-to-face support. The findings of this study have extended the knowledge on late adolescents' use of Mxit as a source of peer-support and have shaped the groundwork that could contribute to dialogue and discourse for support and intervention during Grade 12.

ANNEXURES

ANNEXURE A: SCHOOL CONSENT FORM

Title: *Investigating adolescents' experiences of using Mxit as a source of peer-support during Grade 12*

Grade 12 learners, who use Mxit on a daily basis and attend High School A, are asked to participate in a research study conducted by Samantha Kaufman MDiac (Play Therapy), from the Institute for Child, Youth and Family Studies at Huguenot College at UNISA. The results of this study will be in fulfilment of a MDiac in Play Therapy.

1. PURPOSE OF THE STUDY

The research goal is to investigate adolescents' experiences of using Mxit as a source of peer-support during their Grade 12 year. Participants' input will help to contribute to a broader and more realistic understanding of adolescents support needs and preferences during their Grade 12 year.

2. PROCEDURES

The Grade 12 learners, who have volunteered to participate in this study, will be asked to participate in a face-to-face interview and/or Mxit dialogue (one-on-one interview over Mxit), which will help enhance the researcher's understanding of Grade 12 adolescents' experiences of using Mxit as a source of peer-support. The interview will be on a one-on-one basis and will last about one hour. Participants will be asked to tell how they experience Mxit as a source of peer-support during their Grade 12 year. All interviews will be videotaped and transcribed. All data will be stored in a safe place and will only be accessible to the researcher. In addition, feedback will be provided on request.

3. POTENTIAL RISKS AND DISCOMFORTS

Participants will not be exposed to any unnecessary risk. The study will be using interviews to explore the participants' experiences of using Mxit as a source of peer-support during the Grade 12 year. This may cause some discomfort when sharing information, but it is each participant's choice what to share with the interviewer. If a participant feels uncomfortable during the interview because of emotional pain the interview will be stopped. Participants do not have to answer all of the questions and may choose to stop participating in the research at any time.

The researcher will be available to address any queries, issues, concerns and provide participants with necessary support in the form of recommendations, information or referrals.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no immediate direct benefits expected from this research. However, by investigating adolescents' experiences of using Mxit as a source of peer-support, a broader and more realistic understanding of Grade 12 learners' support preferences and needs may be provided. It may also contribute to the existing knowledge base around the reasons adolescents fail to seek face-to-face professional support, as well as enhancing professionals' awareness of the potential value of using Mxit as a source of therapeutic support to Grade 12 learners.

5. PAYMENT FOR PARTICIPATION

The participants and High School A will not be paid for participating in this study; neither will a payment be required to participate in this study.

6. CONFIDENTIALITY

Any information obtained in connection with this study and that can be identified with High School A will remain confidential and will be disclosed only with the school's permission or as required by law. Confidentiality will be maintained by means of using pseudo names to ensure that they are not identifiable. All data will be labelled with pseudo codes and will be stored in a locked filing cabinet or on the researcher's PC that is protected by a password known only by the researcher.

The researcher's supervisor will have access to the information and the university that the researcher is associated with. However no identities of the research participants will be revealed.

Interviews with the participants will be video-taped for reference purposes and will be destroyed once the research is complete. The participants have the right to review/edit the tapes. The final research report, using pseudo names, will be published at Huguenot College.

7. PARTICIPATION AND WITHDRAWAL

The selected Grade 12 learners can choose whether to be in this study or not. If they choose to be part of this study, they may withdraw at any time without any consequences. They may also refuse to answer any questions and still remain in the study. The researcher may withdraw a participant from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Samantha Kaufman (student) by telephone (0835767891) or email (samantha.kaufman@gmail.com), or Colleen Potgieter (study leader) by telephone (0823385900).

9. RIGHTS OF RESEARCH SUBJECTS

The selected Grade 12 learners may withdraw their consent at any time and discontinue participation in the study without penalty. They are not waiving any legal claims, rights, or remedies because of their participation in this research. If they have questions regarding their rights as a research participant, contact Dr Retha Bloem, Head, at the Institute for Child, Youth and Family Studies at Huguenot College on 021 864 1470/2 or 021 864 1480.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE
--

The information above was described to [me / the subject/ the participant] by Samantha Kaufman in English and [I am/the subject is/the participant is] in command of this language or it was satisfactorily translated to [me/him/her]. [I/the participant/the subject] was given the opportunity to ask questions and these questions were answered to [my/his/her] satisfaction. [I hereby consent voluntarily to participate in this study/I hereby consent that the subject/participant may participate in this study.] I have been given a copy of this form.

Name of Subject/Participant

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant*] and/or [his/her] representative _____ [*name of the representative*]. [*He/she*] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and [*no translator was used/this conversation was translated into* _____ by _____].

Signature of Investigator

Date

ANNEXURE B: PARENTAL CONSENT FORM

Title: *Investigating adolescents' experiences (subjective reality) of using Mxit as a source of peer-support during Grade 12*

Dear Parent/Guardian,

Your child has volunteered to participate in a research study conducted by Samantha Kaufman, MDiac (Play Therapy), from the Institute for Child, Youth and Family Studies at Huguenot College at UNISA. All the details of the study have been provided below. Please read through all details before providing consent for your child to participate. The results of this study will be in fulfilment of a MDiac in Play Therapy.

Please Note:

This research project is fully supported by Mr B, the Headmaster of High School A, The Gauteng Provincial Government – Department of Education; and Huguenot College, Unisa.

1. PURPOSE OF THE STUDY

The research goal is to investigate adolescents' experiences of using Mxit as a source of peer-support during their Grade 12 year. Your child's input will help to contribute to a broader and more realistic understanding of adolescents' support needs and preferences during their Grade 12 year.

2. PROCEDURES

Your child has volunteered to participate in this study which involves either a Mxit narrative (one-on-one interview over Mxit), a face-to-face interview, or both. Information obtained from these interviews will help the researcher gain a broader and more realistic understanding of your child's experiences of using Mxit as a source of peer-support. The Mxit narrative will occur after school hours during a time that is most suitable for your child. The face-to-face interview will last about 1 hour, be on a one-on-one basis, occur at High School A, be videotaped with your child's permission and transcribed. All data (information obtained from the interview) will be stored in a safe place and will be accessible only to the researcher. During the interviews your child will be asked to tell his/her story of how he/she experiences Mxit as a source of peer-support during his/her Grade 12 year. Feedback, if requested, will be provided to you and your child before the final report is published.

3. POTENTIAL RISKS AND DISCOMFORTS

Your child will not be exposed to any unnecessary risk if he/she participates. The study will be using interviews to explore your child's experience of using Mxit for peer-support during his/her

Grade 12 year. This may cause your child to feel some discomfort when sharing information with the interviewer, but it will be your child's choice what he/she does and does not want to disclose. If your child feels uncomfortable during the interview because of emotional pain the interview will be terminated and the researcher will organize for your child to receive the necessary support. Your child does not have to answer all of the questions and he/she may choose to stop participating in the research at any time. The researcher will be available to address any queries, issues, concerns, and provide your child with necessary support in the form of recommendations, information, or referrals.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no immediate direct benefits expected from this research. However, by investigating adolescents' experiences of using Mxit as a source of peer-support a broader and more realistic understanding of Grade 12 learners' support preferences and needs may be provided. It may also contribute to the existing knowledge base around the reasons adolescents fail to seek face-to-face professional support in times of need, as well as enhancing professionals' awareness of the potential value of using Mxit as a source of therapeutic support to Grade 12 learners. Your child will also be provided with the opportunity to be heard and understood.

5. PAYMENT FOR PARTICIPATION

Your child will not be paid for participating in this study, nor will he/she have to pay anything to participate in the research.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you or your child will remain confidential and will be disclosed only with you and your child's permission or as required by law. Confidentiality will be maintained by means of using pseudo names for each participant to make sure that you and your child's identity are protected. All data will be labelled with pseudo codes and stored in a locked filing cabinet or on the researcher's PC that is protected by a password known only to the researcher.

The researcher's supervisor and the university that the researcher is associated with will have access to the information. However no identities of the research participants will be revealed. Interviews with the participants are to be video-taped for reference purposes and will be destroyed once the research is complete. The participants have the right to review/edit the tapes. The final research report, using pseudo names, will be published by Huguenot College.

7. PARTICIPATION AND WITHDRAWAL

Your child has volunteered to be in this study. He/she may withdraw at any time without any detrimental consequences. Your child may also refuse to answer any questions and yet remain in the study. The researcher may withdraw your child from this research if circumstances arise which warrant her doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Samantha Kaufman (student) by telephone (0835767891) or email (samantha.kaufman@gmail.com), or Colleen Potgieter (study leader) by telephone (0823385900).

9. RIGHTS OF RESEARCH SUBJECTS

Your child may withdraw his/her consent at any time and discontinue participation in the study without penalty. Your child is not waiving any legal claims, rights or remedies because of his/her participation in this research. If your child has questions regarding his/her rights as a research participant, contact Dr Retha Bloem, Head, at the Institute for Child, Youth and Family Studies at Huguenot College on 021 864 1470/2 or 021 864 1480

SIGNATURE OF PARENT/GAURDIAN

I, (full name)

the parent/guardian of (full name)

hereby declare that I have read and understood the above contents of this form. Furthermore, I hereby give permission for my child to partake in the research conducted by Samantha Kaufman and for her to record these interviews.

Signature:

Date:

Please provide the following contact details should I need to make contact with you:

Email: Tel:

Cell:

Would you like to receive feedback about the research? (Please tick accordingly)

☐ Yes

☐ No

If you have any questions or you would like to discuss anything further, please feel free to contact me.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. Kaufman', with a stylized, cursive script.

Samantha Kaufman

Cell: 083 576 7891

Email: samantha.kaufman@gmail .com

ANNEXURE C: PARTICIPANT'S CONSENT FORM

Title: *Investigating adolescents' experiences (subjective reality) of using Mxit as a source of peer-support during Grade 12*

Thank you for volunteering to participate in this research study conducted by Samantha Kaufman MDiac (Play Therapy), from the Institute for Child, Youth and Family Studies at Huguenot College at UNISA. The results of this study will be in fulfilment of a MDiac in Play Therapy. You have been chosen as a possible participant in this study because of your daily use of Mxit. You were selected to help the researcher gain a better understanding of your experience of using Mxit as a source of peer-support.

1. PURPOSE OF THE STUDY

The research goal is to understand your experiences of Mxit as a source of peer-support during your Grade 12 year. Your input will help to contribute to a broader and more realistic understanding of adolescents' support needs and preferences during their Grade 12 year.

2. PROCEDURES

You have volunteered to participate in either a Mxit narrative (one-on-one interview over Mxit), a face-to-face interview, or both, which will help the researcher gain a better understanding of your experiences of using Mxit as a source of peer-support. The Mxit narrative will take place during an agreed upon time. The face-to-face interview will last about 1 hour, be on a one-on-one basis, occur at High School A, be videotaped with your permission and transcribed (written out). All data (information obtained from the interview) will be stored in a safe place and will be available only to the researcher. During the interviews you will be asked to tell how you experience Mxit as a source of peer-support during your Grade 12 year. Feedback, if you want it, will be provided to you before the final report is published.

3. POTENTIAL RISKS AND DISCOMFORTS

The study will be using interviews to explore your experience of using Mxit as a source of peer-support during your Grade 12 year. This may cause you to feel some discomfort when sharing information with the researcher, but it will be your choice as to what you do and do not want to tell the interviewer. If you feel uncomfortable during the interview because of emotional pain the interview will be stopped and you will be given the opportunity to get the support and help you need to deal with this pain. You do not have to answer all of the questions and you may choose to stop participating in the research at any time. The researcher will be available to address any queries, issues, concerns, and provide you with necessary support in the form of recommendations, information, or referrals.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no immediate direct benefits expected from this research. However the interview may help others to better understand your support needs and preferences. It may also make professionals' aware of the potential value of using Mxit as a source of support to Grade 12 learners. The interviews will give you an opportunity to be heard.

5. PAYMENT FOR PARTICIPATION

You will not be paid for your participation in this study, nor will you have to pay anything to participate in the research.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can identify you will remain confidential and will be revealed only with your permission or as required by law. To keep your identity secret, pseudo (fake) names will be used for each participant. All data will be labelled with pseudo codes and stored in a locked filing cabinet or on the researcher's PC that is protected by a password known only by the researcher.

Interviews with the participants are to be videotaped, with your permission, for reference purposes and will be destroyed once the research is complete. The participants have the right to review/edit the tapes.

The researcher's supervisor and the university where the researcher is studying will be able to view the information obtained from the study. However no names of the research participants will be revealed/made known.

The final research report, using pseudo names, will be published by Huguenot College.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you do choose to be in this study, you may withdraw at any time without any consequences. You do not have to answer questions that you do not want to answer and still remain in the study. If at any stage you feel uncomfortable or change your mind about participating in the research, you may drop out of the study.

The researcher may remove you from this study if circumstances arise which warrant (demand) doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Samantha Kaufman by telephone (0835767891) or email (samantha.kaufman@gmail.com).

9. RIGHTS OF RESEARCH SUBJECTS

You can choose to stop participating at any stage of the research procedure without penalty. You are not breaking any legal claims, rights, or remedies because of your participation in this research study. If you have questions about your rights as a research participant, contact Dr Retha Bloem, Head, at the Institute for Child, Youth and Family Studies at Huguenot College on 021 864 1470/2 or 021 864 1480.

SIGNATURE OF PARTICIPANT

I,(full name)
have chosen to participate in this study conducted by Samantha Kaufman. The information above was described to me by Samantha Kaufman in English and I understand the contents of this form. I was given the opportunity to ask questions and these questions were answered to my satisfaction. I hereby give consent to participate in this study.

Signature:..... Date:.....

If you would like to receive feedback about the research results please provide the following details:

Email:.....Tel:.....

Cell:

If you have any questions or you would like to discuss anything further, please feel free to contact me on cell (0835767891) or email (samantha.kaufman@gmail.com).

Yours sincerely,



Samantha Kaufman

ANNEXURE D: PRE-INTERVIEW SURVEY

Please read through and complete this questionnaire even if you do not want to participate. It will take only between 5-10 minutes to complete.

Dear Grade 12 learners,

My name is Sam and I am also a student. I study at Huguenot College and I need your help to complete my Masters degree. This survey has been designed to help me select some of you to participate in my study which is titled "Investigating adolescents' experiences of using Mxit as a source of peer-support during Grade 12: A Gestalt approach". The aim of my study is to explore and describe your experiences of using Mxit as a source of peer-support. This includes your positive and negative experiences of using Mxit, for what you use Mxit, how you feel about using Mxit to get support from your peers, your opinion of Mxit and how it impacts you, and why you do or do not use Mxit to get support during Grade 12. I hope to understand your support needs and preferences better by exploring how you use Mxit to get support from friends and others.

If you choose to participate you will be asked to participate in a one-on-one interview over Mxit and/or a face-to-face interview. The face-to-face interviews will occur before the Mxit interview, during an agreed upon time. The face-to-face interview will last about 1 hour, be on a one-on-one basis, occur at High School A, and will be videotaped with your permission and transcribed (written out). All data (information obtained from the interview) will be stored in a safe place and will be available only to me. During the interviews you will be asked to tell how you experience Mxit as a source of peer-support during your Grade 12 year. Feedback, if you want it, will be provided to you before the final report is published. You can choose whether you would like to participate in this study and you may choose to stop participating at any stage. Please note that the details you give below will remain confidential (private) and are needed only in the beginning stages so that I can contact you if you choose to participate. Pseudo (fake) names will be used throughout the rest of the process so that no one will be able to identify you.

SURNAME:.....FIRST NAME.....

TEL NO: (H)(Cell).....

EMAIL:.....

CLASS & TEACHER'S NAME:.....

Please fill out the parent/caregiver's details whom I can contact to get consent for you to participate in this research project if you choose to participate:

PARENT/CAREGIVER'S NAME & SURNAME.....

PARENT/CAREGIVER TEL NO: (H).....(Cell).....

Please complete the following questions by ticking the relevant answers. Answer the questions on your own and please be as honest as possible. Remember there are no right or wrong answers.

1. Do you use Mxit?

Yes	No
-----	----

2. If yes, how often?

Yearly	Monthly	Daily
--------	---------	-------

3. If daily, how many hours do you spend on Mxit?

1 or less	2 - 3	4 - 5	6 - 7	8 - 9	10 or more
-----------	-------	-------	-------	-------	------------

4. What do you use Mxit for? (you may tick more than one)

Educational support or help (e.g. Dr Math on Mxit)	
Therapeutic support or counselling (e.g. Childline's counselling service on Mxit)	
Peer/buddy-support or support from others	
Chatting one-on-one with added contacts	
Chatting in chat rooms	
Chatting in MultiMX	
Meeting new people	
Dating	
Other (Please specify)	

- a. If you ticked “*educational support*” please state the name of the application(s) you have used.

- b. If you ticked “*therapeutic support*” please state the name of the application(s) you have used.

- c. If you ticked “*other*” please state the name of the application(s) you have used and explain what it is used for.

- d. If you ticked “*MultiMX*” please discuss what you liked and did not like about using it.

5. Would you be willing to take part in this research project?

Yes	No
-----	----

6. If “yes”, what would you be willing to take part in?

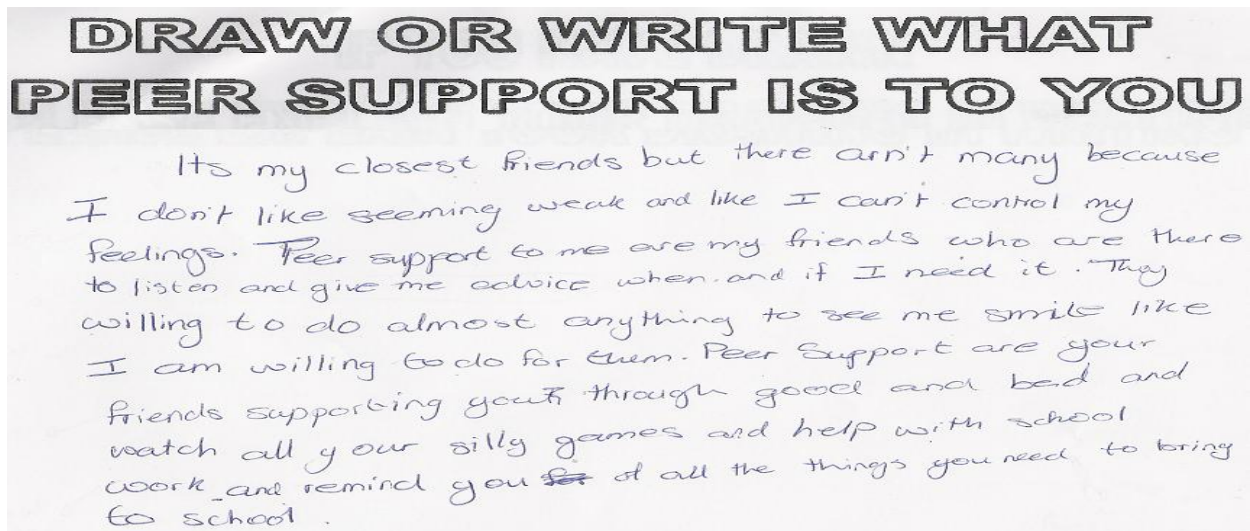
Mxit narrative (interview over Mxit)	
Face-to-face interview	
Both	

7. Do you know of anybody else who would be interested in taking part in this study?

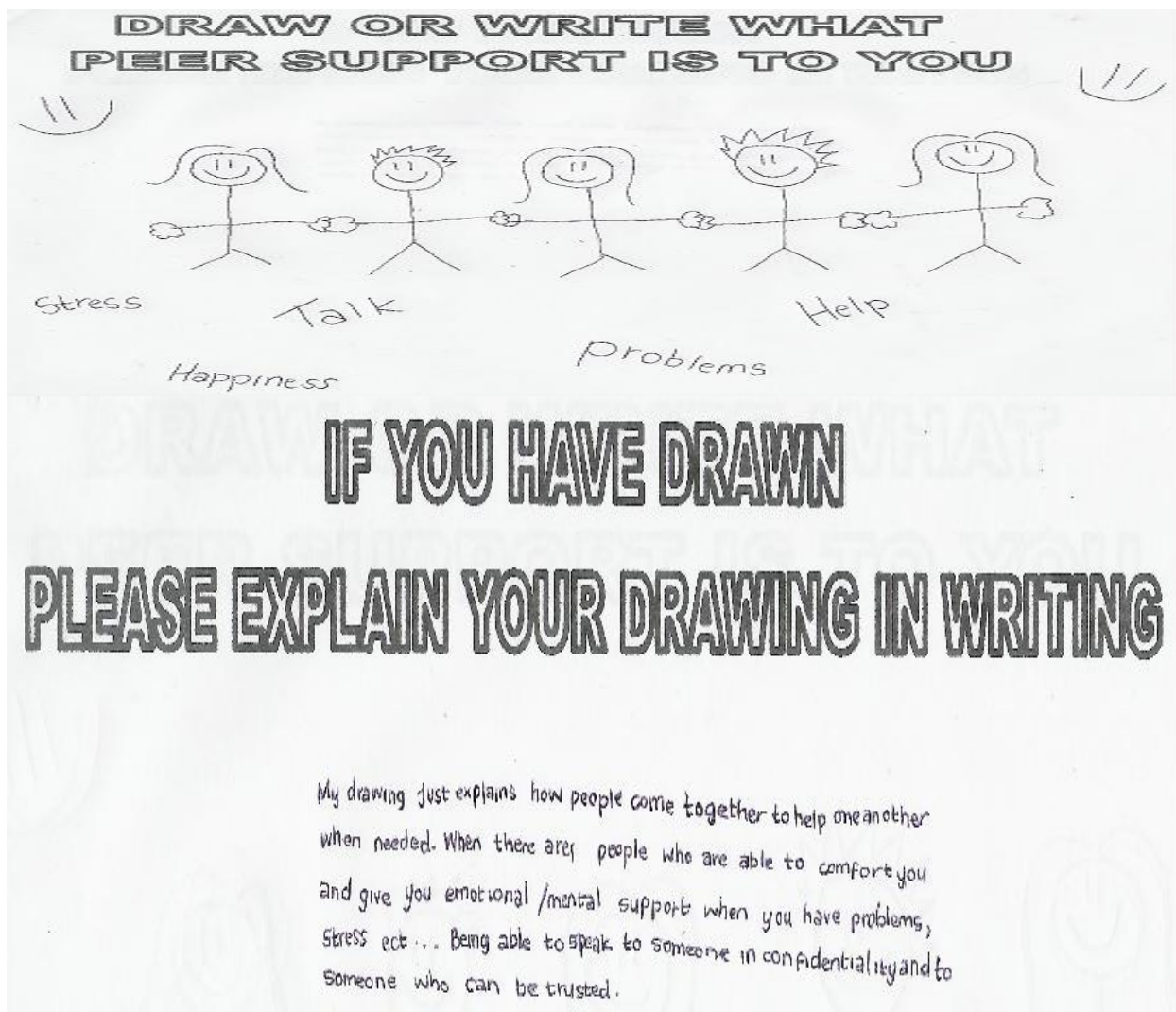
THANK YOU!

ANNEXURE E: PARTICIPANTS' DRAWINGS

Participant 1:

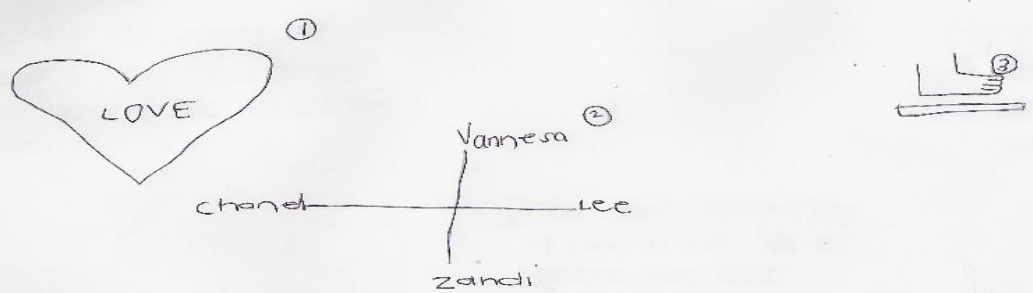


Participant 2:



Participant 3:

DRAW OR WRITE WHAT PEER SUPPORT IS TO YOU



IF YOU HAVE DRAWN PLEASE EXPLAIN YOUR DRAWING IN WRITING

① the 1st drawing shows that you love your peers no matter what.

② The 2nd drawings show that us as peers we are inter-linked and that we face similar problems & that you not alone

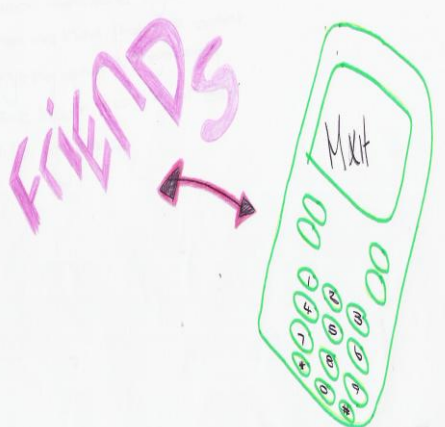
③ The 3rd drawing shows understanding and support 4 one another

Participant 4:

DRAW OR WRITE WHAT PEER SUPPORT IS TO YOU

IF YOU HAVE DRAWN PLEASE EXPLAIN YOUR DRAWING IN WRITING

My peer support to me is my friends that are around me and ask for advice from and I give advice to when we have problems about anything and we generally talk about it on mxit as it is very cheap.



Participant 5:

DRAW OR WRITE WHAT PEER SUPPORT IS TO YOU

When you are struggling with something
you ask friends for support and help •
They give you what you ask in most cases.
Like for example I was struggling with maths, afrikaans
and I asked my friends for help, and I got it.
They taught me what I didn't understand.

Participant 6:

DRAW OR WRITE WHAT PEER SUPPORT IS TO YOU

Peer Support is where the people of your age group help you
through similar problems.

Participant 7:

DRAW OR WRITE WHAT PEER SUPPORT IS TO YOU

- Being emotionally there for your friends / people who come to talk to you
- helping the other person that everything will be okay, and that you are there for them.
- It's possibly being an attentive listener (sometimes all people want is to be listened to)
- It's acknowledging that there possibly is a problem or an issue which someone needs advice on or ideas on how to address the problem.
- Sometimes it is preferable to use personal situations^{or experiences} that has happened to the person helping the other person in order to solve or give more accurate information on the situation.
- Peer support is more about understanding what the other person is going through rather than finding a solution right away
- Peer support is also "positive encouragement" to achieve creating a positive & healthy atmosphere

Participant 8:

**DRAW OR WRITE WHAT
PEER SUPPORT IS TO YOU**



IF YOU HAVE DRAWN

PLEASE EXPLAIN YOUR DRAWING IN WRITING

Giving your friend a hug, to
make them feel better.

ANNEXURE F: SEMI-STRUCTURED INTERVIEW SCHEDULE

Research question: *What are the experiences (subjective reality) of adolescents using Mxit as a source of peer-support during Grade 12?*

- 1. What would you say includes and does not include peer-support?**
 - a. How important is peer-support during your matric year?
 - b. How do you normally get support from your peers during stressful or overwhelming times in your life?
 - c. What are the other support systems available to you in times of need and which of these is the most important to you?

- 2. What are your views about using Mxit to get support from your peers during Grade 12?**
 - a. What are the benefits or consequences of using Mxit to get peer-support?
 - b. Tell me more about whether or not you received the type of support you needed?
 - c. What are your views about creating peer-support groups over Mxit during your Grade 12 year?
 - d. Would you prefer seeking support from a trained peer or an older professional such as a psychologist/counsellor and why?

- 3. If you felt you needed some support during Grade 12 would you rather use services over Mxit to get counselling or would you prefer to go to face-to-face counselling and why?**
 - a. Why would or wouldn't you use counselling services over Mxit?
 - b. What are your thoughts of the counselling services available to you over Mxit such as Childline's counselling service?

- 4. What else would you like to add or say which I have not asked or covered here?**

ANNEXURE G: INTERVIEW SCHEDULE FOR THE INTERVIEW OVER MXIT

Research question: *What are the experiences (subjective reality) of adolescents using Mxit as a source of peer-support during Grade 12?*

- 1. Is there something that you didn't share during the last interview that you would like to share now?**
- 2. How is it for you when you get support from your peers/friends over Mxit?**
- 3. How would it be for you and other matrices if you didn't have support from your peers/friends during matric?**
- 4. If peer-support groups were developed over Mxit, what do you feel would be needed to make them useful/beneficial to matrices? How would you like them to be?**
- 5. How are you finding this interview over Mxit compared to the face-to-face interview we previously had? Which do you prefer?**
- 6. On Mxit do you change the way you communicate to others and the content you talk about? If "yes" how and why?**
- 7. What else do you feel is important for me to know or that you would like to add?**

ANNEXURE H: SAMPLE OF FIELD NOTES, THEORETICAL NOTES AND SELF-REFLECTIVE NOTES

Sample of field notes and theoretical notes:

Participant 5 (Interview over Mxit)

This interview was particularly draining for me. It was obvious that Participant 5 was doing other things while chatting with me over Mxit so in the beginning he took a long time to reply. After this had happened a few times, I asked him about it and he apologised and said he would reply faster. As a result of his lack of presence during the interview a lot of time was wasted and I found the interview to be more strenuous than previous interviews had been. I also found that the interview lost its flow as I could not really get into it owing to the long awaited responses. Once he started to reply faster the interview began to flow more smoothly and I could clarify and ask him to elaborate more. However, as a great deal of time had been wasted in the beginning I was unable to explore the questions as deeply as I would have liked. I felt that this interview did not go as well as previous interviews had gone. It felt like this interview had been unnecessarily drawn out and could have been more productive if Participant 5 had been fully present. I was frustrated because I got the sense that Participant 5 was not taking the interview seriously as he was doing other things before answering me. This made me aware that he felt like he had more control during this interview compared to the face-to-face interview where he would answer the questions very quickly.

Participant 5 was very different in the two interviews. He showed far more confidence in answering the questions over Mxit and was less shy. The interview over Mxit gave him a sense of control because he would take very long to answer certain questions, and also would answer with more confidence. He even made a joke at the end of the interview. The downside of interviewing over Mxit was that Participant 5 was not always fully present during the interview. At certain points during the interview it was obvious that he was doing something else, resulting in a very drawn out interview that did not flow as expected. The face-to-face interview seemed to be more stressful for Participant 5. He was shyer, answered some questions reluctantly, and was noticeably nervous. This face-to-face interview was difficult because Participant 5 generally provided very short answers, and thus continuous probing and encouragement were needed for him to elaborate further.

Sample of self-reflective notes:**Participant 1 (Face-to-face semi-structured interview)**

I was nervous for this interview as it was the first interview that I conducted. I found that Participant 1 talked openly and it was fairly easy to follow with what she said. I felt stuck at certain points and, as I was nervous, I found it difficult to remember some of the questions so I was glad to have my interview schedule at hand. I was able to go with her and diverge a bit from the interview schedule while still covering all the questions that I intended to ask. Participant 1 did not understand the first question which I tried to rephrase. This possibly suggests that I should ask this question in another way for the next interviews. Besides being nervous and feeling stuck at some points, I felt the interview went well as I was able to get useful information around peer-support in general as well as over Mxit. One thing I did become aware of is that as I am used to sharing my experiences with the client when I am conducting therapy I tended to have the need to do the same during this interview. Although I was successful in avoiding this during the interview, I need to make sure that I do the same in the next interviews by making a conscious effort to avoid sharing my personal experiences.

ANNEXURE I: SUGGESTED RESTRICTIONS WITHIN THE SUPPORT GROUPS OVER MXIT

Restriction	Evidence
1. Size restriction	<i>"10 at a tym in grp so tht its controlable n keepn matriculants only u avoid dangerous pple bt nt strict rules."</i> (10 at a time in group so that its controllable and keeping matriculants only you avoid dangerous people but not strict rules) Participant 1 (Mxit interview)
2. Age and size restriction	<i>"Age limit up to about 13-24 for those just starting high school and those in university and if there is an overload of people in a group it could cause problems so maybe about 20-25 people at a time."</i> Participant 2 (Mxit interview)
3. Age, size and duration restriction	<i>"I would say if the support groups went from Grade 8 which is 13/14 years old to I would say max 21. Ja because I think the maturity level as well will, like, if you did have peer-support groups for varsity or whatever, I would say rather have a different one for varsity which can be from 18 until 25/26 years old. Ja, they should be restricted like because some groups say, like, from 16 to 18 years old but anyone goes in. Also not to, like, overload the groups or whatever, and then if you, because obviously there are a lot of people to cater to so to have a limit on that specific time."</i> Participant 2 (face-to-face interview)
4. Age and size restriction	<i>"Bt (But) like maybe 10 people per group and 16 age restriction. Bt (But) thats (that is) my opinion. I rate 16 to 20."</i> Participant 5 (Mxit interview)
5. Size and duration restriction	<i>"It could be like a number, where you have ten people in a group for like ten minutes or half an hour or whatever and you just, you can leave or you can join the group at anytime...but I would probably have a minimum of five people, I mean a maximum of five because if there is too many people then, I mean it just gets so long and no one knows what is happening with who."</i> Participant 7 (face-to-face interview)

ANNEXURE J: SUGGESTED TOPICS FOR THE SUPPORT GROUPS OVER MXIT

Topic	Evidence
1. Exam / work stress	Q: What topics do you think would be beneficial if peer support groups were developed over Mxit? A: ... <i>maybe work stress, definitely exam stress...</i> Participant 2 (face-to-face interview)
	Q: If peer-support groups were developed over Mxit, what do you feel would be needed to make them useful/beneficial to matrics? How would you like them to be? A: <i>I would like there to be dif groups. 1 section 4 emotional and 1 4 social & work (I would like there to be different groups. One section for emotional and one for social and work)</i> Participant 5 (Interview over Mxit)
	Q: What topics do you think would be beneficial if peer support groups were developed over Mxit? A: <i>I think one of the group topics should be exam stress although everyone deals with it differently...</i> Participant 7 (face-to-face interview)
2. Relationship problems	Q: What topics do you think would be beneficial if peer support groups were developed over Mxit? A: <i>Maybe social groupz, work related groupz, family problems, friends problems, just the basic issues teens wil be dealing with. Maybe even one for couples or people who are having problems in their relationship.</i> Participant 2 (Interview over Mxit)
	Q: What topics do you think would be beneficial if peer support groups were developed over Mxit? A: <i>...things that are in our age group, like relationships you could say.</i> Participant 7 (face-to-face interview)
3. Family-related problems	Q: What topics do you think would be beneficial if peer support groups were developed over Mxit? A: <i>I have noticed a lot of people going through family problems at the moment so definitely that would be one ...</i> Participant 2 (face-to-face interview)
	<i>"Well for certain problems you can't really talk to them (his parents) about it, so ja, it is generally visa versa so if you are having friend problems you would go to your family or Mxit, and then if you are having family problems you would go to friends or Mxit depending on the situation."</i> Participant 5 (face-to-face interview)
4. Peer-related problems	<i>"... if you are having family problems you would go to friends or Mxit depending on the situation."</i> Participant 5 (face-to-face interview)

5. Educational-related problems	<i>“...mre educational grps whr thr r useful quizzes n quests ... Schl 101 or sumthg focusn on a subject thn matrices doin tht subject cum n talk n thn wrk on soln.”</i> (...more educational groups where there are useful quizzes and questions ... School 101 or something focusing on a subject then matrices doing that subject come and talk and then work on solutions) Participant 1 (Interview over Mxit) <i>“...maths, maths, I think you will have 500 billion people in that support group, maths is just a really ugly subject, maths and science will have hundreds of people in those groups, it is just such an ugly subject to deal with and everyone is down about it, so I think if there is people, obviously we are not the only people suffering from the subject but it is nice to know, ‘Hey that chick in Cape Town is also suffering with maths, or, like, doesn’t like maths or it is getting her down too, hey I’m not the only one’, you know”</i> Participant 6 (face-to-face interview) <i>“I think support groups would be pretty good in, like, Geography, English, Afrikaans, that type of thing because, ja, like those are more written and you can, like, ask them specific questions and they can give you specific answers, especially in, like, Afrikaans, you can have Afrikaans on where you just talk Afrikaans to them and they could, like, correct your grammar and correct your sentence structure and all that stuff, so that could be pretty good because we don’t, like, ever speak or talk in Afrikaans.”</i> Participant 8 (face-to-face interview)
6. Sexuality	<i>“...then I think group topics that would probably work would be, well, just with the matric group, because I know there are a lot of people in our grade that are actually sexually active at the moment and it is not that they say it directly, but it is all indirectly done, you know, and some. I think that sex would have to definitely be one because I think that people are very arrogant especially in our grade and they think that you have to be a non-virgin by the time that you go to university, that people are going to look down on you and things like that, so I think that would have to definitely be a group.”</i> Participant 7 (face-to-face interview)

LIST OF SOURCES

Abela, J. R. Z. & Hankin, B. L. 2008. Depression in children and adolescents: Cause, treatment and prevention, in J. R. Z. Abela & B. L. Hankin (eds). *Handbook of depression in children and adolescents*. USA: Guilford Press. 3-5.

Addinall, R. 2008. *Parent24: The Mxit glossary* [Online]. Available: http://www.parent24.com/Teen_13-18/health_safety/The-Mxit-glossary-20100604 [2010, 19 November].

Adesemowo, A. K. & Tucker, W. D. 2005. Instant messaging on handhelds: An affective gesture approach, in ACM International Conference Proceeding Series. *Research for a changing world: Proceedings of SAICSIT*. South Africa: White River: 244-251.

Adler, E. S. & Clark, R. 2011. *An invitation to social research: How it's done*. USA: Wadsworth.

Alexander, T. 2009. *Children and adolescents: A biocultural approach to psychological development*. USA: Aldine Transaction.

Altrichter, H. & Holly, M. L. 2005. Research diaries, in B. Somekh & C. Lewin (eds). *Research methods in social science*. London: Sage Publications. 24-32.

American Psychological Association. 2010. *Ethical principles of psychologists and code of conduct* [Online]. Available: <http://www.apa.org/ethics/code/index.aspx> [2011, 8 February].

Ananthaswamy, A. 2009. Mobile messaging service offers support where broadband cannot reach. *New Scientist*, 203(2772): 20, August 22.

Antrop, M. 2006. From holistic landscape synthesis to transdisciplinary landscape management, in B. Tress, G. Tress, G. Fry & P. Opdam (eds). *From landscape*

research to landscape planning: Aspects of integration, education and application. USA: Springer. 27-50.

Arksey, H. & Harris, D. 2007. *How to succeed in your social science degree*. London: Sage Publications.

Austrian, S. G. 2008a. Infancy, toddlerhood and preschool, in S. G. Austrian (ed.). *Developmental theories through the life cycle*. 2nd Ed. New York: Columbia University Press. 7-78.

Austrian, S. G. 2008b. Adolescence, in S. G. Austrian (ed.). *Developmental theories through the life cycle*. 2nd Ed. New York: Columbia University Press. 133-200.

Ausubel, D. P. 2002. *Theory and problems of adolescent development*. 3rd Ed. USA: iUniverse.

Babbie, E. R. 2010. *The practice of social research*. 12th Ed. USA: Wadsworth Publishing.

Bachman, R. & Schutt, R. K. 2011. *The practice of research in criminology and criminal justice*. UK: Sage Publications.

Bahr, N. 2007. Historical understanding: An overview, in N. Bahr & D. Pendercast (eds). *The millennial adolescent*. Australia: ACER Press. 5-22.

Bane, C. M. H., Haymaker, C. M. B. & Zinchuk, J. 2005. Social support as a moderator of the Big-Fish-in-a-Little-Pond Effect in online self-help support groups. *Journal of Applied Biobehavioral Research*, 10(4): 239-261.

Barak, A. 2010. Using forums to enhance client peer-support, in K. Anthony, D. M. Nagel & S. Goss (eds). *The use of technology in mental health: Applications, ethics and practice*. USA: Charles C. Thomas Publisher. 47-55.

Barak, A. & Bloch, N. 2006. Factors related to perceived helpfulness in supporting highly distressed individuals through online support chat. *Cyber Psychology & Behavior*, 9(1): 60-68.

Barak, A., Boniel-Nissim, M. & Suler, J. 2008. Fostering empowerment in online support groups. *Computers in Human Behaviour*, 24: 1867-1883.

Barak, A., Hen, L., Boniel-Nissim, M. & Shapira, N. 2008. A comprehensive review and a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions. *Journal of Technology in Human Sciences*, 26: 109-160.

Barker, G. 2007. Adolescents, social support and help-seeking behaviour: An international literature review and programme consultation with recommendations for action. *WHO discussion papers on adolescence* [Electronic], 1-64. Available: http://www.who.int/child_adolescent_health/documents/9789241595711/en/index.html [2010, 19 February].

Barrows, E. M. 2001. *Animal behavior desk reference: A dictionary of animal behavior, ecology, and evolution*. 2nd Ed. USA: Crc Press.

Bartlett, Y. K. & Coulson, N. S. 2010. An investigation into the empowerment effects of using online support groups and how this affects health professional/patient communication. *Patient Education and Counseling* [Electronic], 1-7. Available: <http://www.elsevier.com/locate/pateducou> [2011, 11 January].

Basson, A., Makhasi, Y. & van Vuuren, D. 2010. Techno generation: Social networking amongst youth in South Africa, in A. B. Sideridis & C. Z. Patrikakis (eds). *Next generation society: Technological and legal issues*. Germany: Springer-Verlag. 386-396.

Battersby, J. 2009. *Inclusion, exclusion and transformation: Connecting technologies and the urban in South Africa* [Online]. Available: <http://www.interdisciplines.org/mobilea2k/papers/3> [2009, 12 November].

Bell, J. 2009. Mobile phone use on a young person's unit. *Paediatric Nursing*, 21(7): 14-18.

Bentley, T. J. 2000. Gestalt in the boardroom. *Gestalt Review* [Electronic], 4(3): 176-193. Available: <http://www.gestaltreview.com/Portals/0/GR040302.PDF> [2010, 19 April].

Blaikie, N. 2010. *Designing social research*. 2nd Ed. UK: Polity Press.

Blake, S., Bird, J. & Gerlach, L. 2007. *Promoting emotional and social development in schools: A practical guide*. UK: Paul Chapman Publishing.

Blaney, B. & Smythe, J. 2001. A Gestalt approach to the treatment of adolescent eating disorder, in M. McConville & G. Wheeler (eds). *The heart of development: Gestalt approaches to working with children, adolescents and their worlds, volume II: Adolescence*. USA: Analytic Press.193-213.

Bless, C., Higson-Smith, C. & Kagee, A. 2006. *Fundamentals of social research methods: An African perspective*. 4th Ed. Cape Town: Juta & Co.

Blom, R. 2006. *The handbook of Gestalt play therapy: Practical guidelines for child therapists*. London: Jessica Kingsley Publishers.

Boeije, H. 2010. *Analysis in qualitative research*. London: Sage Publications.

Bonniface, L., Green, L. & Swanson, M. 2005. Affect and an effective online therapeutic community. *M/C Journal* [Electronic], 8(6), December. Available: <http://journal.media-culture.org.au/0512/05-bonnifacegreenswanson.php> [2011, 10 February].

Bornman, E. 2009. Questionnaire surveys in media research, in P. J. Fourie (ed.). *Media studies: Media content and media audiences*. Cape Town: Juta & Co. 421-483.

Bosch, T. 2008. Wots ur ASLR? Adolescent girls' use of cellular phones in Cape Town. *Commonwealth Journal of Youth Studies* [Electronic], 6(2), April. Available: <http://emerge2008.net> [2009, 27 October].

Botha, A. & Ford, M. 2008. *Digital life skills for children and mobile digital citizens* [Online]. Available: <http://researchspace.csir.co.za/dspace/handle/10204/2513> [2009, 27 October].

Braddock, V. 2007. *Creativity in Gestalt therapy: Working with children and adolescents* [Online]. Available: <http://www.gestaltsydney.com/Vee%20Final%20Gestalt%20Paper.pdf> [2010, 29 November].

Brewer, E. W. & Headlee, N. 2010. Proposal, in N. J. Salkind (ed.). *Encyclopaedia of Research Design*. USA: Sage Publications.

Brigman, G. & Goodman, B. E. 2001. *Group counselling for school counsellors: A practical guide*. 2nd Ed. USA: Walch Publishing.

Britten, S. 2010. Mxit. *Sunday Times*: 18, December 5.

Brodock, K. 2008. *Using social networking tools to combat drug abuse in South Africa* [Online]. Available: <http://www.digiactive.org/2008/10/25/using-social-networking-tools-in-to-combat-drug-abuse-in-south-africa/> [2009, 30 November].

Brown, C. 2005. Injuries: The psychology of recovery and rehab, in S. Murphy (ed.). *The sport psych handbook: A complete guide to today's best mental training techniques*. USA: Human Kinetics Publishers. 215-236.

Brownell, P. 2010. *Gestalt therapy: A guide to contemporary practice*. USA: Springer Publishing Company.

Bsmrt in partnership with Mxit [Online]. 2010. Available: <http://wiki.singazenzela.org/daisy/metalab/g2/1140.pdf> [2010, 16 November].

Burleson, B. R. 2003. Emotional support skills, in J. O. Greene & B. R. Burleson (eds). *Handbook of communication and social interaction skills*. New Jersey: Lawrence Erlbaum Associates. 551-594.

Burley, T. 2009. A phenomenologically based theory of personality, in T. Burley (ed.). *Gatla reader: Key concepts in Gestalt therapy. Proceedings of 38th annual summer residential*. New York: 21-29.

Burrows, R. & Keenan, B. 2009. *Considering children and parents/carers* [Online]. Available: http://www.barnardos.org.uk/considering_children_and_parents_carers-2.pdf [2009, 10 December].

Butgereit, L. 2007. Math on Mxit: Using Mxit as a medium for mathematics education. Paper presented at the Meraka INNOVATE Conference for Educators. 18-20 April, Pretoria.

Butgereit, L. 2008. IM: Dr maths: Using instant messaging in a mathematics tutoring project, in D. Remenyi (ed.). *Proceedings of the 3rd international conference on e-learning*. South Africa: University of Cape Town: 78-86.

Butgereit, L. 2009a. Using text adventure games to entice learners to practice arithmetic skills over Mxit. Paper presented at the 15th Annual Congress of the Association of Mathematics Education of South Africa. 29 June-3 July, Bloemfontein.

Butgereit, L. 2009b. How Dr Math reaches pupils with competitions and computer games by using Mxit. Paper presented at the IST-Africa Conference Proceedings. 6-8 May, Lake Victoria, Kampala.

Butgereit, L. & Botha, R. A. 2010. C³TO: A scalable architecture for mobile tutoring over cell phones, in A. Pont, G. Pujolle & S. V. Raghavan (eds). *Communications: Wireless in developing countries and networks of the future*. Germany: Springer-Verlag. 15-25.

Butgereit, L., Leonard, B., Le Roux, C., Rama, H., De Sousa, M. & Naidoo, T. 2010. Dr Math gets muddy: The 'dirt' on how to attract teenagers to mathematics and science by using multi-user dungeon games over Mxit on cell phones. Paper presented at the IST-Africa Conference Proceedings. 19-21 May, Durban.

Cain, D. J. 2002. *Humanistic psychopathologies: Handbook of research and practice*. USA: American Psychological Association.

Cargan, L. 2007. *Doing social research*. USA: Rowman and Littlefield Publishers.

Carroll, F. 1996. No child is an island, in B. Feder & R. Ronall (eds). *A living legacy of Fritz & Laura Perls: Contemporary case studies*. USA: Bud Feder and Ruth Ronall. 149-170.

Carroll, F. 2002. The Pinocchio syndrome – path to wholeness: Gestalt therapy with children and adolescents, in G. Wheeler & M. McConville (eds). *The heart of development: Gestalt approaches to working with children, adolescents and their world*. Childhood, volume I. USA: Analytic Press. 331-345.

Carroll, F. 2009. Gestalt play therapy, in K. J. O'Connor & L. D. Braverman (eds). *Play therapy theory and practice: Comparing theories and techniques*. 2nd Ed. USA: John Wiley & Sons. 283-314.

Carroll, F. & Oaklander, V. 1997. Gestalt play therapy, in K. J. O'Connor & L. M. Braverman (eds). *Play therapy theory and practice: A comparative presentation*. USA: John Wiley & Sons. 184-203.

Carugati, F. 2004. Learning and thinking in adolescence and youth: How to inhabit new providences of meaning, in A. Perret-Clermont, C. Pontecorvo, L. B. Resnick, T. Zittoun & B. Burge (eds). *Joining society: Social interaction and learning in adolescence and youth*. USA: Cambridge University Press. 119-140.

Casiraghi, A. M. & Mulsow, M. 2010. Building support for recovery into an academic curriculum: Student reflections on the value of staff run seminars, in H. Cleveland, K. S. Harris & R. P. Wiebe (eds). *Substance abuse recovery in college: Community supported abstinence*. New York: Springer Science+Business Media. 113-144.

Cavanaugh, J. C. & Blanchard-Fields, F. 2006. *Adult development and aging*. 5th Ed. USA: Thompson Wadsworth.

Chak, A. 2002. Understanding children's curiosity and explorations through the lenses of Lewin's field theory: On developing an appraisal framework. *Early Child Development and Care*, 172(1): 77-87.

Chigona, A. & Chigona, W. 2008. Mxit up in the media: Media discourse analysis on a mobile instant messaging system. *The Southern African Journal of Information and Communication*, 9: 42-57.

Chigona, A., Chigona, W., Ngqokelela, B. & Mpofu, S. 2009. Mxit: Uses, perceptions and self-justification. *Journal of Information, Information Technology, and Organisation* [Electronic], 4: 1-16. Available: <http://jiito.org/articles/JIITOV4p001-016Chigona369.pdf> [2009, 27 October].

Chigona, W., Beukes, D., Vally, J. & Tanner, M. 2009. Can mobile internet help alleviate social exclusion in developing countries? *The Electronic Journal on Information Systems in Developing Countries* [Electronic], 36(7): 1-16. Available: <http://www.ejisdc.org/ojs2.../index.php/ejisdc/article/viewFile/535/270> [2011, January 3].

Chigona, W., Kankwenda, G. & Manjoo, S. 2008. The uses and gratification of mobile internet among the South African students. *South African Journal of Information Management*, 10(3): 2197-2207.

Childline SA. 2010. *Mxit online counselling programme* [Online]. Available: <http://www.childlinesa.org.za/content/view/88/12/> [2010, 30 November].

Christians, C. G. 2005. Ethics and politics in qualitative research, in N. K. Denzin & Y. S. Lincoln (eds). *The Sage handbook of qualitative research*. 3rd Ed. USA: Sage Publications.

Cilliers, M. J. & Parker, M. B. 2008. The social impact of mobile phones on teenagers. Paper presented at the 10th Annual Conference on WWW Applications. 3-5 September, Cape Town.

Clarkson, P. 2004. *Gestalt counselling in action*. 3rd Ed. London: Sage Publications.

Cohen, D. & Crabtree, B. 2006. *Qualitative research guidelines project* [Online]. Available: <http://www.qualres.org/HomeLinc-3684.html> [2011, 23 March].

Colledge, R. 2002. *Mastering counselling theory*. New York: Palgrave Macmillan.

Columbus, A. M. 2006. Preface, in A. M. Columbus (ed.). *Advances in psychology research*, volume 45. New York: Nova Science Publishers. ix-xiv.

Coombs, W. T. 2005. Goals, in R. L. Heath (ed.). *Encyclopaedia for public relations*, volume I. USA: Sage Publications.

Coon, D. 2010. *Psychology: A journey*. 3rd Ed. USA: Nelson Education.

Coon, D. & Mitterer, J. O. 2010. *Introduction to psychology: Gateways to mind and behavior*. 12th Ed. USA: Wadsworth.

Corey, G. 2008. *Theory and practice of group counselling*. 7th Ed. USA: Thomson Brooks/Cole.

Corey, G. 2009. *Theory and practice of counseling and psychotherapy*. 8th Ed. USA: Wadsworth Publishing.

Corey, G., Corey, M. S. & Callanan, P. 2011. *Issues and ethics in the helping professions*. 8th Ed. USA: Brooks/Cole.

Corr, C. A., Nabe, C. M. & Corr, D. M. 2009. *Death and dying, life and living*. 6th Ed. USA: Wadsworth Publishing.

Corsini, R. J., Wedding, D. & Dumont, F. 2008. *Current psychotherapies*. 8th Ed. USA: Thomson Brooks/Cole.

Cottrell, R. R. & McKenzie, J. F. 2011. *Health promotion and education research methods: Using the five chapter thesis/dissertation model*. 2nd Ed. USA: Jones and Bartlett Publishers.

Cowie, H. & Hutson, N. 2005. Peer support: A strategy to help bystanders challenge school bullying. *Pastoral Care in Education*, 23(2): 40-44, June.

Cowie, H. & Wallace, P. 2000. *Peer support in action: From bystanding to standing by*. UK: Sage Publications.

Creswell, J. W. 2007. *Qualitative inquiry and research design: Choosing among five traditions*. 2nd Ed. USA: Sage Publications.

Creswell, J. W. 2009. *Research design: Qualitative, quantitative and mixed research approaches*. 3rd Ed. USA: Sage Publications.

Creswell, J. W. & Clark, V. L. P. 2011. *Designing and conducting mixed methods research*. 2nd Ed. USA: Sage Publication.

Crocker, S. F. 2005. Phenomenology, existentialism, and eastern thought in Gestalt therapy, in A. L. Woldt & S. M. Toman (eds). *Gestalt therapy: History, theory, and practice*. USA: Sage Publications. 65-80.

Davidson, K. P., Pennebaker, J. W. & Dickerson, S. S. 2000. Who talks? The social psychology of illness support groups. *American Psychologist*, 55(2): 205-217.

Deering, C. G. & Scahill, L. 2008. Mental health promotion with children and adolescents, in M. A. Boyd. *Psychiatric nursing: Contemporary practice*. 4th Ed. USA: Lippincott Williams and Wilkins. 617-632.

Delport, C. S. L. & Fouché, C. B. 2011. Mixed methods research, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 433-448.

Delport, C. S. L., Fouché, C. B. & Schurink, W. 2011. Theory and literature in qualitative research, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 297-306.

De Minzi, M. C. R. 2006. Stress and coping in adolescence, in A. M. Columbus (ed.). *Advances in psychology research*, volume 45. New York: Nova Science Publishers. 67-84.

Denzin, N. K. & Lincoln, Y. S. 2005. Introduction: The discipline and practice of qualitative research, in N. K. Denzin & Y. S. Lincoln (ed.). *The SAGE handbook of qualitative research*. 3rd ed. London: Sage Publications. 1-32.

DeRobertis, E. 2008. *Humanizing Child Developmental Theory: A Holistic Approach*. USA: iUniverse.

De Tolly, K. 2010. *RedChatZone: HIV counselling via mobile instant messaging chat* [Online]. Available: <http://mobileactive.org/case-studies/red-chat> [2010, 19 November].

De Tolly, K & Alexander, H. 2009. *Innovative use of cellphone technology for HIV/AIDS behaviour change communications: 3 pilot project* [Online]. Available: http://www.w3.org/2008/10/MW4D_WS/papers/kdetolly.pdf [2011, 5 January].

De Vos, A. S. & Strydom, H. 2011. Scientific theory and professional research, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 28-44.

Domagala-Zysk, E. 2006. The significance of adolescents' relationships with significant others and school failure. *School Psychology International*, 27: 232-247.

Donner, J. 2009. Blurring livelihoods and lives: The social uses of mobile phones and socioeconomic development. *Innovations: Technology, Governance, Globalization* [Electronic], 4(1): 91-101, Winter. Available: http://mobileactive.org/files/file_uploads/INNOVATIONS-4.1_Donner.pdf [2009, 11 November].

Donner, J. 2010. Framing M4D: The utility of community and the dual heritage of mobiles and development. *The Electronic Journal on Information Systems in*

Developing Countries [Electronic], 44(3): 1-16. Available: <http://www.ejisdc.org/ojs2/index.php/ejisdc/article/viewFile/746/342> [2011, 8 February].

Donner, J & Gitau, S. 2009. New paths: Exploring mobile-centric internet use in South Africa. Paper presented at International Communication Association Conference. 20-21 May, Chicago.

Dourando, D., Parker, M. B. & De la Harpe, R. 2007. Investigation into the usage of mobile instant messaging in tertiary education. Paper presented at 9th Annual Conference on World Wide Web Applications. 5-7 September, Johannesburg.

Drum, D. J., Brownson, C., Denmark, A. B. & Smith, S. E. 2009. New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology: Research and Practice*, 40(3): 213-222.

Dumont, C. & Rainville, F. 2006. Self, identity and occupation, in A. M. Columbus (ed.). *Advances in psychology research*, volume 45. New York: Nova Science Publishers. 181-226.

Duncan, M. & Watson, R. 2010. Taking a stance: Socially responsible ethics and informed consent, in M. Savin-Baden & C. H. Major (eds). *New approaches to qualitative research: Wisdom and uncertainty*. UK: Routledge. 49-58.

Dupree, D. 2010. Cognitive development for adolescents in a global era: A social justice issue, in D. P. Swanson, M. C. Edwards & M. B. Spencer (eds). *Adolescence: Development during a global era*. USA: Academic Press. 63-92.

Edgcumbe, R. 2000. *Anna Freud: A view of development, disturbance and therapeutic techniques*. London: Routledge.

Egbochuku, E. O. & Obiunu, J. J. 2006. The effect of reciprocal peer counselling in the enhancement of self-concept among adolescents. *Education*, 126(3): 504-511.

Elliott, R. & Timulak, L. 2005. Descriptive and interpretative approaches to qualitative research, in J. Miles & P. Gilbert (eds). *A handbook of research methods for clinical and health psychology*. New York: Oxford University Press.

Ellis, M. & Smith, J. 2006. Gestalt therapy, in C. Feltham & I. Horton (eds). *The sage handbook of counselling and psychotherapy*. 2nd Ed. London: Sage Publications. 285-288.

Emotions Anonymous [Online]. 2010. Available: <http://www.emotionsanonymous.org/> [2010, 5 May].

Eysenbach, G., Powell, J., Englesakis, M., Rizo, C. & Stern, A. 2004. Health related virtual communities and electronic support groups: Systematic review of the effects of online peer to peer interaction. *British Medical Journal* [Electronic], 328(7449), May. Available: <http://www.bmj.com/content/328/7449/1166.full.pdf> [2011, 10 February].

Fahy, P. J. 2003. Indicators of support in online interaction. *The International Review of Research in Open and Distance Learning* [Electronic], 4(1). Available: <http://www.irrodl.org/index.php/irrodl/article/viewArticle/129/209> [2011, 11 January].

Fall, K. A., Holden, J. M. & Marquis, A. 2004. *Theoretical models of counseling and psychotherapy*. New York: Brunner-Routledge.

Farmer, R. 2003. Instant messaging: Collaborative tool or educator's nightmare! Paper presented at the North America Web-based Learning Conference. Canada: Fredericton, NB [Electronic]. Available: <http://www.student.cs.uwaterloo.ca/~cs492/papers/im.pdf> [2009, 27 October].

Farmer, R. 2005. Instant messaging: IM Online! R U? *Educare Review* [Electronic], 40(6): 48-63, November/December. Available: www.educause.edu/library/pdf/ERM0562.pdf [2009, 11 November].

Fauth, R. C., Roth, J. L. & Brooks-Gunn, J. 2007. Does the neighbourhood context alter the link between youth's afterschool time activities and developmental outcomes? A multilevel analysis. *Developmental Psychology*, 43(3): 760-777, May.

Ferguson, R. & O'Neill, C. 2001. Late adolescence: A Gestalt model of development, crisis, and brief psychotherapy, in M. McConville & G. Wheeler (eds). *The heart of development: Gestalt approaches to working with children, adolescents and their worlds*. Adolescence, volume II. USA: The Analytic Press. 72-121.

Findlay, L. C., Coplan, R. J. & Bowker, A. 2009. Keeping it all inside: Shyness, internalizing coping strategies and socio-emotional adjustment in middle childhood. *International Journal of Behavioural Development*, 33 (1): 47–54.

Flick, U. 2004. Design and process in qualitative research, in U. Flick, E. von Kardorff & I. Steinke (eds). *A companion to qualitative research*. UK: Sage Publications. 146-152.

Flick, U. 2007. *Managing quality in qualitative research: The Sage qualitative research kit*. London: Sage Publications.

Fodor, I. G. & Collier, J. C. 2001. Assertiveness and conflict resolution: An integrated Gestalt/Conflict Behavioural model for working with urban adolescents, in M. McConville & G. Wheeler (eds). *The heart of development: Gestalt approaches to working with children, adolescents and their worlds*. Adolescence, volume II. USA: Analytic Press. 214-252.

Ford, M. 2008. Mobile instant messaging: The 'killer application' for e(m)government in Africa? Paper presented at IST-Africa Conference. 7-9 May, Namibia.

Ford, M. & Batchelor, J. 2007. From zero to hero – is the mobile phone a viable learning tool for Africa? Paper presented at 3rd International Conference on Social and Organisational Informatics and Cybernetics. 12-15 July, USA.

Ford, M. & Botha, A. 2008. *From e-learning to m-learning: Practical use of the cellphone for teaching and learning in the South African classroom*, in D. Remenyi (ed.). Proceedings of the 3rd international conference on e-learning. South Africa: University of Cape Town: 159-166.

Ford, M. & Botha, A. 2010. *A pragmatic framework for integrating ICT into education in South Africa*, in P. Cunningham & M. Cunningham (eds). IST-Africa 2010 Conference Proceedings. South Africa: Cape Town: 1-10.

Ford, M. & Leinonen, T. 2009. *MobilED: A mobile tools and services platform for formal and informal learning* [Online]. Available: http://researchspace.csir.co.za/dspace/bitstream/10204/3564/1/Ford_d1_2009.pdf [2010, 25 January].

Fortune, S., Stewart, A., Yadav, V. & Hawton, K. 2007. Suicide in adolescents: Using life charts to understand the suicidal process. *Journal of Affective Disorders*, 100(1-3): 199-210.

Fouché, C. B. & Delport, C. S. L. 2011a. Introduction to the research process, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 61-78.

Fouché, C. B. & Delport, C.S.L. 2011b. In-depth review of literature, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professions*: 4th Ed. Pretoria: Van Schaik Publishers. 133-141.

Fouché, C. B. & De Vos, A. S. 2011. Formal formulations, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 89-100.

Fouché, C. B. & Schurink, W. 2011. Qualitative research design, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 307-327.

Fourie, R. 2004. South Africa, in K. Malley-Morrison (ed.). *International perspectives on family violence and abuse: A cognitive ecological approach*. USA: Lawrence Erlbaum Associates. 245-261.

Fox, W. & Bayat, M. S. 2007. *A guide to managing research*. Cape Town: Juta & Co.

Freebody, P. 2003. *Qualitative research in education: Interaction and practice*. London: Sage Publications.

Freud, A. 1989. *Normality and pathology in childhood: Assessments of development*. London: Karnac Books.

Funnell, R., Koutoukidis, G. & Lawrence, K. 2009. *Tabbner's nursing care: Theory and practice*. Australia: Churchill Livingstone.

Gabrielian, V., Yang, K. & Spice, S. 2008. Qualitative research methods, in G. J. Miller & K. Yang (eds). *Handbook of research methods in public administration*. 2nd Ed [Electronic]. 141-168. Available: http://www.scitechnetbase.com/books/6139/5384_c000.pdf [2011, 24 March].

Ginger, S. 2007. *Gestalt therapy: The art of contact*. London: Karnac Books.

Glasby, J. & Dickinson, H. 2009. *International perspectives on health and social care: Partnership working in action*. UK: Blackwell Publishing.

Glasheen, K. J. & Campbell, M. A. 2008. *School counselling launches into cyberspace: An action research study of a school based online counselling service: Proceedings of the Australian Association for Research in Education*. Brisbane: 1-13.

Goldstuck, A. 2007. *The hitchhiker's guide to going mobile: The South African handbook of cellular and wireless communication*. South Africa: Double Storey.

Gouws, E., Kruger, N. & Burger, S. 2008. *The adolescent*. 3rd Ed. Johannesburg: Heinemann Publishers.

Greeff, M. 2011. Information collection: Interviewing, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 341-375.

Greenhalgh, T., Humphrey, C. & Woodard, F. 2010. *User involvement in health care*. UK: Wiley-Blackwell.

Griffiths, K. M., Cleave, A. L., Banfield, M. & Tam, A. 2009. Systematic review on Internet Support Groups (ISGs) and depression: What is known about depression ISGs? *Journal of Medical Internet Research* [Electronic], 11(3), September. Available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2802257/?tool=pubmed> [2011, 10 February].

Griffiths, M. & Cooper, G. 2003. Online therapy: Implications for problem gamblers and clinicians. *British Journal of Guidance & Counselling*, 31(1): 113-135.

Grinter, R. E., Patel, L. & Eldridge, M. 2006. Chatting with teenagers: Considering the place of chat technologies in teen life. *ACM Transactions on Computer-Human Interaction* [Electronic], 13(4): 423-447, December. Available: <http://0-delivery.acm.org.oasis.unisa.ac.za/10.1045/1190000/1188817/p423grinter.pdf?key1=1188817&coll=ACM&dl=ACM&CFID=61414538&CFTOKEN=68197953> [2009, 12 November].

Guba, E. G. 1990. *The paradigm dialog*. UK: Sage Publications.

Guvi, K. 2007. *Cataclysmic or enchanting: The impact of private spaces on broader social interaction amongst teenagers* [Online]. Available: <http://www.tnsresearchsurveys.co.za/research-papers/pdf/SAMRA%20paper%20-%20Kudzi%20Guvi%20-%20May%202007.pdf> [2009, 27 October].

Hall, R. 2008. *Applied social research: Planning, designing and conducting real-world research*. Australia: Palgrave Macmillan.

Hancock, J. T. 2007. Digital deception: Why, when and how people lie online, in A. Joinson, K. McKenna, T. Postmes & U. Reips (eds). *The Oxford handbook of Internet psychology*. USA: Oxford University Press. 289-302.

Hanley, T. 2009. The working alliance in online therapy with young people: Preliminary findings. *British Journal of Guidance & Counselling*, 37(3): 257-269, August.

Harling, K. 2002. Case studies: Their future role in agricultural and resource management. Paper presented at the American Agricultural Economics Association Conference. 27 July, Long Beach, California.

Harris, N. 2007. *Gestalt therapy: Renegotiating the life space* [Online]. Available: www.ccyp.co.uk/journal_pdf/ccyp_summer07b.pdf [2009, 10 December].

Helson, M., Vollebergh, W. & Meeus, W. 2000. Social support from parents and friends and emotional problems in adolescence. *Journal of Youth and Adolescence*, 29(3): 319-335.

Henderson, G., Spigner-Littles, D. & Milhouse, V. H. 2006. *A practitioner's guide to understanding indigenous and foreign cultures: An analysis of relationships between ethnicity, social class and therapeutic intervention strategies*. 3rd Ed. USA: Charles C. Thomas Publishers.

Heppner, P. P., Kivlighan, D. M. & Wampold, B. E. 2008. *Research design in counseling*. 3rd Ed. USA: Thomson Brooks/Cole.

Hergenhahn, B. R. 2009. *An Introduction to the History of Psychology*. 6th Ed. USA: Wadsworth.

Hesse-Biber, S. N. & Leavy, P. 2011. *The practice of qualitative research*. 2nd Ed. USA: Sage Publications.

Hine, N. 2007. *Gestalt therapy* [Online]. Available: <http://www.nancyhine.co.uk/getalt.shtml> [2010, 19 April].

Hodge, J. 2005. Tariff structures and access substitution of mobile cellular for fixed line in South Africa. *Telecommunications Policy*, 29(7): 493-505, August.

Hoffmann, E., Farrell, D., Lilford, N., Ellis, M. & Cant, M. 2007. *Operations and management principles for contact centres*. Cape Town: Juta & Co.

Hoffmann, W. A., Myburgh, C. & Poggenpoel, M. 2010. The lived experiences of late-adolescent female suicide survivors: 'A part of me died'. *Health SA Gesondheid* [Electronic], 15(1). Available: <http://www.hsag.co.za/index.php/HSAG/article/view/493/458> [2011, 17 January].

Holliday, A., Hyde, M. & Kullman, J. 2004. *Intercultural communication: An advanced resource book*. UK: Routledge.

Holloway, I. & Wheeler, S. 2010. *Qualitative research in nursing and healthcare*. 3rd Ed. UK: Wiley-Blackwell.

Houser, J. 2008. *Nursing research: Reading, using, and creative evidence*. USA: Jones and Bartlett Publishers.

Houston, G. 2003. *Brief Gestalt therapy*. London: Sage Publications.

Howatt, W. A. 2000. *The human services counselling toolbox: Theory, development, technique, and resources*. USA: Wadsworth.

Huckabay, M. A. 1996. An overview of the theory and practice of Gestalt group therapy, in E. C. Nevis (ed.). *Gestalt therapy: Perspectives and applications*. USA: Analytic Press. 303-330.

Hutchinson, A. K. 2007. Coping with stressors in late adolescence/young adulthood: A salutogenic perspective. *Health SA Gesondheid* [Electronic], 12(3): 37-45. Available: http://0-search.sabinet.co.za/oasis.unisa.ac.za/WebZ/images/ejour/images/ejour/health/health_v12_n3_a5.pdf?sessionid=01-59563-1888096717&format=F [2009, 24 November].

Hwang, H. S. & Lombard, M. (2006). *Understanding instant messaging: Gratifications and social presence: Proceedings of the Ninth International Workshop on Presence*. Cleveland, Ohio, USA. 50-56.

Hycner, R. 2009. The dialogic ground, in T. Burley (ed.). *Gatla reader: Key concepts in Gestalt therapy: Proceedings of 38th annual summer residential*. New York: 55-66.

Ikiz, F. E. & Cakar, F. S. 2010. Perceived social support and self-esteem in adolescence. *Procedia Social and Behavioral Sciences*, 5: 2338–2342, March 25.

International Telecommunication Union. 2009. *Information Society Statistical Profiles 2009: Africa* [Online]. Available: <http://www.itu.int/dms/itu-d/opblind/D-IND-RPM.AF-2009-PDF-E.pdf> [2009, 27 October].

It's Allright.org [Online]. 2009. Available: <http://www.itsallright.org/helpline.php> [2009, 26 November].

Jack, L., Grim, M., Gross, T., Lynch, S. & McLin, C. 2010. Theory in health promotion programs, in C. I. Fertman & D. D. Allensworth (eds). *Health promotion programs: From theory to practice*. USA: Jossey-Bass. 57-90.

Jacobs, E. E., Masson, R. L. & Harvill, R. L. 2009. *Group counselling: Strategies and skills*. 6th Ed. USA: Thomson Brooks/Cole.

Jacobson, C. M. & Mufson, L. 2010. Treating adolescent depression using interpersonal psychotherapy, in J. R. Weisz & A. L. Kazdin (eds). *Evidence-based psychotherapies for children and adolescents*. 2nd Ed. USA: Guilford Press. 140-158.

Johnson, B. & Christensen, L. 2011. *Educational research: Quantitative, qualitative and mixed approaches*. 4th Ed. USA: Sage Publications.

Jones, M., Marsden, G. & Gruijters, D. 2009. Using mobile phones and PDAs in ad hoc audience response system, in D. Taniar (ed.). *Mobile computing: Concepts, methodologies, tools, and applications*, volume I. USA: Information Science Reference. 1396-1406.

Jordaan, Y. & Ehlers, L. 2009. Young adult consumers' media usage and online purchase likelihood. *Journal of Family Ecology and Consumer Sciences*, 37: 24-34.

Joyce, P. & Sills, C. 2010. *Skills in Gestalt counselling & psychotherapy*. 2nd Ed. London: Sage Publications.

Kalichman, S. C. 2009. *Denying AIDS: Conspiracy theories, pseudoscience, and human tragedy*. USA: Copernicus Books.

Karlsson, N., Skargren, E. & Kristenson, M. 2010. Emotional support predicts more sickness absence and poorer self assessed work ability: A two year prospective cohort study. *Public Health* [Electronic], 10(648). Available: <http://www.biomedcentral.com/content/pdf/1471-2458-10-648.pdf> [2011, 7 April].

Kef, S. & Dekovic, M. 2004. The role of parental and peer support in adolescents' well-being: A comparison of adolescents with and without a visual impairment. *Journal of Adolescence*, 27: 453-466.

Keisner, J., Kerr, M. & Stattin, H. 2004. "Very Important Persons" in adolescence: Going beyond in-school, single friendships in the study of peer homophily. *Journal of Adolescence*, 27: 545-560.

Kelly, E. 2008. An integral approach to the Buffett phenomenon: A proposed mixed method study. *Journal of Integral Theory and Practice*, 3(2): 109-128, Summer.

Kendler, K. S. 2010. Genetic and environmental pathways to suicidal behavior: Reflections of a genetic epidemiologist. *European Psychiatry*, 25(5): 300-303.

Kepner, J. I. 2001. *Body process: A Gestalt approach to working with the body in psychotherapy*. USA: The Analytic Press.

Kepner, J. I. 2003. *Healing tasks: Psychotherapy with adult survivors of childhood abuse*. USA: The Analytic Press.

King, N. 2004. Using interviews in qualitative research, in C. Cassell & G. Symon (eds). *Essential guide to qualitative methods in organizational research*. London: Sage Publications.11-22.

King, N. 2010. Research ethics is qualitative research, in M. Forrester (ed.). *Doing qualitative research in psychology: A practical guide*. London: Sage Publications. 98-118.

King, R. A. 2007. Adolescence, in A. Martin & F. R. Volkmar. *Lewis's child and adolescent psychiatry: A comprehensive textbook*. 4th Ed. USA: Lippincott Williams & Wilkins. 279-290.

Kirtchner, M. 2000. Gestalt therapy theory: An overview. *Gestalt!* [Electronic], 4(3). Available: <http://www.g-gej.org/4-3/theoryoverview.html> [2010, 8 April].

Kitchener, K. S. & Kitchener, F. R. 2009. Social science research ethics: Historical and philosophical issues, in D. M. Mertens & P. E. Ginsberg (eds). *The handbook of social research ethics*. USA: Sage Publications. 5-22.

Klenke, K. 2008. *Qualitative research in the study of leadership*. UK: Emerald Group Publishing.

Kreutz, C. 2010. Mobile activism in Africa: Future trends and software developments, in S. Ekine (ed.). *SMS uprising: Mobile phone activism in Africa*. South Africa: Pambazuka Press. 32-39.

Kreutzer, T. 2008. Assessing cell phone usage in a South African township school. Paper presented at e/merge. 7-18 July, Cape Town.

Kreutzer, T. 2009a. Assessing cell phone usage in a South African township school. *International Journal of Education and Development using ICT* [Electronic], 5(5). Available: <http://ijedict.dec.uwi.edu/viewarticle.php?id=862&layout=html> [2011, 6 January].

Kreutzer, T. 2009b. *Generation mobile: Online and digital media usage on mobile phones among low-income urban youth in South Africa* [Online]. Available: <http://tinokreutzer.org/mobile/MobileOnlineMedia-SurveyResults-2009.pdf> [2009, 3 November].

Kroll, T. 2005. Children with Leukaemia: Innovative approaches in psychosocial rehabilitation, in R. M. Romero (ed.). *Trends in Leukaemia research*. USA: Nova Science Publishers. 63-98.

Krysiak, J. L. & Finn, J. 2010. *Research for effective social work practice*. 2nd Ed. NY: Routledge.

Kumar, R. 2005. *Research methodology: A step-by-step guide for beginners*. London: Sage Publications.

Kvale, S. 2007. *Doing interviews: The Sage qualitative research kit*. London: Sage Publications.

Lankshear, C. & Knobel, M. 2004. *A handbook for teacher research: From design to implementation*. UK: Open University Press.

Latner, J. 1996. The theory of Gestalt therapy, in E. C. Nevis (ed.). *Gestalt therapy: Perspectives and applications*. USA: Analytic Press. 13-56.

Lee, A. C. 2009. Psychoanalytic play therapy, in K. J. O'Connor & L. D. Braverman (eds). *Play therapy theory and practice: Comparing theories and techniques*. 2nd Ed. USA: John Wiley & Sons. 25-82.

Lerner, R. M. & Steinberg, L. D. 2009. The scientific study of adolescent development: Historical and contemporary perspectives, in R. M. Lerner & L. D. Steinberg (eds). *Handbook of adolescent psychology*. 3rd Ed. USA: John Wiley & Sons. 3-14.

Lewin, K. 2008a. *A dynamic theory of personality – selected papers*. USA: Lewin Press.

Lewin, K. 2008b. *Principles of Topological Psychology*. USA: Munshi Press.

Lichtman, M. 2010. *Qualitative research in education: A user's guide*. 2nd Ed. UK: Sage Publications.

Lin, C. A. 2009. Effects of the internet, in J. Bryant & M. B. Oliver (eds). *Media effects: Advances in theory and research*. New York: Routledge. 567-591.

Lincoln, Y. S. & Guba, E. G. 1985. *Naturalistic inquiry*. USA: Sage Publications.

Lindlof, T. R., & Taylor, B. C. 2011. *Qualitative communication research methods*. 3rd Ed. USA: Sage Publications.

Ling, R. 2007. Children, youth and mobile communication. *Journal of Children and Media* [Electronic], 1(1). Available: http://www.richardling.com/papers/2007_Journal_of_child_and_media.pdf [2009, 27 October].

Ling, R. & Yttri, B. 2002. Hyper-coordination via mobile phones in Norway, in E. J. Katz & M. A. Aakhus (eds). *Perpetual contact: Mobile communication, private talk, public performance*. Cambridge: Cambridge University Press. 139-169.

Li-xia, C., Ya-nan, L., Li, L. & Sheng, T. 2010. Relationship variables in online versus face-to-face counseling. Paper presented at the IEEE 2nd Symposium on Web Society (SWS). 21 October, Beijing.

Lobb, M. S. 2005. Classical Gestalt therapy theory, in A. L. Woldt & S. M. Toman (eds). *Gestalt therapy: History, theory, and practice*. USA: Sage Publications. 21-39.

Mackewn, J. 2004. *Developing Gestalt counselling: A field theoretical and relational model of contemporary Gestalt counselling and psychotherapy*. London: Sage Publications.

Maimon, D., Browning, C. R. & Brooks-Gun, J. 2010. Collective efficacy, family attachment, and urban adolescent suicide attempt. *Journal of Health and Social Behavior*, 51(3): 307–324.

Mander, R. 2001. *Supportive care and midwifery*. UK: Blackwell Science.

Mann, D. 2010. *Gestalt therapy: 100 key points and techniques*. UK: Routledge.

Mannheim, J. K. 2009. *Adolescent development* [Online]. Available: <http://www.nlm.nih.gov/medlineplus/ency/article/002003.htm> [2009, 27 November].

Markiewicz, D., Lawford, H., Doyle, A. B. & Haggart, N. 2006. Developmental differences in adolescents' and young adults' use of mothers, fathers, best friends, and romantic partners to fulfill attachment need. *Journal of Youth and Adolescence*, 35(1): 127–140, February 11.

Marshall, C. & Rossman, G. B. 2011. *Designing qualitative research*. 5th Ed. USA: Sage Publications.

Masemola, L. 2008. *State acts to reduce grade 12 results suicides* [Online]. Available: http://iol.co.za/index.php?set_id=1&click_id13&art_id=vn200810130554500685C343340 [2009, 24 November].

Masquelier, G. 2006. *Gestalt therapy: Living creatively today*. USA: The Analytic Press.

Maurer, R. 2005. Gestalt approaches with organizations and large systems, in A. L. Woldt & S. M. Toman (eds). *Gestalt therapy: History, theory, and practice*. USA: Sage Publications. 237-256.

Maxwell, J. A. 2005. *Qualitative research design: An interactive approach*. 2nd Ed. London: Sage Publications.

McConville, M. 1995. *Adolescence: Psychotherapy and the emergent self*. San Francisco: Jossey-Bass.

McConville, M. 2001a. Lewinian field theory, adolescent development and psychotherapy, in M. McConville & G. Wheeler (eds). *The heart of development: Gestalt approaches to working with children, adolescents and their worlds*. Adolescence, volume II. USA: Analytic Press. 26-53.

McConville, M. 2001b. Shame, interiority, and the heart-space of skateboarding: A clinical tale, in M. McConville & G. Wheeler (eds). *The heart of development: Gestalt*

approaches to working with children, adolescents and their worlds. Adolescence, volume II. USA: Analytic Press. 286-298.

McConville, M. 2005. Adolescents: Development and practice from a Gestalt orientation, in A. L. Woldt & S. M. Toman (eds). *Gestalt therapy: History, theory, and practice*. USA: Sage Publications. 179-199.

McLeod, J. 2011. *Qualitative research in counselling and psychotherapy*. 2nd Ed. London: Sage Publications.

McLoughlin, M., King, C. & Chamberlain, H. 2010. Consent and legal/ethical matters, in I. Coyne, F. Timmins & F. Neill (eds). *Clinical skills for children's nursing*. New York: Oxford University Press. 57-86.

McNamara, S. 2000. *Stress in young people: What's new and what can we do?* London: Continuum.

Mead, S., Hilton, D. & Curtis, L. 2001. Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2): 134-141.

Merriam, S. B. 2002. *Qualitative research in practice: Example for discussions and analysis*. USA: Jossey-Bass.

Merriam, S. B. 2009. *Qualitative research: A guide to design and implementation*. USA: Jossey-Bass.

Mertens, D. M. 2010. *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative and mixed methods*. 3rd Ed. USA: Sage Publications.

Mertens, D. M. & Ginsberg, P. E. 2008. Deep in ethical waters: Transformative perspectives for qualitative social work research. *Qualitative social work*, 7(4): 484-503, December.

Micucci, J. A. 2009. *The Adolescent in family therapy: Harnessing the power of relationships*. USA: The Guilford Press.

Mitrano, T. 2006. A wider world: Youth, privacy, and social networking technologies. *Educause Review* [Electronic], 41(6): 16-29, November/December. Available: <http://net.educause.edu/ir/library/pdf/ERM0660.pdf> [2009, 27 October].

Moeng, B. 2005. *Get matric results via SMS* [Online]. Available: <http://ww2.itweb.co.za/sections/telecoms/2005/0511171036.asp?O=TB> [2010, 26 January].

Moore, M. 2011. *Teach yourself public speaking: From butterflies to self-confidence*. USA: iUniverse.

Morrow, S. L. 2007. Qualitative research in counselling psychology: Conceptual foundations. *The Counselling Psychologist*, 35(3): 109-235.

Mortola, P. 2001. Sharing disequilibrium: A link between Gestalt therapy theory and child development theory. *Gestalt Review* [Electronic], 5(1): 45-56. Available: <http://www.gestaltreview.com/Portals/0/GR050105.PDF> [2010, 24 November].

Mortola, P. 2006. *Window Frames: Learning the art of Gestalt play therapy the Oaklander way*. USA: The Gestalt Press.

Mouton, J. 2001. *How to succeed in your master's & doctoral studies: A South African guide and resource book*. Pretoria: Van Schaik Publishers.

Murberg, T. A. 2009. Shyness predicts depressive symptoms among adolescents: A prospective study. *School Psychology International* [Electronic], 30(5): 507-519. Available: <http://0-spi.sagepub.com.oasis.unisa.ac.za/cgi/reprint/30/5/507> [2010, 26 April].

Mxit join the evolution [Online]. 2009. Available: <http://www.mxitlifestyle.com> [2009, 27 October].

Mxit mobile chat [Online]. 2011. Available: <http://www.mxitlifestyle.com> [2011, 28 February].

Naidoo, T. 2007. Cellphone teaching idea scores top marks. *Sunday Times*, 22 October [Electronic]. Available: <http://mybroadband.co.za/news/cellular/1709-Cellphone-teaching-idea-scores-top-marks.html> [2009, 26 November].

NCCMH. 2005. *Depression in children and young people: Identification and management in primary, community and secondary care* [Online]. Available: <http://www.nice.org.uk/nicemedia/pdf/cg028fullguide.pdf> [2009, 26 November].

Nelson-Jones, R. 2006. *Theory and practice of counselling and therapy*. 4th Ed. UK: Sage Publications.

Nettelton, S., Pleace, N., Burrows, R., Muncer, S. & Loader, B. 2002. The reality of virtual social support, in S. Woolgar (ed.). *Virtual society? Technology, cyberbole, reality*. New York: Oxford University Press. 176-188.

Nevid, J. S. 2011. *Essentials of psychology: Concepts and applications*. 3rd Ed. USA: Wadsworth.

Nicholas, D., Huntington, P. & Jamali, H. 2007. *Digital health information for the consumer: Evidence and policy implications*. England: Ashgate Publishing Limited.

Nicholas, J., Oliver, K., Lee, K. & O'Brien, M. 2004. Help-seeking behaviour and the internet: An investigation among Australian adolescents. *Australian e-Journal for the Advancement of Mental Health* [Electronic], 3(1): 1-8. Available: <http://www.auseinet.com/journal/vol3iss1/nicholas.pdf> [2009, 24 November].

Nicholson, Z. 2008. *Lecturer uses Mxit to counsel addicts* [Online]. Available: http://www.iol.co.za/index.php?art_id=vn20080831081509937C908039&set_id=1&click_id=13&sf= [2009, 24 November].

Nitsckie, W. B. & Parker, M. B. 2009. Mobile instant messaging: Help at the fingertips of addicts, in P. A. van Brakel (ed.). *Informatics & Design Papers and Reports:*

Proceedings of the 11th annual conference on World Wide Web applications. Cape Town: Cape Peninsula University of Technology: 1-18.

Oaklander, V. 2001. Gestalt play therapy. *International Journal of Play Therapy* [Electronic], 10(2): 45-55. Available: http://0-ft.csa.com.oasis.unisa.ac.za/ids70/resolver.php?sessid=iilccmil38r3s0go1c63gjiu23&server=csaweb115v.csa.com&check=116a37ec49079e8652857b7cee5083f3&db=psycarticles-set-c&key=PLA/10/pla_10_2_45&mode=pdf [2010, 6 April].

Oaklander, V. 2007. *Hidden treasure: A map to the child's inner world*. London: Karnac Books.

O'Donoghue, T. 2007. *Planning your qualitative research project: An introduction to interpretivist research in education*. UK: Routledge.

O'Farrell, M. J., Levine, J. R., Algroy, J., Pearce, J. & Appelquist, D. K. 2008. *Mobile internet for dummies*. UK: John Wiley & Sons.

Ohio State University Medical Centre [Online]. 2010. Available: http://medicalcenter.osu.edu/patientcare/healthcare_services/mental_health/mental_health_about/children/suicide/Pages/index.aspx [2010, 19 November].

O'Neil, R. & Parke, R. D. 2000. Family-peer relationships: The role of emotion regulation, cognitive understanding, and attentional processes as mediating processes, in K. A. Kerns, J. M. Contreras & A. M. Neal-Barnett (eds). *Family and peers: Linking two social worlds*. USA: Greenwood Press. 195-226.

Ozer, E. M. & Irwin, C. E. 2009. Adolescent and young adult health: From basic health status to clinical interventions, in R. M. Lerner & L. D. Steinberg (eds). *Handbook of adolescent psychology*. 3rd Ed. USA: John Wiley & Sons. 618- 641.

Packman, A. & Attanasio, J. S. 2004. *Theoretical issues in stuttering*. UK: Psychology Press.

Pagan, B. 2009. *UX design projects: Bsmrt* [Online]. Available: <http://brianpagan.net/design.html> [2010, 19 November].

Palka, W., Pousttchi, K. & Wiedeman, D. G. 2009. Mobile word-of-mouth: A grounded theory of mobile viral marketing. *Journal of Information Technology*, 24(2): 172–185.

Panning, W. P. 2009. Gestalt therapy, in A. R. Roberts (ed.). *Social workers' desk reference*. 2nd Ed. New York: Oxford University Press. 300-304.

Parker, M., Wills, G. & Wills, J. 2010a. Using mobile instant messaging to support the substance abuse problem amongst youth in South Africa. Paper presented at the International Development Informatics Conference. 3-5 November, Cape Town.

Parker, M., Wills, J. & Wills, G. 2010b. Reconstructed living lab: Supporting drug users and families through co-operative counselling using mobile phone technology. *South African Journal of Family Practice*, 52(3): 254-258.

Parlett, M. 1991. Reflections on field theory. *The British Gestalt Journal* [Electronic], 1: 68-91. Available: <http://www.kgicph.com/files/t1/malcolmparlettreflectionsonfieldtheory.pdf> [2010, 9 April].

Parlett, M. 2005. Contemporary Gestalt therapy: Field theory, in A. L. Woldt & S. M. Toman (eds). *Gestalt therapy: History, theory, and practice*. USA: Sage Publications. 41-63.

Parlett, M. & Denham, J. 2007. Gestalt therapy, in W. Dryden (ed.). *Dryden's handbook of individual therapy*. London: Sage Publications. 227-255.

Parsons, M. & Blake, S. 2004. *National Children's Bureau – Peer support: An overview* [Online]. Available: http://www.citized.info/pdf/external/ncb/Final_Peer_support_aw.pdf [2010, 5 May].

Patton, M. Q. 2002. *Qualitative research and evaluation methods*. 3rd Ed. USA: Sage Publications.

Perdue, N. H., Manzeske, D. P. & Estell, D. B. 2009. Early predictors of school engagement: Exploring the role of peer relationships. *Psychology in the Schools*, 46(10): 1084-1097.

Perls, F. 1957. Finding self through Gestalt therapy. Paper presented at the Cooper Union Forum Lecture Series [Electronic]. 6 March, New York. Available: <http://www.gestalt.org/self.htm> [2010, 21 April].

Perls, F. 1980. *The Gestalt approach and eye witness to therapy*. USA: Science and Behavior Books.

Perls, F., Hefferline, R.F. & Goodman, P. 1951. *Gestalt therapy: Excitement and growth in the human personality*. London: Souvenir Press.

Philippson, P. 1998. *Manchester Gestalt centre: A map of Gestalt therapy* [Online]. Available: <http://www.mgestaltc.force9.co.uk/article21.htm> [2010, 12 April].

Philippson, P. 2009. *The emerging self: An Existential-Gestalt approach*. London: Karnac.

Piko, B. F. & Hamvai, C. 2010. Parent, school and peer-related correlates of adolescents' life satisfaction. *Children and Youth Services Review*, 32: 1479–1482, July 12.

Pillai, A., Andrews, T. & Patel, V. 2009. Violence, psychological distress and the risk of suicidal behaviour in young people in India. *International Journal of Epidemiology*, 38(2): 459–469.

Pitney, W. A. & Parker, J. 2009. *Qualitative research in physical activity and the health professions*. USA: Human Kinetics.

Plummer, D. L. & Tukufu, D. S. 2001. Enlarging the field: African-American adolescents in a gestalt context, in M. McConville & G. Wheeler (eds). *The heart of development: Gestalt approaches to working with children, adolescents and their worlds*. Adolescence, volume II. USA: Analytic Press. 54-71.

Ponterotto, J. G. & Grieger, I. 2007. Effectively communicating qualitative research. *The Counseling Psychologist*, 35(3): 404-430, May.

Powell, J., McCarthy, N. & Eysenbach, G. 2003. Cross-sectional survey of users of Internet depression communities. *BioMed Central Psychiatry* [Electronic], 3(19), December. Available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC317315/pdf/1471-244X-3-19.pdf> [2011, 10 February].

Premdev, D. 2008. Teen suicide on the rise. *Sunday Tribune*: 4, June 22.

Preziosa, A., Grassi, A., Gaggioli, A. & Riva, G. 2009. Therapeutic applications of the mobile phone. *British Journal of Guidance & Counselling*, 37(3): 313-325.

Pryor, W. 2009. *Gestalt therapy: Cycle of experience* [Online]. Available: <http://www.goodtherapy.org/blog/gestalt-therapy-cycle-of-experience/> [2010, 19 April].

Punch, K. F. 2005. *Introduction to social research: Quantitative and qualitative approaches*. London: Sage Publications.

Radzik, M., Sherer, S. & Neinstein, L. S. 2009. Psychosocial development in normal adolescents, in L. S. Neinstein (ed.). *Handbook of Adolescent Health Care*. USA: Lippincott Williams and Wilkins. 14-17.

Ramachandran, S. 2009. Mxit mixes mobile networks with social conscience. *Business Week Online* [Electronic]: 4, August. Available: http://africa.comworldseries.com/__data/assets/it_exhibitor_attachment/0005/148460/Mxit_Mixes_Mobile_Networks_with_Social_Conscience.pdf [2009, 27 October].

Ramage, M. & Shipp, K. 2009. *Systems Thinkers*. London: Springer.

Rasli, A. 2006. *Data analysis and interpretation: A handbook for post graduate social scientists*. Malaysia: Penerbit UTM Press.

Rathus, S. A. 2008. *Childhood and adolescence: Voyages in development*. 3rd Ed. UK: Wadsworth Publishing.

Reach Out.com [Online]. 2009. Available: <http://au.reachout.com/about/behind-reach-out/young-people/young-people> [2009, 26 November].

Reid, A. S. 2005. The rise of third generation phones: The implications for child protection. *Information & Communications Technology Law*, 14(2): 89, June.

Reinherz, H. Z., Tanner, J. L., Berger, S. R., Beardslee, W. R. & Fitzmaurice, G. M. 2006. Adolescent suicidal ideation as predictive of psychopathology, suicidal behavior, and compromised functioning at age 30. *American Journal of Psychiatry*, 163(7): 1226–1232.

Resnick, R. W. 2009. Gestalt therapy: Principles, prisms, and perspectives, in T. Burley (ed.). *Gatla reader: Key concepts in Gestalt therapy: Proceedings of 38th annual summer residential*. New York: 1-11.

Rew, L. 2005. *Adolescent health: A multidisciplinary approach to theory, research, and intervention*. USA: Sage Publications.

Reynolds, C. 2005. Gestalt therapy with children, in A. L. Woldt & S. M. Toman (eds). *Gestalt therapy: History, theory, and practice*. USA: Sage Publications. 153-178.

Reynolds, C. & Woldt, A. 2002. Healing young, wounded hearts: Gestalt group therapy with children of divorce, in G. Wheeler & M. McConville (eds). *Heart of development: Gestalt approaches to working with children, adolescents and their worlds*. Childhood, volume I. USA: The Analytic Press. 239-262.

Richards, L. 2009. *Handling qualitative data: A practical guide*. London: Sage Publications.

Richwood, D. J., Deane, F. P. & Wilson, C. J. 2007. When and how do young people seek professional help for mental health problems? *Medical Journal of Australia*

[Electronic], 187(7): 35-39. Available: http://www.mja.com.au/public/issues/187_07_011007/ric10279_fm.pdf [2009, 26 November].

Ritchie, J. 2003. The application of qualitative methods to social research, in J. Ritchie & J. Lewis (eds). *Qualitative research practice: A guide for social science students and researchers*. London: Sage Publications. 24-46.

Rosner, B. 2007. *The top 10 Lyme disease treatments: Defeat Lyme disease with the best of conventional and alternative medicine*. USA: BioMed Publishing Group.

Rubinfeld, F. 2009. Reflections: Field theory and transcendent experiences. *Gestalt Review*, 13(3): 296-301.

Rubin, A. & Babbie, E. R. 2010. *Essential methods for social work*. 2nd Ed. USA: Brooks/Cole.

Rudolph, K. D., Hammen, C. & Daley, S. E. 2006. Mood disorders, in D. A. Wolfe & E. J. Mash (eds). *Behavioral and emotional disorders in adolescents: Nature, assessment, and treatment*. USA: The Guilford Press. 300-342.

SADAG. 2007. The race between education and catastrophe - curbing teen suicide in South Africa: Patients as partners. *South African Psychiatry Review* [Electronic], 10(1): 49-52, February. Available: http://0-search.sabinet.co.za.oasis.unisa.ac.za/WebZ/images/ejour/images/ejour/medjda/medjda_v10_n1_a9.pdf?sessionid=01-64085-1342135034&format=F [2009, 27 November].

SADAG. 2008. *Must grade 12 be so miserable? Press release* [Online]. Available: <http://www.sadag.co.za/index.php/Mental-Illness-SA/Must-Grade-12-be-so-Miserable-Press-Release.html> [2009, 1 December].

Sadock, B. J. & Sadock, V. A. 2009. *Concise textbook of child and adolescent psychiatry*. USA: Lippincott Williams & Wilkins.

SA Health Info. 2003. *Emotional health of young people needs our support* [Online]. Available: <http://www.sahealthinfo.org/mentalhealth/1press2003.htm> [2010, 2 February].

Sapp, M. 2009. *Psychodynamic, affective, and behavioral theories to psychotherapy*. USA: Charles C. Thomas Publisher.

Saxtoft, C. 2008. *Convergence: User expectations, communications enablers and business opportunities*. Great Britain: John Wiley & Sons.

Schoeman, J. P. 2006. Advanced course in play therapy. Course presented at the Pretoria Play Therapy and Training Workshop. 26-29 September 2007, Pretoria.

Schoeman, J. P. 2007. Play therapy: An important skill in child therapy. Course presented at the Pretoria Play Therapy and Training Workshop. 21-25 September 2007, Pretoria.

Schomerus, G., Matschinger, H. & Angermeyer, M. C. 2009. Attitudes that determine willingness to seek psychiatric help for depression: A representative population survey applying the Theory of Planned Behaviour. *Psychological Medicine* [Electronic], 39(11): 1855-1865. Available: http://0-journals.cambridge.org.oasis.unisa.ac.za/download.php?file=/PSM/PSM39_11/S0033291709005832a.pdf&code=02a7bf4fe8a4613d83c2e95bce65491e [2009, 24 November].

Schulz, F. 2004. *Relational Gestalt therapy: Theoretical foundations and dialogical elements* [Online]. Available: http://www.gestalttherapy.org/_publications/RelationalGestaltTherapy.pdf [2010, 13 April].

Schurink, W., Fouché, C. B. & De Vos, A.S. 2011. Qualitative data analysis and interpretation, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professions*: 4th Ed. Pretoria: Van Schaik Publishers. 397-423.

Science in Africa. 2005. *Mobidic the mobile dictionary* [Online]. Available: <http://www.scienceinafrica.co.za/2005/march/mobidic.htm> [2010, 26 January].

Seidman, I. 2006. *Interviewing as qualitative research: A guide for researchers in education and the social science*. 3rd Ed. USA: Teachers College Press.

Seiffge-Krenke, I. 2004. Adaptive and maladaptive coping styles: Does intervention change anything, in W. Koops & H. A. Bosma (eds). *Social cognition in adolescence: It's developmental significance*. London: Psychology Press. 367-382.

Shaffer, D. R. 2002. *Developmental psychology: Childhood and adolescence*. 6th Ed. USA: Wadsworth.

Sharf, R. S. 2004. *Theories of psychotherapy and counselling: Concepts and cases*. 4th Ed. USA: Thompson Brooks/Cole.

Sharry, J. 2004. *Counselling children, adolescents and families*. London: Sage Publications.

Shechtman, Z. 2007. *Group counselling and psychotherapy with children and adolescents: Theory, research and practice*. New Jersey: Lawrence Erlbaum Associates.

Sheffield, J. K., Fiorenza, E. & Sofronoff, K. 2004. Adolescents' willingness to seek psychological help: Promoting and preventing factors. *Journal of Youth and Adolescence*, 33(6): 495-507, December.

Shenton, A. K. 2004. Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2): 63-75.

Sherblom, S. A. 2003. Issues in conducting ethical research in character education. *Journal of Research in Character Education*, 1(2): 107-128.

Sherer, S. 2008. Suicide, in L. S. Neinstein (ed.). *Adolescent health care: A practical guide*. 5th Ed. USA: Lippincott Williams and Wilkins. 1018-1026.

Shuttleworth Foundation [Online]. 2007. Available: <http://www.shuttleworthfoundation.org/media-centre/newsletters/june-2007> [2010, 25 January].

Silverman, D. 2009. *Doing qualitative research*. 3rd ed. London: Sage Publications.

Singer, A. 2001. Coming out of the shadows: Supporting the development of gay, lesbian, bisexual, and transgender adolescents, in M. McConville & G. Wheeler (eds). *The heart of development: Gestalt approaches to working with children, adolescents and their worlds*. Adolescence, volume II. USA: Analytic Press. 172-192.

Slabbert, J., De Kock, D. M. & Hattingh, A. 2009. *The brave 'new' world of education: Creating a unique professionalism*. Cape Town: Juta and Company.

Smith, P., Cowie, H. & Blades, M. 2003. *Understanding children's development*. 4th Ed. UK: Blackwell Publishers.

Snape, D. & Spencer, L. 2003. The foundations of qualitative research, in J. Ritchie & J. Lewis (ed.). *Qualitative research practice: A guide for social science students and researchers*. London: Sage Publications. 1-23.

Solomon, P. 2004. Peer support/peer provided services, benefits and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4): 392-401, Spring.

Sookha, B. 2004. Exam stress is a killer [Online]. Available: http://www.iol.co.za/index.php?set_id=1&click_id=105&art_id=vn20041004093659112C304264 [2009, 24 November].

Spano, S. 2004. *Research facts and findings: Stages of adolescent development* [Online]. Available: <http://www.actforyouth.net/documents/fACT%20sheet05043.pdf> [2009, 24 November].

Spencer, L., Ritchie, J. & O'Connor, W. 2003. Analysis: Practices, principles and processes, in J. Ritchie & J. Lewis (eds). *Qualitative research practice: A guide for social science students and researchers*. London: Sage Publications. 199-218.

Stake, R. E. 2005. Qualitative case studies, in N. K. Denzin & Y. S. Lincoln (eds). *The SAGE handbook of qualitative research*. 3rd ed. London: Sage Publications, 443-466.

Stern, D. N. 1998. *The interpersonal world of the infant: A view of psychoanalysis and developmental psychology*. UK: Karnac Books.

Stevens, M. M., Dunsmore, J. C., Bennett, D. L. & Young, A. J. 2009. Adolescents living with life-threatening illnesses, in D. E. Balk & C. A. Corr (eds). *Adolescent encounters with death, bereavement, and coping*. USA: Springer Publishing Company. 115-140.

Stretcher, V. J. 2010. The role of interactive communication technologies in behavioural medicine, in A. Steptoe (ed.). *Handbook of behavioural medicine: Methods and applications*. New York: Springer Science+Business Media. 1009-1020.

Streubert, H. J. 2011. Designing data generation and management strategies, in H. J. Streubert & D. R. Carpenter (eds). *Qualitative research in nursing: Advancing the humanistic imperative*. USA: Lippincott Williams and Wilkins. 33-55.

Stroud, L. R., Foster, E., Papandonatos, G. D., Handwerger, K., Granger, D. A., Kivlighan, K. T. & Niaura, R. 2009. Stress response and the adolescent transition: Performance versus peer rejection stressors. *Development and Psychopathology*, 12(1): 47-68, January.

Strydom, H. 2011a. Ethical aspects of research in the social sciences and human service professions, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 113-129.

Strydom, H. 2011b. Sampling in the qualitative paradigm, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 222-235.

Strydom, H. & Delport, C. S. L. 2011a. Writing the research report, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 277-296.

Strydom, H. & Delport, C. S. L. 2011b. Information collection: Document study and secondary analysis, in A. S. de Vos, H. Strydom, C. B. Fouché & C. S. L. Delport. *Research at grass roots: For the social sciences and human service professionals*. 4th ed. Pretoria: Van Schaik Publishers. 376-389.

Sue, D. & Sue, D. M. 2008. *Foundations of counselling and psychotherapy: Evidence based practices for a diverse society*. USA: John Wiley & Sons.

Swanborn, P. 2010. *Case study research: What, why and how?* London: Sage Publications.

Swanson, D. P., Edwards, M. C. & Spencer, M. B. 2010. *Adolescence: Development during a global era*. USA: Academic Press.

Swanson, R. A. & Holton, E. F. 2009. *Foundations of human resource development*. 2nd Ed. USA: Berrett-Koehler Publishers.

Szalacha, L. A. 2005. Adolescence, in J. T. Sears (ed.). *Youth, education and sexualities: An international encyclopaedia*. USA: Greenwood Press. 16-19.

Tanguampien, J. 2009. The potential for technology-enabled connections: Kids, education and cellular handsets. *Interactions* [Electronic], 16(1): 14-16, January/February. Available: <http://interactions.acm.org/content/?p=1202> [2009, 13 November].

Tappen, R. M. 2011. *Advanced nursing research: From theory to practice*. USA: Jones & Bartlett Learning.

Tapscott, D. 2009. *Grown up digital: How the net generation is changing the world*. New York: McGraw-Hill.

Tashakkori, A. & Teddlie, C. 2010. Overview of contemporary issues in mixed methods research, in A. Tashakkori & C. Teddlie (eds). *Sage handbook of mixed methods in social & behavioral research*. 2nd Ed. USA: Sage Publications. 1-44.

Taylor, S. E. 2010. Health, in S. T. Fiske, D. T. Gilbert & G. Lindzey (eds). *Handbook of social psychology*. 5th Ed. New Jersey: John Wiley & Sons. 698-723.

Tessner, K. D., Mittal, V. & Walker, E. F. 2009. Longitudinal study of stressful life events and daily stressors among adolescents at high risk for psychotic disorders. *Schizophrenia Bulletin* [Electronic], 1-10, September. Available: [http://0-schizophreniabulletin.oxfordjournals.org.unisa.ac.za/cgi/reprint/sbp087v1?maxtoshow=&HITS=10&hits=10RESULTFORMAT=&fulltext="Longitudinal+Study+of+Stressful+Life+Events+and+Daily+Stressors+Among+Adolescents+at+High+Risk+for+Psychotic+Disorders"&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT](http://0-schizophreniabulletin.oxfordjournals.org.unisa.ac.za/cgi/reprint/sbp087v1?maxtoshow=&HITS=10&hits=10RESULTFORMAT=&fulltext=) [2009, 24 November].

Thomas, D. R. & Hodges, I. D. 2010. *Designing and managing your research project: Core skills for social and health research*. London: Sage Publications.

Thomas, E. & Magilvy, J. K. 2011. Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Paediatric Nursing*, 16(2): 151-155, April .

Thomas, J. R., Nelson, J. K. & Silverman, S. J. 2011. *Research methods in physical activity*. 6th Ed. USA: Human Kinetics.

Thomas, R. 2006. *Parents guide to Mxit* [Online]. Available: <http://www.radioislam.co.za/Library/Family/mxit-ParentsGuide2Mxit.pdf> [2011, 24 February].

Thompson, C. L., Rudolph, L. B. & Henderson, D. A. 2004. *Counseling children*. 6th Ed. USA: Brooks/Cole.

Toman, S. M. & Bauer, A. 2005. Adolescents: Development and practice from a Gestalt orientation, in A. L. Woldt & S. M. Toman (eds). *Gestalt therapy: History, theory, and practice*. USA: Sage Publications. 179-199.

Toomela, A. 2009. Kurt Lewin's contribution to the methodology of psychology: From past to future skipping the present, in J. W. Clegg (ed.). *The observation of human systems: lessons from the history of anti-reductionistic empirical psychology*. USA: Transaction Publishers. 101-116.

Trivett, S. 2004. *The change zone: Gestalt cycle* [Online]. Available: <http://www.changezone.co.uk/STEVE/gestalt.html> [2010, 21 April].

Uebel, M. 2007. B(eing) students. *Journal of Narrative Therapy*, 37(2): 326-348, Summer.

United Nations. 2009. *World Drug Report 2009*. USA: United Nations Publications.

Vally, Z. 2006. Cybertherapy: Development and usage in the South African context. *IFE Psychologia: An International Journal* [Electronic], 14(2): 151-165, September. Available: http://0-search.sabinet.co.za.oasis.unisa.ac.za/WebZ/images/ejour/Ifepsyc/Ifepsyc_v14_n2_a9.pdf?sessionid=01-45526-1667992260&format=F [2009, 24 November].

Van Heerden, A. C., Norris, S. A. & Richter, L. M. 2010. Using mobile phones for adolescent research in low and middle income countries: Preliminary findings from the birth to twenty cohort, South Africa. *Journal of Adolescent Health*, 46(3): 302-304.

Van Ryzin, M. J., Gravely, A. A. & Roseth, C. J. 2009. Autonomy, belongingness, and engagement in school as contributors to adolescent psychological well-being. *Journal of Youth and Adolescence*, 38:1-12.

Van Uden-Kraan, C. F., Drossaert, C. H. C., Taal, E., Seydel, E. R. & Van de Laar, M. A. F. J. 2009. Participation in online patient support groups endorses patient empowerment. *Patient Education and Counseling*, 74(1): 61-69, January.

Vaughan, C. A., Foshee, V. A. & Ennett, S. T. 2010. Positive effects of maternal and peer support on depressive symptoms during adolescence. *Journal of Abnormal Child Psychology*, 38(2): 261-272.

Verclas, K. 2009. *How long have you been using? Drug counselling on Mxit in South Africa* [Online]. Available: <http://mobileactive.org/how-long-have-u-been-using-drug-counselling-mxit-south-africa> [2009, 24 November].

Vogel, D. L., Wester, S. R. & Larson, L. M. 2007. Avoidance of counselling: Psychological factors that inhibit seeking help. *Journal of Counselling & Development*, 85(4): 410-422, September.

Vosloo, S. 2009a. *The effects of texting on literacy: Modern scourge or opportunity?* [Online]. Available: http://vosloo.net/wp-content/uploads/pubs/texting_and_literacy_apr09_sv.pdf [2009, 3 November].

Vosloo, S. 2009b. *ImfundoYami / ImfundoYethu: Mobile learning for mathematics* [Online]. Available: <http://mlearningafrica.net/2009/05/20/imfundo-yamiyethu-mobile-learning-for-mathematics/> [2010, 25 January].

Vosloo, S. 2009c. *Kontax on Mxit* [Online]. Available: <http://www.shuttleworthfoundation.org/our-work/blogs/kontax-mxit> [2010, 25 January].

Walker, R. L., Ashby, J., Hoskins, O. D. & Greene, F. N. 2009. Peer-support suicide prevention in a non-metropolitan U.S. community. *Adolescence*, 44(174): 335-346, Summer.

Wasmer-Andrews, L. 2010. *Encyclopaedia of depression*, volume I (A-L). USA: Greenwood Publishing.

Wasserman, H. 2010. *Tabloid journalism in South Africa: True story!* USA: Indiana University Press.

Weissmann, J. 2007. Shock stats on teen suicide. *Cape Times* [Electronic]: 1, April 23. Available: <http://www.samedia.uovs.ac.za/cgi-bin/getpdf?year=2008&refno=3277&topic=10> [2009, 24 November].

Wellman, B. & Gulia, M. 1999. Virtual communities as communities: Net surfers don't ride alone, in M. A. Smith & P. Kollock (eds). *Communities in cyberspace*. London: Routledge. 167-194.

Wentzel, K. R. & Battle, A. A. 2001. Social relationships and school adjustment, in T. Urdan & F. Pajares (eds). *Adolescence and education: General issues in the education of adolescents*. USA: Information Age Publishing. 93-118.

Westman, J. C. 2009. *Breaking the adolescent parent cycle: Valuing fatherhood and motherhood*. USA: University Press of America.

Wexberg, S. 2002. A Gestalt developmental model for working with young children, in G. Wheeler & M. McConville (eds). *The heart of development: Gestalt approaches to working with children, adolescents and their world*. Childhood, volume I. USA: Analytic Press. 311-330.

Wheeler, G. 2002. The developing field: Towards a Gestalt developmental model, in G. Wheeler & M. McConville (eds). *The heart of development: Gestalt approaches to working with children, adolescents and their world*. Childhood, volume I. USA: Analytic Press. 37-82.

Wheeler, G. 2003. Contact and creativity: The Gestalt cycle in context, in M. S. Lobb & N. Amendt-Lyon (eds). *Creative License: The art of Gestalt therapy*. Australia: Springer-Verlag. 163-178.

White, R. C. & Preston, J. D. 2009. *Bipolar 101: A practical guide to identifying triggers, managing medications, coping with symptoms and more*. USA: New Harbinger Publications.

Whittemore, R., Chase, S. K. & Mandle, C. L. 2001. Validity in qualitative research. *Qualitative Health Research*, 11(4): 522-537.

Williams, L. 2006. Spirituality and Gestalt: A Gestalt-transpersonal perspective. *Gestalt Review*, 10(1): 6-20.

Wilson, C. J., Deane, F. P. & Ciarrochi, J. 2005. Can hopelessness and adolescents' beliefs and attitudes about seeking help account for help negation? *Journal of Clinical Psychology*, 61(12): 1525-1539.

Wilson, C. J., Deane, F. P., Marshall, K. L. & Dalley, A. 2008. Reducing adolescents' perceived barriers to treatment and increasing help-seeking intentions: Effects of classroom presentations by general practitioners. *Journal of Youth and Adolescence* [Electronic], 37(10): 1257-1269. Available: <http://0-www.springerlink.com.oasis.unisa.ac.za/content/c4m2520787833742/fulltext.pdf> [2009, 24 November].

Wilson, C. J., Deane, F. P., Marshall, K. L. & Dalley, A. 2009. Adolescents' suicidal thinking and reluctance to consult general medical practitioners. *Journal of Youth and Adolescence* [Electronic]. Available: <http://www.springerlink.com.oasis.unisa.ac.za/content/g98h838x828532nq/fulltext.pdf> [2009, 24 November].

Wilson, C. J., Deane, F. P., Marshall, K. L. & Dalley, A. 2010. Adolescents' suicidal thinking and reluctance to consult general medical practitioners. *Journal of Youth and Adolescence*, 39(4): 343-356.

Woldt, A. L. 2005. Pre-text: Gestalt pedagogy: Creating the field for teaching and learning, in A. L. Woldt & S. M. Toman (eds). *Gestalt therapy: History, theory, and practice*. USA: Sage Publications. xv-xxvii.

Wolfert, R. 2003. The spiritual dimensions of Gestalt therapy. *Gestalt!* [Electronic], 4(3). Available: <http://www.g-gej.org/4-3/spiritual.html> [2010, 21 April].

Woodward, B. S. 2005. One-on-one instruction: From the reference desk to online chat. *Reference and User Services Quarterly*, 44(3): 203-209.

World Bank African Region. 2009. *Africa development indicators: Youth and employment in Africa*. USA: World Bank Publications.

World Health Organisation. 2006. *Constitution of the World Health Organization* [Online]. Available: http://www.searo.who.int/LinkFiles/About_SEARO_const.pdf [2010, 19 March].

Xanthos, C. 2008. *The secret epidemic: Exploring the mental health crisis affecting African-American males* [Online]. Available: <http://www.communityvoices.org/Uploads/AfricanAmericanMenMentalHealth.pdf> [2009, 11 December].

Yalom, I. D. & Leszcz, M. 2005. *The theory and practice of group psychotherapy*. 5th Ed. USA: Basic Books.

Yin, R. K. 2003. *Applications of case study research*. 2nd Ed. USA: Sage Publications.

Yin, R. K. 2009. *Case study research: Design and methods*. 4th Ed. USA: Sage Publications.

Yin, R. K. 2011. *Qualitative research from start to finish*. USA: The Guilford Press.

Yontef, G. 1993. *Awareness, dialogue and process* [Electronic]. USA: Gestalt Journal Press. Available: <http://www.gestalt.org/yontef.htm> [2010, 8 April].

Yontef, G. 1998. Dialogic Gestalt therapy, in L. S. Greenburg, J. C. Watson & G. Lietaer (eds). *Handbook of experimental psychotherapy*. USA: Guilford Publications. 82-102.

Yontef, G. 2002. The relational attitude in Gestalt therapy theory and practice. *International Gestalt Journal*, 25(1): 15-34.

Yontef, G. 2005. Gestalt therapy theory of change, in A. L. Woldt & S. M. Toman (eds). *Gestalt therapy: History, theory, and practice*. USA: Sage Publications. 81-100.

Yontef, G. & Fairfield, M. 2008. Gestalt therapy, in K. Jordan (ed.). *The quick theory reference guide: A resource of expert and novice mental health professionals*. New York: Nova Science Publishers. 83-106.

Yontef, G. & Jacobs, L. 2011. Gestalt therapy, in R. J. Corsini, D. Wedding & F. Dumont (eds). *Current psychotherapies*. 9th Ed. USA: Thomson Brooks/Cole. 342-382.

Zulu, X. 2005. *Grade 12 stress linked to suicide* [Online]. Available: <http://www.themurcury.co.za/index.php?fSectionId=283&fSetId=169&fArticleId=30396> [2009, 24 November].