Coping strategies of church-going adolescents in Durban

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SUMMARY

Adolescents face many challenges in their communities, families and individually during the complex developmental stage of adolescence. It is during this time that their sense of self and an identity apart from their parents become more strongly developed and they become more autonomous. As adolescents separate more and more from their parents they move progressively towards their peer relationships, which is an important part of identity formation. However, during this period they are exposed to many healthy and unhealthy influences in the community, especially when engaging with their peers and other social structures outside of the family. During childhood they were less likely to engage in undesirable or risk behaviour for fear of disapproval and rejection from their parents but during adolescence there is a strong need for approval from their peers, who might engage in and encourage risk behaviour. Effective coping strategies can be an important protective factor aiding them in making the right choices and decisions and resisting peer pressure.

Previously, many models of adolescent coping have been taken from coping studies done with adults, which have not accounted for the developmental differences between adults and adolescents. Now as literature on coping with regards to adolescence is growing, the studies often ignore religious coping strategies and their potential impact on functioning. Yet, recent data suggests that religious behaviour and beliefs have a protective influence that moderates the impact of adverse interpersonal life events and social adversity as well as physical and mental health. Thus, this qualitative study applied case study methods to explore and describe the different coping strategies used by a group of church-going adolescents from branches of a non-denominational church in Durban. Ethical approval for the study was obtained from the North-West University and informed consent was obtained from the parents and the adolescent minors before they participated in the study. Data was collected using a visual representation technique, two individual interviews and a focus group discussion with twelve participants. The data was analysed using thematic analysis and three main themes and various subthemes emerged. The first theme was understanding of coping as indicated by participants while the second theme identified the sources of their coping strategies and the third theme involved their specific coping strategies, which included religion, leisure activities,

physical coping, social support systems, creativity and behaviour. These findings provide a greater understanding of the coping strategies and modalities used by church-going adolescents.

OPSOMMING

In die komplekse adolessente ontwikkelingsfase staar adolessente talle uitdagings in die gesig in hul gemeenskappe, gesinne en individueel. In hierdie tyd ontwikkel hulle 'n sterker bewustheid van hulself en ook 'n eie identiteit apart van hul ouers en raak hulle meer outonoom. Namate adolessente meer en meer onafhanklik van hulle ouers word, vind hulle toenemend aanklank by eweknie verhoudings, wat 'n belangrike deel is van identiteitsvorming. Dit is egter ook so dat hulle in hierdie tydperk blootgestel word aan baie gesonde en ongesonde invloede uit die gemeenskap, veral wanneer hulle met hul eweknieë en ander sosiale strukture buite die gesin te doen kry. Tydens die kinderjare was hulle minder geneig om betrokke te raak by ongewensde of risiko-gedrag uit vrees vir afkeur en verwerping van hulle ouers. Tydens adolessensie is daar 'n sterk behoefte aan aanvaarding deur hulle eweknieë, wat risiko-gedrag kan aanmoedig. Doeltreffende hanteringstrategieë kan 'n belangrike beskermende faktor wees wat hulle kan help om die regte keuses te maak en regte besluite te neem en groepsdruk te weerstaan.

Voorheen is modelle van adolessente se hanteringswyses dikwels gegrond op sodanige studies wat gerig was op volwassenes. Sulke studies het nie die ontwikkelingsverskille tussen volwassenes en adolessente gereflekteer nie. Nou, namate daar meer literatuur beskikbaar raak oor hanteringswyses by adolessente, word die godsdienstige hanteringstrategieë en die potensiële impak daarvan op die funksionering van die adolessent tog nog geïgnoreer. Onlangse navorsing dui egter daarop dat godsdienstige gedrag en oortuigings 'n beskermende invloed het wat die impak kan versag van negatiewe interpersoonlike lewensgebeure en sosiale probleme en ook die effek op fisieke en geestesgesondheid. Hierdie kwalitatiewe studie het metodes van gevallestudie gebruik om die verskillende hanteringstrategieë van 'n groep kerkgaande adolessente by verskillende filiale van 'n nie–denominasie kerk in Durban te verken en te beskryf. Etiese klaring vir die studie is verkry van die Noordwes Universiteit en ingeligte toestemming is verkry van die ouers en die adolessente minderjariges voordat hulle aan die studie kon deelneem. Inligting is ingesamel met behulp van 'n visuele voorstellingstegniek, twee individuele onderhoude per deelnemer en 'n fokusgroep-bespreking met twaalf deelnemers. Die data is ontleed met behulp van tematiese analise en twee hooftemas en verskeie subtemas het na vore gekom. Die eerste tema was deelnemers se begrip van

hanteringsvaardighede. Die tweede tema verwys na die oorsprong van deelnemers se hanteringsvaardighede en die derde tema omskryf spesifieke hanteringsvaardighede, naamlik godsdiens; ontspanningsaktiwiteite; fisiese hanteringsvaardighede; sosiale ondersteuningstelsels; kreatiwiteit en gedrag. Hierdie bevindinge bied 'n beter begrip van die hanteringsvaardighede en modaliteite wat gebruik word deur kerkgaande adolessente.

Sleutelwoorde: hantering, hanteringstrategieë, adolessente, godsdiens, godsdienstige oortuigings, gevallestudie

PREFACE

MA in Psychology in article format

This thesis is presented in article format as indicated in rule A.5.4.2.7 of the North-West University, Potchefstroom Campus Yearbook. The article comprising this thesis is intended for submission to the journal *Acta Academica.* Please note that the references provided in the article in Section B are according to the author guidelines of the journal (provided in Appendix H), while the rest of the thesis is referenced according to the Harvard referencing style, as provided by North-West University's referencing manual.

DECLARATION OF STUDENT

I hereby declare that this research, **An appreciative inquiry into the coping strategies of church-going adolescents in Durban,** is my own input and effort and that all the sources have been fully referenced and acknowledged.

Chamberla

Sarah M. Chamberlain

LETTER OF PERMISSION

The candidate opted to write an article with the support of her supervisor and co-supervisor. I, the supervisor, declare that the input and effort of Sarah Chamberlain in writing this article reflect research done by her. I hereby grant permission that she may submit this article for examination purposes in fulfilment of the requirements for the degree *Magister Artium in Psychology*.

M. van der Merwe.

Dr Mariette van der Merwe
Supervisor

DECLARATION OF LANGUAGE EDITOR

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2 December 2013

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SECTION A

ORIENTATION TO THE RESEARCH

1. INTRODUCTION

Adolescents face many challenges in their communities, families and individually during this complex developmental stage. It is during this stage that their sense of self and an identity apart from their parents become more strongly developed (identity formation and individuation), and they become more autonomous (Frank & Kendall, 2001:135-140). During this period they are exposed to many influences in the community, especially when engaging with their peers and other social structures outside of the family, and these influences can be both healthy and unhealthy (Davies, 2011:106). Research indicates that the adolescent's ability to make difficult choices and decisions, such as resisting peer pressure and not engaging in risk behaviours like drug and alcohol abuse, is influenced by his/her repertoire of coping strategies (Frank & Kendall, 2001:136). While during their childhood they are less likely to engage in undesirable or risk behaviour as they fear disapproval and rejection from their parents, during adolescence there is a strong need for approval from their peers, who might engage in and encourage risk behaviour (Atwater, 1988:164).

The focus of this study is a case study of coping strategies within the field of positive mental health. This is because, ideally, adolescents should flourish, which is proposed by Keyes (2013:4) as a condition indicating high levels of well-being and proactive coping that sets adolescents on the path of long-lasting well-being. In line with proactive coping, Keyes (2013:3-28) also discusses the notion of promoting and protecting positive mental health within the mental health continuum model and indicates the importance of well-being in promoting and supporting a strong society.

This study focuses specifically on coping strategies utilised by a group of church-going adolescents in a non-denominational church in the Durban area, where the researcher is known to the church leadership and thus able to gain access to the participants. Coping strategies explored relate to daily stressors and demands as opposed to traumatic experiences such as death and other traumas, which cause more extreme forms of stress. According to Smith, McCullough, and Poll, (2003:614-636) and Steffen, Hinderliter, Blumenthal, and Sherwood, (2001:523-530), contemporary research proposes that religious behaviours and beliefs can protect from and moderate the effects of, the impact of difficult interpersonal life events and social problems on physical and mental health. This study aims to explore and understand the different coping

strategies and modalities used by this specific group.

The phenomenon of coping is a broad field with many theories and models. One coping theorist, Lahad, outlines six coping modalities in the BASIC PH model and suggests that people, ideally, should use a range of these coping modalities in different combinations for effective coping (Berger & Lahad, 2010:890). Bjorck, Braese, Tadie and Gililland (2010:343) report that literature on adolescent coping is increasing, however the studies often overlook religious coping strategies and their possible impact on functioning. Another key theorist, Pargament (1997:32), writes about religious coping and describes this as using religion in efforts to cope with challenging or stressful life events or circumstances. Pargament, Tarakeshwar, Ellison and Wulff (2001:498) add that religion offers a variety of methods for coping and religious coping in particular adds a distinctive dimension to coping that has significant implications for well being. Because the role of religious beliefs in the context of adolescent coping is a neglected area of research as most studies have focused on adults (Bryant-Davis, Ellis, Burke-Maynard, Moon, Counts & Anderson, 2012:306), the focus of the current study will be to explore a range of possible coping strategies and modalities used by this specific group of church-going adolescents, one of which could be religious coping. Thus, it will be interesting to see how strongly religion features in their coping strategies and what coping strategies they use. The study is placed within the positive psychology paradigm with the reasoning that proactive coping can possibly lead adolescents to a strong positive position on the well-being continuum, which can enhance core tasks such as learning and eventually lead to well-functioning adults and a strong society (Keyes, 2013:3-28). The study also focuses on adolescents in later adolescence (grades ten and eleven; ages 15 to 17 years) as they have more advanced levels of abstraction and a broader variety of life experiences.

2. AIM OF STUDY

2.1 RESEARCH QUESTION

The research question guiding this research will be: *What are the coping strategies of church-going adolescents and to what extent does religion feature within these identified coping strategies?*

2.2 RESEARCH AIM

To qualitatively explore and describe the coping strategies of church-going adolescents in Durban by means of a case study design.

2.3 THEORETICAL STATEMENT

Pargament refers to his earlier writings (1997), in his later work, Pargament, Tarakeshwar, Ellison and Wulff (2001:499-500), when he says that an individual will use religious means to cope to the extent that these are internalised into him/herself and his/her social roles and if he/she believes that religion could possibly solve any life problems encountered. Thus, it is possible that church-going adolescents might use this form of coping as part of their coping strategies. If coping strategies in a group of church-going adolescents can be better understood by exploring their coping experiences within these theoretical frameworks of coping, then perhaps they can be assisted with programs to expand the coping resources available to them by using a combination of the different modalities.

3. THEORETICAL BACKGROUND

The literature review involved a study of the literature relating to coping strategies utilised by church-going adolescents. Thus, the extensive topic of coping needed to be researched with its many models, theories and possible coping strategies. As the study focuses on those in later adolescence who attend church, particular research of literature pertaining to religious coping and the development of adolescents was also done. As the study is placed within the positive psychology paradigm, with a strong emphasis on how coping strategies could contribute to well-being in adolescents, it was important to focus on literature involving the positive psychology paradigm as well as literature on the mental health continuum. Because the study focuses on a population of adolescents who attend church, it was also important to review literature surrounding spirituality and religiosity so as to explain what this involved in terms of beliefs pertaining to religion. Prominent coping theorists who were focused on were Lahad, who developed the BASIC PH model of coping (Berger & Lahad, 2010:890), Lazarus and Folkman whose research into coping made profound contributions to the field (Folkman & Moskowitz, 2004:746-747) and Pargament who has done much research into religious coping (Folkman & Moskowitz, 2004:759-760).

3.1 POSITIVE PSYCHOLOGY PARADIGM

This study is situated within the paradigm of Positive Psychology, which Seligman and Csikszentmihalyi (2000:5-7) describe as emerging, since World War II, in response to the field of Psychology focusing predominantly on human functioning using the disease model, which emphasises mostly the diagnosis and treatment of pathological psychological conditions. Gable and Haidt (2005:104) conversely say that the Positive Psychology approach studies conditions and processes that contribute to the flourishing or optimal functioning of people, groups and institutions. In the researcher's opinion this objective ties in well with Keyes' Mental Health Continuum, which also focuses on flourishing in the individual and is another of the theoretical underpinnings of this study. Gable *et al.* (2005:104-105) also emphasise that the aim of Positive Psychology is not to deny or ignore the distressing, unpleasant or negative aspects of life, neither is the aim to accentuate only the positive aspects, such as the ways people feel joy, show altruism and create healthy families and institutions. Thus, this perspective acknowledges both the negatives and positives and addresses the full spectrum of human experience. Positive Psychology also finds it necessary to explore and understand these themes as research shows that many of these positive processes have the function of protecting people from the negative effects of problems, stressors and disorders in their lives. According to Linley, Joseph, Harrington and Wood (2006:8), Positive Psychology shifts the focus of psychological inquiry from a deficit-focus only approach to include an asset-focused one exposing new areas for investigation and seeking to understand the factors that facilitate optimal functioning as much as those that prevent it. To sum up what has been discussed, Sheldon and King (2001:1), have made it clear that Positive Psychology seeks to move investigation of human functioning beyond just the problem-focused or disease model framework which has dominated research for so long and calls for a paradigm shift that includes accentuating the positive aspects of human functioning thus creating a more balanced inquiry.

Following is a description of some of the important theories and concepts that underpin and guide the study:

3.2 ADOLESCENT DEVELOPMENT

This is an important area of the study to describe, as a proper understanding of adolescent development is needed to understand the significance of focusing on this particular group in the research study. According to writers such as Baldwin and Oh (2006:118), many previous models of adolescent coping have been taken from coping studies done with adults and thus have not accounted for the developmental differences between adults and adolescents. However, researchers have since become more aware of this and it is more likely, that coping models can and are being formulated that are specific for this group as an adolescent's developmental level both contributes to resources available to him/her while at the same time limiting the choices of coping strategies at his/her disposal (Compas, Connor-Smith, Saltzmann, Harding Thomsen & Wadsworth, 2001:89).

3.2.1 Adolescence

This period of development has been described by many researchers in older and more recent literature as a transition period from childhood to adulthood (Berk, 2012:6), as well as a complex, challenging and stressful time involving many social, biological and psychological changes (which enable them to cope with the increased demands they experience) and a time when cognitive precursors of adulthood appear (Pattersen & McCubbin, 1987:793-824; Peterson, 1988:583-607). Further, they engage in certain developmental tasks that prepare them for the challenge of different stressors they might face in adulthood. Different researchers in Renk and Creasy (2003:159) have described some of these tasks as: Erikson's identity achievement as well as the development of intimacy in social relationships (Verduyn, Lord & Forrest, 1990:3-16) and career preparation (Berk, 2012:6). Other challenges faced by adolescents during this time and described by researchers in Williams and McGillicuddy-De Lisi (2000:537) include changes in family, peer and sexual relationships; school transitions (and thus peer group changes); complex social situations; increased educational demands as well as expectations and decisions regarding schooling and careers (Boekaerts, 1996:452-484; Frydenberg & Lewis, 1993:253-266; Rice, Herman & Petersen, 1993:235-251). Thus, it can be seen that adolescents have a lot to deal with during this time of transformation and transition. Although a very challenging time it can also be an exciting period when they are acquiring skills required for adulthood while still protected in a potentially nurturing and supportive environment. Thus, effective coping strategies are not only advantageous but also necessary for them to embark on their journey and navigate their way to adulthood as successfully

as possible. Some of the different areas of adolescent development will be discussed in the following subsections. Although these areas are being discussed in discrete sections, it is important to note that the different areas of development (physical, cognitive, emotional, and social - some researchers include spiritual as well) are integrated in a holistic way in the individual and each domain influences and is influenced by the others (Berk, 2012:4). Child Development is further divided into 5 different stages: Prenatal period: conception to birth; Infancy and toddlerhood: birth to 2 years; Early Childhood: 2 to 6 years; Middle Childhood: 6 to 11 years and Adolescence: 11 to 18 years (Berk, 2012:5-6). Some researchers further divide the adolescent period into early and late adolescence. However, there seem to be differences in the ages that are included in this particular delineation. Skinner and Zimmer-Gembeck (2007:128) describe early and middle adolescence as ages 12-16 years and late adolescence as ages 16-22 years, which should place this study within the realm of middle to late adolescence, as the participants are aged Gr 10 and 11's or 15-17 year olds. However, if adolescence as described by Berk (2012:6) is ages 11-18, then this study should be placed within the realm of late adolescence. Thus, to clarify the parameters of this particular study, the researcher has chosen to describe the participants according to the confines as described by Berk (2012:6), and describes the participants as placed within the stage of late adolescence.

3.2.2 Adolescent Cognitive Development

Writers Blakemore and Choudhury (2006) and Lenroot and Giedd, (2006) in Berk (2012:190) describe the physical changes that occur in the adolescent brain during adolescence, especially those pertaining to cognitive development. They describe how the pre-frontal cortex becomes a more effective 'manager' better able to oversee and manage the integrated functioning of the different areas, which produces more complex, flexible and adaptive thinking and behaviour in the adolescent. This in turn enables the adolescent to improve in an assortment of cognitive skills such as speed of thinking, attention, memory, planning and the ability to integrate information and regulate cognition and emotion. These advances occur gradually during adolescence and are thus still immature during this stage of development becoming more mature as they head towards adulthood. Using Piaget's Cognitive-Developmental Theory (1971), Berk (2012:20), says that adolescent cognitive development can be described as having reached the formal operational stage of cognition (the last of his four stages of cognitive development achieved at the start of the adolescent stage and continued into adulthood i.e. 11 years and older). In this stage thoughts become complex, abstract reasoning is achieved and the adolescent is able to reason with symbolic

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representations and evaluate all possible solutions. Berk (2012:6) further describes cognitive development during this stage as including abstract as well as idealistic and rational thinking and reasoning and says schooling aims to prepare this group for post-school employment and education. Naturally an adolescent in the later stages of adolescence would have more advanced levels of abstract thinking which would be advantageous in the context of coping and coping strategies as it would allow him/her to think using metacognitive skills and would thus allow him/her to regulate coping actions based on future concerns as well as long-term goals and the effects on others (Skinner & Zimmer-Gembeck, 2007:128). Field and Prinz (1997:967) summarise this when they state that formal operational thinking may help adolescents in choosing effective coping strategies as it would allow them to think abstractly, consider other perspectives and to evaluate outcomes.

3.2.3 Adolescent Social and Emotional Development

One of the most critical developmental tasks adolescents engage with during adolescence is that of identity formation. Berk (2012:16) and Garcia (2010:167) using Erikson's psychosocial theory (1968), say that during development the individual engages in basic psychosocial conflicts which need to be resolved, usually along a continuum from positive to negative, which determine whether adaptive or maladaptive outcomes occur during each developmental stage. During adolescence the primary psychosocial crisis is 'identity versus identity confusion', during which individuals seek to answer questions pertaining to the development of their sense of identity, such as who they are and what their role in society is. Values that are self-chosen and vocational goals leading to a lasting personal identity mean a positive outcome to the conflict resolution, however a negative outcome results in confusion about their future adult roles. Berk (2012:208) says that during adolescence individuals tend to separate from their parents and move more towards their peer relationships. Rew (2005:112) continues by saying that this is important for adolescents to develop their own viewpoints and opinions and for them to engage with the important task of developing their own identity. Their identity formation, which can either be conferred or constructed, is crucial to how adolescents perceive themselves as well their social interactions and future. Rew emphasises that an identity that is constructed by the individual is far healthier than one that is conferred upon him/her by others, as the process of constructing one's own identity allows one to develop one's own opinions which can be as basic as deciding who to spend time with or as complex as deciding one's own values and beliefs. According to Casey, Getz and Galvan (2008) and Steinberg *et al.* (2008) in Berk (2012: 190-191), there are changes that happen in adolescents' emotional and social networks

in their brains, which make the neurons more responsive to excitatory neurotransmitters as the individual becomes sexually mature, a process which begins with puberty in adolescence. This means that the adolescent experiences and reacts more strongly to stressful events and pleasurable stimuli. However, as this network is still immature, most adolescents find it hard to manage these powerful influences. Berk (2012:191) continues by saying that this can then contribute to some of the behaviours adolescence is renowned for, such as the need for extreme novel experiences, substance use, reckless driving, unprotected sex and other risky behaviours, most often used by highly stressed individuals to counteract emotional pain. Steinberg (2008) describes how the release of sex hormones during puberty makes the prefrontal cortex and other inner brain structures (like the amygdala) sensitive to the hormone oxytocin, which increases the adolescent's responsiveness to emotional and social stimuli, as well as feedback from others. This, according to Gardner and Steinberg (2005) and Ranking *et al.* (2004), cited in Berk (2012:191), is also the reason adolescents are so self-conscious, sensitive to other's opinions (especially peers) during this period and highly susceptible to peer influence (which can be a strong predictor of all kinds of adolescent risk-taking). Research indicates a rise in parent-child conflict during adolescence (Gure, Ucanok & Sayil, 2006; Laursen, Coy & Collins, 1998; McGue *et al.*, 2005, cited in Berk, 2012:208). According to Adams and Laursen (2001) cited in Berk (2012:208), these conflicts are influenced by the adolescent's expectation of adult-like treatment as he/she becomes more adult-like due to physical maturation. In addition, they have more advanced reasoning, which may also be a contributing factor to an increase in family tensions. Lastly, Dekovic, Noom and Meeus (1997) cited in Berk (2012:208) believe that the larger the gap between the parents' and adolescent's perceptions of his/her preparedness for new responsibilities, the greater the conflict and arguments. Laursen and Collins (2009) cited in Berk (2012:208), argue that although the adolescent's separation from his/her parents is necessary and has an adaptive function, both parties benefit from supportive and protective familial bonds throughout life. Towards the end of adolescence, the parent-adolescent relationship and interactions are less hierarchical and more egalitarian in nature, which allows for mutually supportive relationships in adulthood to develop.

3.2.4 Adolescent Moral and Spiritual Development

Adolescent moral development is a process that begins early in life, usually around the age of two years old and continues well into adulthood. First the individual learns to appreciate the rights and feelings of others; which is followed by the emergence of self-awareness, representational

capacities; the capacity for empathy and sympathy and the ability to evaluate one's own and other's behaviour as good or bad / right or wrong. Morality according to Berk is socially organised and governed by specific rules for good conduct. It also involves the different areas of the psyche by having emotional, cognitive and behavioural components. Emotionally, the individual experiences feelings that enable him/her to empathise with distress and to feel remorse when it is his/her fault. As a child's social understanding develops he/she becomes more skilled in making cognitive judgements about right or wrong behaviour and it is hoped that the experience of these morally related thoughts and feelings would encourage the individual to behave according to them. Moral development is also influenced by the individual's personality, upbringing (which includes parenting practices), schooling, peer interaction and culture (Berk, 2012:485-513).

The role religious involvement plays in this development is also considered and Berk (2012:485-513) recognises that for those who use religion and spirituality in guiding the resolution of personal moral problems, morality and spirituality are inseparable, as their moral values, judgements and behaviours are so embedded in their faith. Berk (2012:485-513) also describes how many of the people involved in religious institutions are families and says that by middle childhood the child has begun to develop religious and spiritual ideas that are quite complex and are incorporated into his/her moral resources. Some researchers cited in Berk (2012:485-513) have noticed a decline in formal religious involvement during adolescence, which according to Hunsberger, Pratt and Pancer (2001) cited in Berk (2012:485-513) coincides with the increase in adolescent autonomy and the need of adolescents to create their own personally meaningful religious identity is also part of the individuation process. However, according to Kerestes, Youniss and Metz (2004) cited in Berk (2012:485-513), adolescents that remain involved in a religious community benefit from the influence of moral values and behaviour as they are often more involved in community engagement activities that help those in need, compared to adolescents who are not religiously involved. Dowling *et al*. (2004) cited in Berk (2012:485-513) further assert that religious involvement promotes responsible academic and social behaviour and discourages misconduct. Regnerus, Smith and Fritsch (2003) cited in Berk (2012:485-513) have found that religious involvement is also correlated with lower levels of drug and alcohol use, early sexual activity and delinquency. King and Furrow (2004) cited in Berk (2012:485-513) attribute this to the possibility that religiously involved adolescents are more likely to have trustworthy, safe relationships with parents and friends who also have similar beliefs and values. Hardy and Carlo (2005) and Sherrod and Spiewak (2008) cited in Berk (2012:485-513), identify that religious education and youth activities explicitly teach

concern for others and provide opportunities for moral discussions and community service activities. Furthermore adolescents who feel connected to a higher being may develop inner strengths that include prosocial values and a strong moral identity that helps them to resolve moral problems in their own lives by putting their thinking into action. Bridges and Moore (2002) have found that most adolescents identify with a religious denomination and say they believe in a higher being, thus religious institutions are in a prime position to promote moral and prosocial commitments and discourage risky behaviours in this particular group (cited in Berk, 2012:507-509).

According to Benson and Roehlkepartain (2008:14), most young people believe that spiritual development is an important aspect in their lives and King and Boyatzis (2004:2) emphasize that adolescence is therefore an important period during which spiritual development can be studied. Shek (2012:1) expounds further on this by pointing out that during this period adolescents think more abstractly and explore future options and often ask existential questions about life such as: "what is the meaning of life?" or "what is a meaningful life?" or "what should one accomplish in life?" They want to find out more about the purpose of their existence, the significance of life, the importance of their existence as well as whether life is worth living or purposeful. These questions involve aspects such as life goals, life purpose and ideals to be attained. Benson and Roehlkepartain (2008:13-28) describe three processes involved in adolescent spiritual development. The first is awareness or awakening, which contributes to the formation of one's spiritual identity, meaning and purpose. The second process is interconnecting or belonging and involves seeking and experiencing relationships with others, including divine beings and the third process is the way of life in which one expresses his/her spiritual identity through different activities and relationships. These three processes are connected to other areas of development and influenced by one's context such as family, peers, community, culture (incl. the media) and metanarratives or stories. Other theories that describe spiritual development in adolescents include the 'channelling hypothesis', which postulates that children are guided into different social groups according to the religious expectations of their parents (Martin, White & Perlman, 2003:169-187). The 'spiritual modelling approach' is modelled on the premise of social learning theory and argues that adolescents will model the religious behaviour of their parents (Regnerus, Smith & Smith, 2004:27-38). Fry (1998:98) states that significant others play a very important role in shaping adolescent spirituality because "it is through supportive and sharing relationships within a trusting and accepting atmosphere that the adolescent gains the courage to explore what experiences make sense or provide meaning even in the face of

doubt." This emphasizes the role of intimate relationships in the development of the adolescent's purpose in life.

Desrosiers, Kelley and Miller (2011:40) sum up when they describe the importance of adolescence as a period of development during which the individual is able to develop a relationship with God through the process of questioning and exploring spiritual / religious beliefs and practices, which leads to a personally chosen spirituality that is more likely to persist into adulthood. According to Fowler and Marcia's developmental stages models, the family and social contexts significantly influence this process and their emerging capacity for a personal relationship with God during adolescence could in part be due to broad heritability but also seems due to the physical onset of puberty and if developed can serve as a protective factor against prevalent forms of psychopathology.

3.3 COPING THEORY

Some major changes regarding the conceptualisation of coping occurred in the 1970s when there was a change in thinking around adaptation and emotion. At that time the focus changed from stress to coping, as a major factor in adaptational outcomes leading to subjective well-being, social functioning and health. The two dominant models of coping up to this point had been the Animal model and Ego Psychology. The Animal model viewed coping in terms of behavioural responses, mostly those of 'escape and avoidance', which would control unpleasant environmental circumstances by lowering arousal or drive. Being behaviourally focused, this theory did not account for cognition. The second theory, Ego Psychology, emphasized cognition (in terms of ego processes) used in making adaptational decisions and the actions taken to regulate impulses to manage the environment. The coping processes described in this theory were arranged hierarchically from pathological to healthy. Although this theory was described in dynamic terms, it produced coping measures that were based on trait / style concepts. These are fixed or rigid character traits or styles of coping (Lazarus & Folkman, 1987:146-147). When the major changes in the conceptualisation of coping occurred in the 1970s, Lazarus and Folkman (1987:153) and their coping theories made a significant contribution to the major new developments in this area of psychology. Their transactional theory of coping conceptualised coping as contextual and a process, thus the way in which the individual evaluated the context played a vital role in guiding the coping process. Folkman and Moskowitz (2004:745-774) attribute much of contemporary coping theory to

Lazarus and Folkman's earlier research into coping. Lazarus & Folkman, (1987:146-147) described coping as a result of evaluating a situation to be threatening, harmful or challenging and that the coping process could change that evaluation and as a result the emotional response. These theorists assert that coping has two core functions: to change the problematic person-environment relationship, which is problem-focused coping, and, secondly, to manage the individual's distress caused by the problem, which is emotion-focused coping (also known as cognitive coping). Folkman and Lazarus (1980:219-239) found that problem-focused aspects of coping are used more in encounters the individual deems changeable than those that need acceptance, while emotion-focused forms of coping were used more in situations needing acceptance than changeable ones. Definitely the most widely used and accepted definition of coping belongs to Lazarus and Folkman (Lazarus & Folkman, 1984:141) and states that coping is: "constantly changing cognitive and behavioural efforts to manage specific external and / or internal demands that are appraised as taxing or exceeding the resources of the person." However, over time, researchers have found this definition not to be developmentally friendly, as it does not theoretically allow for development in other areas such as language or cognition (Skinner & Gembeck, 2007:121). Thus, developmental researchers have agreed on conceptualisations of coping as 'regulation under stress' (Compas *et al.*, 1997:105-130; Skinner, 1999:465-503) and defined coping as "conscious and volitional efforts to regulate emotion, cognition, behaviour, physiology and the environment in response to stressful events or circumstances" (Compas *et al.*, 2001:89). Many contemporary theorists have used Lazarus and Folkman's coping theory as a basis for new coping theories (Folkman & Moskowitz, 2004:746) and coping theories that have a focus on developmental factors, which is important when researching coping involving children and adolescents. According to Field and Prinz (1997:938), coping research has been developed for adults and applied to children and adolescents. However, more studies need to be done with children and adolescents to account for their different needs, developmental stages and environments.

3.3.1 Religious Coping

This area of coping theory received little attention until recently but has now become a very popular research topic. Seybold and Hill (2001:21-24), propose that this is most likely due to increasing evidence of the positive impact that religious involvement has on one's physical and mental health. Older literature sources such as Frank and Kendall (2001:134) and Gartner, Larson, and Allen (1991:6-25) concur with this statement. Matthews *et al.*, (1998:118-124); Smith, McCullough, and

Poll, (2003:614-636); Steffen, Hinderliter, Blumenthal, and Sherwood, (2001:523-530), further specify the protective and moderating effects on physical and mental health from the impact of difficult interpersonal life events and social problems, that religious behaviours and beliefs can have. All of this correlates well, with the tenets of Keyes' Mental Health Continuum and the Positive Psychology Paradigm. Furthermore, Folkman and Moskowitz (2004:759) say that religious coping can help people find the strength to persevere in difficult circumstances and to find purpose and meaning from situations that challenge one's core beliefs.

Researchers such as Raghallaigh (2011: 540) and Ganzevoort (1998:261), recognise that Pargament and his colleagues have been particularly prominent as pioneers in this field of research and have made fundamental contributions to religious coping theory. In Raghallaigh (2011:540), religious coping is described as, using religion to cope with challenging or stressful situations and by Sofaer *et al*. (2005:462-466) and Fabricatore *et al*. (2000:221-228), as an important resource that can be used in the process. According to Pargament (1997), in Raghallaigh (2011: 540-541), an individual does not always use religion to cope with problems. He suggests that personal, situational and contextual factors influence whether religious coping is used as a resource or not. He goes on to say that for religion to be used in coping, it needs to be an integral part of a person's life and worldview and thus a natural part of their coping process, ensuring religious beliefs and practices are readily accessible to him/her as resources in times of stress. Pargament (1997) in Pargament, Tarakeshwar, Ellison and Wulff (2001:500), also says that an individual will use religious resources to cope to the extent that these are internalised into him/herself and his/her social roles and it is improbable that religious coping methods such as religious beliefs and practices will be used when they are unfamiliar and unavailable to the person or he/she does not believe that religious coping will help in the stressful situation.

Pargament and colleagues (1988:90-104), propose three styles and two higher order patterns used in the religious coping theory, namely the self-directing style, deferring style and collaborative style and the positive and negative patterns of coping methods. The styles refer to the individual's problem-solving approach in relation to their relationship with God. The self-directing style is an active coping style and is based on the premise that God has provided or will provide the individual with the necessary coping skills for successful problem solving. In the deferring coping style the individual assumes a passive role and cedes responsibility for problem solving to God. The collaborative coping style is active and involves a partnership between God and the individual and

shared responsibility for problem solving. These styles as described by Pargament *et al.* (1988:90-104), as well as Banziger, Van Uden & Janssen (2008: 102) and by Fabricatore *et al.* (2004: 93), seem to correlate with the way an individual manages issues of responsibility and control in religious coping activities, particularly regarding the problem-solving locus of control and the problem-solving process. The styles either indicate control by the individual or by God or collaboration between God and the individual and the problem-solving process can be described as either active or passive.

The last aspect of religious coping theory to be discussed in this section is the higher order patterns of religious coping as described by Pargament *et al.* (1998:90-104); Pargament, Tarakeshwar, Ellison and Wulff (2001:498) and Carpenter, Laney and Mezulis (2012:20). They group religious coping methods into those that are positive and those that are negative. Ano and Vasconcelles, (2005:461-480); Harrison *et al.*, (2001:86-93) and Pargament, Koenig, and Perez, (2000:519-543) report that many studies have found that some religious coping responses are protective and have a positive effect on mental health, whereas others are maladaptive and have a negative effect on mental health. These are what Pargament and his colleagues refer to as positive and negative religious coping, respectively. According to Pargament and his colleagues, positive religious coping methods reflect a secure relationship with God and a belief that life is meaningful, as well as a spiritual connectivity with others. Negative religious coping methods, in comparison, reflect a less secure relationship with God, "a tenuous and ominous view of the world and a religious struggle in search for significance" (Pargament *et al.*, 1998:712)

3.3.2 Proactive Coping

Another form of coping to be described in this section is that of proactive coping. Most work around coping focuses on responses to threat and harm or an event that has happened in the past or present. Theorists Aspinwall and Taylor, however, have focused their studies on 'proactive coping', which emphasizes measures that can be taken before the occurrence of a stressor as a form of prevention (Carver & Connor-Smith, 2010: 686) and in doing so preserve or enhance the mental health of the individual proactively. Aspinwall and Taylor (1997:417) define proactive coping as "efforts undertaken in advance of a potentially stressful event to prevent it or modify its form before it occurs." Aspinwall and Taylor (1997:417-436), describe this form of coping as a newer development in coping research in which ways are explored that can help individuals cope in

advance to prevent or reduce the impact of potential stressors. These theorists refer to the responses to potential stressors as 'proactive coping', and their model has five interdependent factors in the proactive coping process. The first is that it is important to develop in advance a reserve of resources or skills which could be time, money, planning or organisational skills or social resources, that can be used to prevent or minimise the impact of any specific anticipated stressors (resource accumulation). The second is the ability to recognise potential stressors; this involves scanning the environment for danger and being aware of internal warning cues of a potential threat. The third is that after a potential stressor has been detected, initial appraisal happens, where one assesses the current and potential quality of the stressor. The fourth is that if the potential stressor needs attention then preliminary coping efforts are undertaken and these are activities that are likely to prevent or minimise a recognised or suspected stressor. During this stage, successful proactive efforts involve cognitive activities such as planning or behavioural activities such as seeking information from others and taking preliminary action. The fifth and last step in this process, which is elicitation and use of feedback, focuses on acquiring and using feedback about the development of the stressful event, the effects one's preliminary efforts have had on the stressful event so far and assessing if further coping efforts are needed. The feedback can be used to revise one's initial appraisals of the potential or emerging stressor and to change one's strategies of dealing with it.

3.3.3 Lahad's BASIC PH Coping Model

Lahad (1993 and 2008, in Berger & Lahad, 2010:890), suggests that inherent in every individual are coping skills that are used to cope with complex situations and which are part of the individual's resources to manage disturbing emotions and adjust their reactions to the new reality. He developed a model called the BASIC PH resiliency model (Lahad, 1993 & Ayalon & Lahad, 2000, in Berger & Lahad, 2010:890), which describes these coping mechanisms in terms of six modalities (also called channels), which can be used by the individual in unique and different combinations during the coping process to facilitate effective coping in stressful situations. They are: Beliefs, Affect, Social Functioning, Imagination, Cognition and Physiology. In Shacham and Lahad (2002; 2004, in Berger & Lahad, 2010:890), Lahad says that one uses combinations of those modalities that are most available to one and thus the more modalities one is able to use, the more effective one's coping will be. However, according to the model developing effective coping mechanisms is not focused only on the acquisition of more modalities but rather honing and developing the modalities one already has access to. Lahad goes on to explain that the individual mostly uses the cognitive

modality to understand his/her experience and find an appropriate and logical solution while the physiological and emotional-affect modalities allow the individual to discard any lingering negative feelings from the experience and to glean new meanings / understandings from it (Lahad, 2006, in Berger & Lahad, 2010:890). The social modality is used to share one's experience and what has been learnt from it with others and the imagination modality uses the language of imagination to develop an alternative-preferred reality, also referred to by Lahad (2002) in Berger and Lahad (2010:890) as the "Fantastic Reality".

The researcher took note of the literature on coping and was particularly interested in the modalities outlined by Lahad (Lahad, 1993 & Ayalon & Lahad, 2000, in Berger & Lahad, 2010:890). Although she had this information as background, she planned to start the interviews with participants with a drawing and open questions to first elicit the participants' perceptions about coping. With further probing she then planned to use the modalities of Lahad (Lahad, 1993 & Ayalon & Lahad, 2000, in Berger & Lahad, 2010:890) to explore if these modalities were also used and how they were applied.

3.4 RELIGION / SPIRITUALITY

When referring to an individual's religious or spiritual standing, literature states that religiosity refers to a connection to a specific church or other religious institution where the person adheres to the belief system of such an institution, whereas spirituality is seen as a more personal and private experience in the internal world of an individual (Bryant-Davis *et al*., 2012:307).

3.5 MENTAL HEALTH CONTINUUM

Keyes (2007:96) describes different approaches to mental health. The first approach he describes is the pathogenic approach, which was the first and historically most predominant approach, and regards health as "the absence of disability, disease, and premature death." The next approach is the salutogenic approach, which was promoted by the works of Antonovsky (1979) and humanistic scholarship (e.g., Carl Rogers and Abraham Maslow) and defines health as: "the presence of positive states of human capacities and functioning in thinking, feeling, and behaviour" (Strumpfer, 1995, in Keyes, 2007:96). The last approach he includes and the one embodied in the World Health

Organization's (1948, in Keyes, 2007:96) definition of overall health as "a complete state, consisting of the presence of a positive state of human capacities and functioning as well as the absence of disease or infirmity," is the complete state model. This model encompasses both the pathogenic and salutogenic approaches and is the closest to the approach embodied by Keyes' Mental Health Continuum.

Two terms involved in Keyes' Mental Health Continuum that require further clarification are: 'mental health' and 'mental illness'. Keyes (2002:208) operationalizes the term mental health by describing it as: "a syndrome of symptoms of an individual's subjective well-being" or more specifically as "a syndrome that combines symptoms of emotional well-being with symptoms of psychological and social well-being". While, Keyes (2001) and Spitzer and Wilson (1975), in Keyes (2002:207) define mental illness as "a persistent and substantial deviation from normal functioning, mental illness impairs the execution of social roles (e.g., employee) and it is associated with emotional suffering."

When speaking about the Mental Health Continuum (2002:207-210), Keyes uses the terms 'flourishing' and 'languishing' to describe the presence or absence of mental health in an individual, where the presence of mental health denotes flourishing in life while the absence of mental health denotes languishing. These two states lie at the poles of a spectrum and an individual's mental health is not characterized in terms of either of the two discrete categories of mental illness or mental health. Instead according to Keyes (2002:208) the mental health continuum includes both complete and incomplete mental health. Thus, when mental health is conceptualized in this way, it is possible to describe an individual as moderately mentally healthy, in which case he/she is neither flourishing nor languishing in life. Adults described as flourishing in life, are considered to have complete mental health with high levels of well-being; the individual is filled with positive emotion, functioning well both psychologically and socially and has high well-being. In contrast, to be languishing in life means that one is in a state of incomplete mental health, with low well-being and, according to Cushman (1990), Keyes forthcoming, Levy (1984) and Singer (1977) in Keyes (2002:208), in a state of 'emptiness and stagnation', where individuals perceive a life of quiet despair and describe themselves and life as 'hollow', 'empty', 'a shell', and 'a void'.

Keyes (2007:100) summarises by saying that an absence of mental illness does not mean the existence of mental health, yet the absence of mental health does not mean that mental illness exists

either. Thus, although mental health is not merely the absence of mental illness, it also cannot simply be described as the presence of high levels of subjective well-being. Rather, it is best understood as a complete state consisting of the presence and the absence of mental illness and mental health symptoms (Keyes, 2002:210).

The work of Keyes (2002:207-210; 2007:95-100) fits well with the Positive Psychology paradigm used in this study, as both are concerned with enhancing an individual's mental health and the factors that would promote well-being and allow one to "flourish".

4. METHODS OF INVESTIGATION

This research study falls into the post-modernist, phenomenological paradigm, as it works with the subjective lived experiences of the participants and uses a qualitative approach and a case study design to obtain an in-depth understanding of the research focus (Babbie, 2010). The case study design allows the researcher to gather data from multiple sources and to gain different perspectives about the research focus being studied, which gives deeper insight into the many different aspects of and a greater understanding of the research focus being studied (Baxter & Jack, 2008:544). Therefore the research aims at obtaining rich insight and thick descriptions to generate knowledge of the topic (Rule & Vaughn, 2011:1). This research also aims to answer the research question by doing an "in-depth description of some social phenomenon" as indicated by Yin (2014:4), Rule and Vaughn (2011:7) and Swanborn (2010:9). The phenomenon of interest in this research is coping in church-going adolescents and the case is bounded by the fact that participants should be church-going adolescents at a church in Durban. As indicated by Yin (2014:34) the bounding of the case will also regulate the data collection strategies and important for this study is Swanborn's view (2010:15) that the phenomenon (coping in church-going adolescents) will be studied in the natural context in the normal life situations of the participants. In other words no experiments or manipulated social processes will be used. Lastly, the case study design frame entails in-depth exploration into a case or a small set of cases.

The participants were asked what coping strategies they use to cope, as well as any particular positive or negative experiences they could recall. They were also asked about positive experiences where their coping strategies worked particularly well for them as well as any negative / problematic

experiences where their coping strategies were not particularly helpful in the situation. By encouraging participants to provide both positive and negative / problematic experiences, contextualised information is obtained. By using affirmative questions and eliciting the positive experiences not just the problematic ones, it is possible to work with people on the positive side of the Illness-Wellness Continuum, encouraging them to flourish as advocated by Keyes and Prilleltensky (Keyes, 2013:3-28).

4.1 SAMPLING

This study used non-probability sampling, as the selection of the participants was purposive (Babbie, 2010:192) because they are adolescents who attend and are involved at church. The researcher approached the pastors of the different branches of a particular Christian non-denominational church in the Durban area (as the gatekeepers to the community from which the participants are drawn) to obtain permission to approach the possible adolescent participants and their parents in their churches to request them to participate in the study. The participants included in the study are high school aged adolescents of both genders, between Grades ten and eleven, from both Afrikaans and English language groups who attend branches of the particular non-denominational church in the Durban area. Only adolescents from grades ten and eleven were selected as participants in this study, as it is reasoned that adolescents in earlier adolescence (grades eight and nine) and adolescents in later adolescence (grades ten to twelve) have different levels of abstraction and life experiences. Adolescents in grades ten and eleven have more advanced levels of abstraction and a broader variety of life experiences. Grade twelve learners would fall into this category of later adolescence, however they were not included as participants in the study due to consideration for the increased academic and time pressures they experience during this final year of their schooling. The study is qualitative not quantitative and thus aimed to obtain richness of data. The sample consisted of ten participants with a further two participants being recruited in order to obtain data saturation (Wyatt, 2010: 829).

4.2 DATA COLLECTION

Yin (2014:110) outlines interviews as one of the most important ways of collecting data for case study research and Swanborn (2010:17) indicates that a broad question can develop into more precise questions as the interview progresses. This was the situation in this study, as a broad

question was asked after each participant had made a drawing, providing information about the participant's perceptions of coping. Thereafter, the researcher proceeded to probe further with more specific questions in order to find the coping modalities used and how these are applied.

Two semi-structured interviews were conducted individually with each participant.

- In the first interview where a visual data collection technique was used with the participants (Mitchell, Theron, Stuart, Smith & Campbell, 2011:19-34), the researcher explained the interview process to the participant and then he/she was asked to create a visual representation in the form of a drawing or collage which depicted what helps him/her to cope with problems in his/her life. The participant was provided with different media such as crayons / coloured pencils / felt-tipped pens as well as different sized paper, magazines, glue and scissors, for the participant to use in his/her creation. The researcher emphasized that artistic ability was not important; rather the significance resided in the meaning of the representation for the creator. Once the participant had completed the visual representation, he/she then spent time explaining the symbolism of the picture to the researcher.

- Thereafter, a second semi-structured interview was conducted with each participant using open-ended questions in a discussion about coping and problems / difficulties encountered by the participant in his/her own life; as well as preferred personal coping strategies, positive experiences and problematic experiences involving the use of these coping strategies and the participant's religious beliefs as key topics to be explored. The researcher endeavoured to use an empathic, authentic conversation style when conversing with the participants during the interview.

- The researcher also conducted a focus group with seven of the participants who were also involved in semi-structured interviews, where the adolescent participants were able to share their experiences of the interview process as well as discuss and provide valuable feedback and comments regarding the preliminary themes presented by the researcher. These themes were extracted from the individual interviews. The participants commented on the themes by providing additional information and expanding on and confirming the themes already extracted.

4.3 DATA ANALYSIS

As this study used a qualitative approach, the data was analysed using thematic analysis, where the researcher followed the six steps as described by Braun & Clark (2006:87-93). First the

audio recordings from the two individual semi-structured interviews had to be transcribed; the researcher then took all the data collected from the individual semi-structured interviews (in this case verbatim transcribed audio recording notes of the two semi-structured interviews, supported by any field notes) and analysed it for emerging patterns / themes or any particular repeated characteristics that spanned across both periods and situations and related specifically to how the adolescent participants described their coping strategies. Where necessary broader themes were divided into subthemes to more accurately describe the data collected. After the researcher analysed the data from the two semi-structured interviews conducted with the participants, and preliminary themes were extracted, these were then discussed in a focus group consisting of seven of the research study participants for confirmation of these themes. This also provided an opportunity for the participants to comment on, expand on and provide feedback to the researcher regarding the identified themes and their personal experiences of the research process. It also emphasised for the researcher and participant that research is a process of constructing, reconstructing and co-constructing meaning. During this stage the researcher analysed the data collected until there was data saturation, at which point no new data emerged and the research conclusions could be made.

5. ETHICAL IMPLICATIONS FOR PARTICIPANTS AND COMMUNITY / ORGANISATION

Ethics approval (Babbie, 2010:62-70; Brinkmann & Kvale, 2008:263-268; Strydom, 2011:113-121; Patton, 2002:404-409; Wassenaar, 2006:60-73) was obtained from the North- West University's Ethics Committee to conduct the research study proposed under the project number: NWU-00060-12-A1. Before commencing the study, the researcher informed pastors of the different branches of the particular non-denominational Christian church in the Durban area (as the gatekeepers to the community from which the participants are drawn) of the research study to be conducted to obtain permission to approach the parents of, and potential adolescent participants, in their churches to participate in the study. Thereafter the researcher contacted the parents of potential adolescent participants and the potential adolescent participants and informed them of the nature, duration and goals of the study and their potential role in it, using clear and understandable language. After this the parents were asked to give informed consent, as all the adolescents involved in the study were under 18 and thus minors. The adolescent participants were also asked to provide their permission

to be part of the study. This was done to provide the adolescent with a sense of collaboration and autonomy in the process. The adolescent participants' parents were provided with informed consent forms to complete and sign giving consent for their child to participate. The adolescents were asked to complete and sign permission forms providing their assent to participate in the study. These forms were completed and returned before the adolescent participants commenced participation in the study. The forms covered important ethical aspects of the study, invited the participants to take part in the research study, explained the purpose of the study and were discussed with participants in clear and understandable language at the beginning of the first contact session. The form informed the adolescent participants that their participation was voluntary and they could withdraw from the study at any point if they were uncomfortable or did not want to participate further. They were also informed of their right to refrain from discussing anything that made them feel uncomfortable, and that this would not exclude them from the study (Babbie, 2010:64; Brinkmann & Kvale, 2008:266; Strydom, 2011:116-117; Patton, 2002:407; Wassenaar, 2006:72). The form also explained confidentiality and anonymity to the participant and the care that would be taken to maintain the confidentiality and anonymity of the participants in the research report. It was also explained to the adolescent participants that confidentiality applies to their own information and disclosures as well as those of others, such as the information shared by other members of the focus group (Babbie, 2010:67-69; Strydom, 2011:119-121; Patton, 2002:407). The adolescent participants were also informed of their right to knowledge concerning the research findings from the study and that feedback could be provided at the conclusion of the study if desired. Care was taken to ensure that none of the participants were harmed during or as a result of the study and if any new awareness or other discomfort was created due to their participation in the research, follow-up sessions would be arranged for them with a colleague of the researcher (Babbie, 2010:65-67; Brinkmann & Kvale, 2008:267; Strydom, 2011:115-116; Wassenaar, 2006:67). Consent was obtained from the adolescent participants for an audio recording device to be used during the interviews and the focus group, and for these audio recordings and visual representations made by the adolescent participants during the interview process to be used in the research study (Strydom, 2011:119-121). Data (which includes the audio recordings and visual representations) will be kept in a safe place at the Centre for Child, Youth and Family Studies in Wellington for three years after the completion of the study.

6. TRUSTWORTHINESS

By using different data collection techniques (namely: the visual data collection technique; semi-structured interviews and focus group) the trustworthiness of the results is increased by the process of crystallisation. This is a process of gaining a deeper understanding of a phenomenon by compiling many different details and forms of representation and then organising and analysing those details (Ellingson, 2009:10). The focus group provided a form of member checking when the participants were asked to confirm the themes and provide feedback on the analysis of the data collected. This further increases the trustworthiness of the research study and also amplifies their voices in the research study. Warren and Karner (2005) cited in Ellingson, (2009:42) advocate that participants provide significant insights and that member checking increases the credibility of the findings from the themes extracted from the data.

7. STRUCTURE OF THE RESEARCH REPORT

In the following Section B, the findings of the research study will be reported on, in article format according to the Author guidelines of the Acta Academica Journal. The author guidelines are included as Addendum H. The research report will be concluded with section C, which will provide critical reflections and recommendations. This will be then be followed by a consolidated reference list and Addendums.

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SECTION B

ARTICLE

Coping strategies of church-going adolescents in Durban

Coping strategies of church-going adolescents in Durban

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1. SUMMARY

The aim of this qualitative study was to use a case study research design to explore the coping strategies of church-going adolescents in Durban. Twelve participants were recruited using non-probability purposive sampling. A variety of data collection techniques were used namely: visual data collection, semi-structured interviews and a focus group discussion. The data was thematically analysed and three main themes emerged. The first theme related to the participants' understanding of what coping is, while the second theme identified the source of their coping strategies. Lastly, the third theme comprised the different types of coping strategies they use: religion, leisure activities, physical strategies, social support systems, creativity and positive and avoidant behaviours. As could be expected in a group of church-going adolescents, religion emerged as a strong coping modality.

OPSOMMING

Die doel van hierdie kwalitatiewe studie was om met behulp van die gevallestudie ontwerp die hanteringstrategieë van kerkgaande adolessente in Durban te verken. Twaalf deelnemers is gewerf deur middel van 'n nie-waarskynlike doelgerigte steekproef. Verskeie tegnieke is gebruik vir data-insameling, naamlik visuele voorstellingstegnieke, semi-gestruktureerde onderhoude en 'n fokusgroep bespreking. Die data is tematies ontleed en drie hooftemas het na vore gekom. Die eerste tema hou verband met die deelnemers se begrip van wat hanteringsvaardighede is en die

tweede tema identifiseer die oorsprong van hulle hanteringsvaardighede. Laastens, omsluit derde tema die verskillende hanteringsvaardighede wat hulle gebruik: godsdiens; ontspanning; fisieke strategieë, sosiale ondersteuningstelsels; kreatiwiteit en ook positiewe en vermydende gedrag. Soos verwag kan word in 'n groep van kerkgaande adolessente het godsdiens na vore gekom as 'n sterk hanteringsmodaliteit.

2. INTRODUCTION

Adolescents face many challenges in their communities, families and individually during the complex developmental stage of adolescence, which is the transition period from childhood to adulthood (Pattersen & McCubbin 1987: 793-824; Peterson 1988: 583-607; Dubow & Ippolito 2000: 184; Berk 2012: 6). This challenging and stressful time involves social, biological and psychological changes, which enable adolescents to cope with the increased demands they experience. It is also a time when cognitive abilities that precede adulthood emerge (Pattersen & McCubbin 1987: 793-824; Peterson 1988: 583-607). The adolescents' sense of self and an identity apart from their parents become more strongly developed (identity formation and individuation), and they become more autonomous (Frank & Kendall 2001: 135- 40). According to Rew (2005: 112), as well as Berk (2012: 208) this involves the ties with their parents becoming looser as adolescents separate more and more from their parents and move progressively towards their peer relationships, which is an important part of identity formation. However, during this period they are exposed to many healthy and unhealthy influences in the community, especially when engaging with their peers and other social structures outside of the family (Davies 2011: 106). According to Casey, Getz and Galvan (2008) and Steinberg *et al.* (2008) cited in Berk (2012: 190-91), changes occur in the emotional and social networks in the brains of adolescents. These changes make the neurons more responsive to excitatory neurotransmitters as the individual becomes sexually mature, a process, which begins with puberty in adolescence. This means that the adolescent experiences and reacts more strongly to stressful events and pleasurable stimuli. However, as this network is still immature, most adolescents find it hard to manage these powerful influences. Berk (2012: 191) continues by saying that this can then contribute to some of the behaviours adolescents are renowned for, such as the need for extreme novel experiences, substance use, reckless driving, unprotected sex and other risk behaviours. Although adolescents have a lot to deal with during this challenging time of transformation and transition and it can be a challenging time, it can also be an exciting period when they are acquiring skills required for adulthood while still protected in a

potentially nurturing and supportive environment. Thus, effective coping strategies are not only advantageous but also necessary for them to embark on their journey and navigate their way to adulthood as successfully as possible. While during their childhood they are less likely to engage in undesirable or risk behaviour as they fear disapproval and rejection from their parents, during adolescence there is a strong need for approval from their peers, who might engage in and encourage risk behaviour (Atwater 1988: 164). Research indicates that the adolescent's ability to make difficult choices and decisions, such as resisting peer pressure and not engaging in risk behaviours, are influenced by his/her repertoire of coping strategies (Frank & Kendall 2001: 136).

Adolescence, (i.e. ages 11 to 18 years), is the last of five stages of child development (Berk 2012: 5-6). Some researchers further divide the adolescent period into early and late adolescence. However, there seem to be differences in the ages that are included in this particular delineation. Skinner and Zimmer-Gembeck (2007: 128) describe early and middle adolescence as ages 12-16 years and late adolescence as ages 16-22 years, which should place this study within the realm of middle to late adolescence, as the participants are in Gr 10 and 11 or 15-17 year olds. However, if adolescence as described by Berk (2012: 6) ranges from ages 11-18, then this study should be placed within the realm of late adolescence. Thus, to clarify the parameters of this particular study, the researcher has chosen to describe the participants according to the confines as described by Berk (2012: 6), and describes the participants as placed within the stage of late adolescence. Participants in later adolescence were focused on as they have a broader variety of life experiences and more advanced levels of abstract thinking, which would be advantageous in the context of coping and coping strategies, as it would allow them to think using metacognitive skills. This will also allow him/her to regulate coping actions based on future concerns as well as long-term goals and the effects on others (Skinner & Zimmer-Gembeck 2007: 128). Field and Prinz (1997: 967) summarise this when they state that formal operational thinking may help adolescents in choosing effective coping strategies as it would allow them to think abstractly, consider other perspectives and to evaluate outcomes.

This study focuses particularly on church-going adolescents as it is clear from the literature (Bjorck, Braese, Tadie & Gililland 2010: 343) that while literature on adolescent coping is increasing, studies often overlook religious coping strategies and their possible impact on functioning. Thus, another theorist, Pargament (1997: 32), writes about religious coping and describes religious coping strategies as using religion in efforts to cope with challenging or stressful life events or

circumstances. Pargament, Tarakeshwar, Ellison and Wulff (2001: 498) add that religion offers a variety of methods for coping and religious coping in particular adds a distinctive dimension to coping that has significant implications for well-being. Pargament (1997), cited in Pargament, Tarakeshwar, Ellison and Wulff (2001: 499-500), says that an individual will use religious means to cope to the extent that these religious beliefs have been internalised into one's being, worldview and social roles. Also, religion will only be used if the individual believes that it can actually solve the life problems encountered. Thus, it is possible that church-going adolescents might use this form of coping as part of their coping strategies.

According to Matthews *et al*. (1998: 118-24), Smith, McCullough, and Poll (2003: 614-36), Steffen, Hinderliter, Blumenthal, and Sherwood (2001: 523-30), contemporary research proposes that religious behaviours and beliefs can protect from, and moderate the effects of, the impact of difficult interpersonal life events and social problems on physical and mental health. Because the role of religious beliefs in the context of adolescent coping is a neglected area of research as most studies have focused on adults (Bryant-Davis, Ellis, Burke-Maynard, Moon, Counts & Anderson 2012: 306; Peterson & Seligman 2004 cited in Van Dyke & Elias 2007: 409), the current study explored a range of possible coping strategies and modalities used by this specific group of church-going adolescents, one of which could have been religious coping. Thus, it will be interesting and useful to see how strongly religion features in their coping strategies and what coping strategies they used.

The research question guiding this research was: *What are the coping strategies of church-going adolescents?* The research aim was to qualitatively explore and describe the coping strategies of church-going adolescents by means of a case study design. If coping strategies in a group of church-going adolescents can be better understood by exploring their coping experiences within these theoretical frameworks of coping, then perhaps they can be assisted with programs to expand the coping resources available to them by using a combination of the different modalities.

2.1 POSITIVE PSYCHOLOGY AND FLOURISHING

The focus of this study is a case study of coping strategies within the paradigm of positive mental health. Gable and Haidt (2005: 104-05) say that the positive psychology approach studies conditions and processes that contribute to the flourishing or optimal functioning of people, groups

and institutions. These authors emphasise that this perspective acknowledges both the negatives and positives and addresses the full spectrum of human experience. Ideally, adolescents should flourish, which is proposed by Keyes (2013: 4) as a condition indicating high levels of well-being and proactive coping that sets adolescents on the path of long-lasting well-being. In line with proactive coping, Keyes (2013: 3-28) also discusses the notion of promoting and protecting positive mental health within the mental health continuum model and indicates the importance of well-being in promoting and supporting a strong society. The work of Keyes (2002: 207-10; 2007: 95-100) fits well with the positive psychology paradigm as both are concerned with enhancing an individual's mental health and the factors that would promote well-being and allow one to "flourish". Proactive coping is a method of coping that also promotes well-being by emphasising measures that can be taken before the occurrence of a stressor as a form of prevention (Carver & Connor-Smith 2010: 686) and in doing so preserves or enhances the mental health of the individual proactively. It can be defined as "efforts undertaken in advance of a potentially stressful event to prevent it or modify its form before it occurs" (Aspinwall & Taylor 1997: 417). The study is placed within the positive psychology paradigm with the reasoning that proactive coping can possibly lead adolescents to a strong positive position on the well-being continuum, which can enhance core tasks such as learning and eventually lead to well-functioning adults and a strong society (Keyes 2013: 3-28).

3. METHOD

3.1 RESEARCH DESIGN

The research approach used in this study is post-modernist, phenomenological and qualitative, focusing on the subjective lived experiences of the participants. A case study design was used to obtain an in-depth understanding of the research focus (Babbie, 2010) and involves an in-depth exploration into a case or a small set of cases. The phenomenon of interest is coping in church-going adolescents and the case is bounded by the fact that participants should be church-going adolescents at a church in Durban. As indicated by Yin (2014: 34) the bounding of the case regulates the data collection strategies. Important for this study is Swanborn's view (2010:15) that the phenomenon (coping in church-going adolescents) was studied in the natural context in normal life situations of the participants. In other words no experiments or manipulated social processes were used. Furthermore the research aimed at obtaining rich insight and thick descriptions to generate knowledge of the topic (Rule & Vaughn, 2011: 1). This design allowed the researcher to

gather data from multiple sources and to gain different perspectives about the research focus being studied, which provides deeper insight into the many different aspects of and a greater understanding of the research focus being studied (Baxter & Jack, 2008: 544). Thus, this study aimed to answer the research question by creating an in-depth description of some "social phenomenon" as indicated by Yin (2014: 4), Rule and Vaughn (2011: 7 and Swanborn (2010: 9).

In particular the adolescent participants were asked to recount personal experiences of their coping strategies that have worked for them in the past and that they currently use, as well as any negative / problematic experiences where their coping strategies were not particularly helpful in a situation. By encouraging participants to provide both positive and negative / problematic experiences, contextualised information is obtained. By using affirmative questions and eliciting the positive experiences not just the problematic ones, it is possible to work with people on the positive side of the Mental Health Continuum, encouraging them to flourish as advocated by Keyes and Prilleltensky (Keyes 2013: 3-28).

3.2 PARTICIPANTS

This study used non-probability purposive sampling (Babbie 2010: 192) because the participants selected were adolescents who attend and are involved at church. Ten participants, with a further two participants being recruited in order to obtain data saturation (Wyatt 2010: 829), were included in the study. The participants were high school-aged adolescents of both genders, in Grades ten and eleven approximately 15 to 17 years old, from both Afrikaans and English language groups who attend branches of a particular non-denominational church in the Durban area. Only adolescents from grades ten and eleven were selected as participants in this study as it is reasoned that adolescents in earlier adolescence (grades eight and nine) and adolescents in later adolescence (grades ten to twelve) have different levels of abstraction and life experiences. Adolescents in grades ten and eleven are likely to have more advanced levels of abstraction and a broader variety of life experiences.

3.3 DATA COLLECTION AND ANALYSIS

Two semi-structured interviews with each participant were used to collect the data. In the first interview a visual data collection technique was used (Mitchell, Theron, Stuart, Smith & Campbell

2011: 19-34). Participants were asked to create a visual representation in the form of a drawing or collage that depicted what helps him/her to cope with problems in his/her life. It was emphasized that artistic ability was not important; rather that the significance resided in the meaning of the representation for the participant. Once the participant had completed the visual representation, he/she proceeded with the first interview to describe the symbolism of the picture to the researcher. Thereafter, a second semi-structured interview was conducted with each participant using open-ended questions in a discussion about coping and problems / difficulties encountered by the participant in his/her own life, as well as preferred personal coping strategies, positive experiences and problematic experiences involving the use of these coping strategies and the participant's religious beliefs as key topics to be explored. A focus group was also conducted with seven of the participants after preliminary data analysis had been conducted, where the adolescent participants were able to share their experiences of the interview process as well as discuss and provide valuable feedback and comments regarding the preliminary themes, extracted from the individual interviews, which were presented by the researcher.

As this study used a qualitative approach, the data was analysed using thematic analysis, where the researcher followed the six steps as described by Braun and Clark (2006: 87-93). Where necessary broader themes were divided into subthemes to more accurately describe the data collected.

3.4. ETHICAL ASPECTS

Ethics approval (as suggested by Babbie 2010: 62-70, Brinkmann & Kvale 2008: 263-68, Strydom 2011: 113-21, Patton 2002: 404-09 and Wassenaar 2006: 60-73) was obtained from the North-West University's Ethics Committee. Before commencing with the study the researcher informed pastors of the different branches of the particular non-denominational Christian church in the Durban area (as the gatekeepers to the community from which the participants are drawn) of the research study to be conducted to obtain permission to approach the parents of, and potential adolescent participants, in their churches to participate in the study. Thereafter parents of potential adolescent participants and the potential adolescent participants were contacted and informed of the nature, duration and goals of the study and their potential role in it, using clear and understandable language. After this the parents were asked to give informed consent, as all the adolescents involved in the study were under 18 and thus minors. The adolescent participants were also asked to provide their assent to be part of the study. This was done to provide the adolescent with a sense of collaboration and

autonomy in the process. Adolescent participants and their parents were informed of important ethical aspects of the study. For example, they were informed that participation was voluntary and they could withdraw from the study at any point if they were uncomfortable or did not want to participate further, as well as their right to refrain from discussing anything that made them feel uncomfortable (Babbie 2010: 64, Brinkmann & Kvale 2008: 266, Strydom 2011: 116-17, Patton 2002: 407, Wassenaar 2006: 72). Confidentiality of information and identity was explained and that care would be taken to maintain the confidentiality and anonymity of the participants in the research report. It was also explained to the adolescent participants that confidentiality applies to their own information and disclosures as well as those of others, such as the information shared by other members of the focus group (Babbie 2010: 67-9, Strydom 2011: 119-21, Patton 2002: 407). Care was taken to ensure that none of the participants were harmed during or as a result of the study and if any new awareness or other discomfort was created due to their participation in the research, follow-up sessions would be arranged for them with a colleague of the researcher (Babbie 2010: 65-7, Brinkmann & Kvale 2008: 267, Strydom 2011: 115-16, Wassenaar 2006: 67). Consent was obtained from the adolescent participants for an audio recording device to be used during the interviews and the focus group, and for these audio recordings and visual representations made by the adolescent participants during the interview process to be used in the research study (Strydom 2011: 119-21).

3.5 TRUSTWORTHINESS

By using different data collection techniques (namely: the visual data collection technique, semi-structured interviews and focus group) the trustworthiness of the results is increased by the process of crystallisation. This is described by Ellingson (2009: 10) as the process of gaining a deeper understanding of a phenomenon by compiling many different details and forms of representation and then organising and analysing those details. The focus group provided a form of member checking when the participants were asked to confirm the themes and provide feedback on the analysis of the data collected. This further increases the trustworthiness of the research study and also amplifies their voices in the research study. Warren and Karner (2005), cited in Ellingson (2009: 42), maintain that participants provide significant insights and that member checking increases the credibility of the findings derived from the themes extracted from the data.

4. FINDINGS

As this study has explored the coping strategies used by church-going adolescents, it is important to understand what the participants reported as the problems they encounter in the different areas of their lives. Responses indicated that participants frequently experience pressure in the form of time management, school performance and peer pressure, family problems, which include conflict with parents, financial problems, life changes and social difficulties such as bullying, social expectations and sexual behaviour.

Pressure in the form of **time management** is most commonly experienced in the context of school and schoolwork such as with "*the excessive amount of homework and stuff we have.*" (P10-2). This requires adequate time management skills to meet deadlines and keep up with demands placed on them. Time management skills also include prioritising which tasks should be given preference and one participant described how she becomes overwhelmed when she tries to do too many tasks at the same time and has to calm herself down to do one thing at a time, according to importance, "*I think the biggest thing is I try to do too many things at a time, and then it gets stressful, and then I can't cope a little, and then I have to just calm myself and start over, and do one thing at a time, instead of four things at once.*" (P1-I2). Another participant reported that attending school far from home means that he must manage his time well to be able keep everything in his life in balance, "*managing my time, properly because I go to Westville, and that's quite a way down the road. It's waking up at half past 5 every morning of my life, it's basically an hour and a half in the car every day and sometimes activities, like sport activities, are later. So sometimes I'm only getting home at 9 o' clock, and I haven't done homework. So I think that would be the biggest thing, it's just managing my time and managing to balance a social life with school work and chilling.*" (P4-I2). Time management skills are learnt and not necessarily inherent as one of the participants aptly illustrated by describing herself as a procrastinator who leaves things to the last minute, "*Procrastinating that one, ja. I leave things to the last minute you know, and then I like stress out like hectically, ja so, a lot with those projects…*" (P6-I2). However, she reported being a quick worker who still manages to complete tasks on time. **School performance** is another area where participants experience pressure. One of the participants' spoke about how he finds learning hard and does not like it and another mentioned how she felt that she must work hard and do well at school, "*mostly it's* [stress] *about school, if I don't do well in my school. So I really work hard in schoolwork to do well.*" (P11-I2).

Focus group participants discussed different aspects of **peer pressure** they experience at school. They described how they experienced pressure from their peers (and some teachers) to bully children in lower grades by throwing things at them. One of the group members related an experience he had had of this, explaining that he wanted to join in but also did not want to get into trouble. Yet if he was seen not to be participating then the others would think he was *'a little girl'* and he would be insulted by the other children and even some teachers (P8-FG). Girls described how they feel pressured by boys to have sex with them and lose their virginity, yet if they do, boys do not want to date them because they want to date girls who are virgins, "*Guys at this age are very into – they are very horny; they are going through puberty and have a lot of hormones. Parents always warn you to be careful of guys, they just want that one thing and some girls let guys actually take them you know, but most guys I talk to say they wouldn't want to date a non-virgin girl, they want the virgin girls yet they make them not.*" (P6-FG). Lastly, the participants in the focus group all agreed that many children in the schools are using **substances** in the form of drugs and alcohol and some are pressured into this behaviour to fit in or be accepted by others. Participants explained how substance use was happening at certain parties and many of the adolescents did not want to attend such parties because if they did not want to participate in this behaviour they would get hit. Thus, some adolescents attending those parties are being pressured into using substances. They also described how it has become popular for adolescents to sell substances at school to improve their social status.

Other difficulties identified by the participants involve **family issues** such as conflict with parents, life changes and financial stress. Due to the developmental tasks of separation and individuation characteristic of adolescence and the adolescent's increased autonomy, conflict between the parent and adolescent increases during this period. Participants' responses indicate this, "*like with family, with your parents, because you are a teenager now, you often fight well not like fight but just like disagree on things more than when you were younger.*" (P3-I2). Financial instability can be difficult for family members to cope with as was explained by one of the participants whose father has been unemployed for quite some time, "*that thing with my dad* [unemployment], *it's been very stressful and the financial stability* [lack of] *is very stressful and I know it is not for me to worry about, but you know it kind of does affect me and also with schooling and stuff and where I am going to stay at school and where I am going to go and stuff like that.*" (P7-I2). Lastly, another participant described changes in his life that he had to adjust to when he and his mother moved provinces. He had to

adapt to a different school and house as well as his mother's new boyfriend and no longer seeing his dad or brothers as often, "*to adapt in a new school; my mom meeting a new guy and ja, it was to adapt and to move; see my dad often, not as much but my brothers visiting, saying good bye.*" (P12-I2).

Participants also face problems within the **social sphere** of their lives and the problems they identified in this area can be linked to peer pressure. This includes bullying, gossiping, social expectations and sexual behaviour. Participants described the problem of bullying in their schools, which they encounter often in the form of verbal abuse, objects being thrown at pupils, sarcasm, inside jokes, spreading rumours and emotional abuse. According to the focus group participants, teachers are also involved in bullying and girls who fall pregnant get bullied and frequently drop out of school. Gossiping is a big problem and as a result the participants reported being very wary of whom they trust with sensitive information. Participants, during both the individual interviews and the focus group discussion, felt they often have to compromise by needing to impress and make others happy and cannot just be themselves, "*At school, you try and impress everyone or try to make everyone happy instead of being yourself. So, you not, ja, you not being natural, you are trying to make everyone happy and compromise.*" (P4-I2). One of the participants felt that this was linked to her different social roles, as she described being different at home, school and with friends. At home with her family she feels she has to be the perfect child, but then she is different with her friends where she can relax and is a friend yet the tension between the roles causes her discomfort. Another participant in the focus group discussion identified with this problem and explained that she has different groups of friends and also feels like she is one way around one group of friends and a different way with another group.

Sexual behaviour as a problem amongst adolescents was identified in the focus group discussion. One participant explained that, at her school, it has almost become like an achievement for a girl to lose her virginity and girls who fall pregnant in school almost boast about it. She felt that this behaviour should be seen as wrong and undesirable for adolescents but that the opposite is true. Participants in the group all agreed that sexual behaviour and pregnancy in schools has increased and is very common in their schools. One of the participants commented, that at their school, if a girl falls pregnant she drops out of school and that at least one or two girls in his grade fall pregnant every year.

From the data analysis three overarching themes were identified, namely adolescents' understanding of what coping involves; the source of their coping strategies, and specific coping strategies used by participants. These major themes were refined further through the identification and classification of subthemes and are outlined below.

4.1 UNDERSTANDING OF COPING

Participants indicated their personal understanding of coping. Two particular aspects emerged: that coping is linked to **self-management and overcoming obstacles**. In terms of **self-management**, participants indicated that coping was a matter of managing all areas of one's life, using available resources, to function effectively. Furthermore they indicated that coping is the ability to balance demands in the different areas of one's life, as described by two of the participants, "*I think coping is how you balance your lifestyle. So you not just coping in one area of your life, [it's] overall, so you are able to manage family, sports, schoolwork, a job, coming to church and stuff like that. You able to do stuff so that it's not affecting you in a negative way, ja, you able to manage your time to complete everything...*" (P4-I2), and "*I would say it is...means that you use to make your life easier, more efficient…*" (P3-I2). Some participants also described coping as a way of **overcoming problems in life**, so that effective functioning can continue and the discomfort created by the problem can be reduced or eliminated, as described by the following quotes, "*...coping is like dealing with your struggles and like trying to overcome.*" (P6-I2), and "*what it means to me is trying to find a way to deal with the things that are going on in your life, and deal with the stress and try and get rid of that*" (P7-I2).

4.2 SOURCES OF COPING STRATEGIES

When describing where they thought their coping strategies originated from, most participants' identified the **influence of their family, friends** and **religious beliefs**. However, there were three participants who identified the influence of the media, habitual responses and experimentation as sources of some of their coping strategies. This included coping methods they had seen used by characters in TV programs (media), or using behaviours they have always used to cope, similar to instinctual or default behaviours (habitual responses), and lastly, developing coping strategies through trial and error experimentation.

Many of the participants who described their families as the source of their coping strategies, identified their parents as the primary source, as indicated by this response, "*Probably my parents are the biggest influence…I learned from them….*" (P3-I2). However, one participant referred only to her mother as the source of her coping strategies, because her parents divorced when she was much younger and her mother has only recently remarried, which made her mother the primary influence in her life for many years. Her response was "*I think my mom; she copes with a lot with work, home, family, church, so I get it from her...*" (P2-I2).

Another important influence in the acquisition of coping strategies for many of the participants was their friends whose behaviour they observe, evidenced in this response, "*and then from your friends, what helps them or what they do…*" (P3-I2). Most of the responses implied **modelling** as the key way that these coping strategies are transmitted to the participants.

Religious beliefs emerged strongly in discussions as could be expected in a group of church-going adolescents and can also be considered as a source of their coping strategies. The majority of the participant responses focused on their **Faith in God**, however a **religious support system,** in this case "*having a good, like a base church, a good firm church.* " (P2-I1), was mentioned as well as **morals**, *"I know from, just like morals and general stuff like that, that you can't when life gets too much just go out and do whatever, it sort of limits you to the safe things which are good…*" (P10-I2).

4.3. SPECIFIC COPING STRATEGIES

Participants indicated what they perceive to be good coping strategies. They suggested that good coping allows individuals to manage their lives efficiently by balancing the demands in various areas of their lives, as well as knowing their own capacities, abilities and limitations as described here: *"...I think it's just you have to manage everything and know what you physically, emotionally, spiritually, will be able to manage and not biting off too much than you can chew. So being able to know what your threshold is and how much you will be able to deal with and then dealing with that in a way that's probably most efficient and prioritized.*" (P4-I2). They mentioned that different strategies and resources might be used in different situations according to the situation and available resources, personal and other, as described by this participant, "*...So, different situations have a different way of coping with it and it's also like, you as a person, what you going to do about it?*

What can you do about it? What is your ability to cope, like what are you having…what things are available to you to use? (P12-I2).

Various coping strategies used by the church-going adolescent participants emerged in the following subthemes: religion, leisure activities, physiological activities, social support systems, creativity and positive or avoidant behaviours.

4.3.1 *Religion*

As the participants are all church-going adolescents it could be expected that they would describe religion, which includes religious beliefs and religious activities, as part of their coping strategies and for many of them these play a vital role in how they cope. All the participants spoke about their religious beliefs as an important factor in their lives and coping repertoires as illustrated in responses such as, "*Jesus is in the centre of my life and everything in my life revolves around Him and He has played a very big part in helping me to cope with stuff...God has been very important, especially through this difficult phase in my life and I talk to Him so many times a day and, you know, I just kind of relieve my stresses onto Him because I know He will bear the burden of my stresses and stuff...*" (P7-I1 & P7-I2).

The most common religious activities used are **praying** which includes asking God for help and **reading the bible**. It came through quite strongly that these are activities used on a regular basis, not just when a problem is encountered, "*having like a regular prayer life, and spending time in the Word is important.*" (P5-I2). Other participants' responses describe how they use **reading the bible** and praying and asking God for help when encountering specific challenges in their lives such as, "*I'll pray before the test and the night afterwards* [researcher thinks participant meant to say 'before' as participant's first language is not English] *for God to help me during the test, and concentrate…so usually if I had a big problem like something at school happened, the first thing I would do is like ask God for help and then ja, if it is a big problem like ask God for help and then hear what He says, and read the Bible, like look in it anywhere, and then hope it gives me an answer…And praying a lot…*" (P3-I2).

4.3.2 *Leisure activities*

This includes listening to **music**, playing a musical instrument and singing. Participants' responses show that listening to music was used by most of the participants as a coping activity, which was further emphasised and confirmed during the focus group. A couple of participants included playing a musical instrument and/or singing as well. Their responses show that, for adolescents, music has the ability to cheer them up when they feel depressed / sad, help them relax when feeling stressed or overwhelmed and help them focus when studying, "*the next big thing is music, like when I study I listen to music, to help me calm and to bring down other distractions. And, ja. So I think music is a very big thing, 'cause I listen to music a lot and it helps me. If I'm sad, I listen to music and it cheers me up....so for instance if I'm studying for a hard test, I will listen to music, like while I study, like calm music, like Beethoven or something like that or a song that I don't know, because if I know the song I am just going to sing along with it and then I won't concentrate*" (P3-I1 & P3-I2). A couple of the participants also indicated singing as a means to express themselves, "*I like singing, so if I am in a good mood you'll know, I'm singing or I'm smiling, even though I can't sing*" (P2-I1).

Relaxation was another leisure activity used by many of the participants as a coping strategy and took a variety of forms such as spending time on the computer, watching movies or TV series', "*well the* [picture of] *popcorn is for movies coz I like movies... After a long week, watch a movie on a Friday night and unwind*" (P2-I1); reading, "*I spend a lot of time reading and removing myself from life sort of just disappearing... it's like an escape place, I'd say…*" (P10-I1); spending time outdoors in **nature** or gardening, "*Giraffe and stuff - my favourite place to go is like the game reserve, so when I am in a really stressful time, then it's nice just to go away... fresh air*" (P5-I1) and "*I enjoy gardening and caring for strange plants like bonsai trees.*" (P10-I1); 'chilling' doing nothing, "*most of my thing was like chill time…So, 'take a break'* [referring to visual representation], *Saturdays are usually the only day that I have to do absolutely nothing*" (P5-I1); and taking naps. The focus group discussion participants stressed the value of naps as a coping activity.

4.3.3 *Physical Coping Strategies*

Physical coping activities are activities that the participants engage in that focus on the body such as **exercise**, **sleep**, **food** and **medication**. For many of the participants physical activities are an effective way to channel their stress or lift their mood, often through sporting activities, "*Sports is*

also a very main base for me, because you can get out your frustrations or something very fast."
(P2-I1), "*For me, just it's any sport to do with the ball. If I go out and I hit a ball, 'cause I'm big into my cricket, if I hit a ball then I don't know…it just lifts my mood.*" (P4-I1). They also use gymnasium activities to assist coping, "*In the week, to go to gym, just run on the treadmill or something, and then get everything out*" (P5-I1). Another participant found ballet helpful, "*my ballet is very important to me because that is what relieves me of my stress, when I feel stressed, and I look forward to that at the end of the day...I just channel that stress…into my dancing and that helps me to get rid of that stress*" (P7-I1 & P7-I2).

Participants also indicated that they use sleep and food as physical coping activities. They spoke about the importance of sleep to them especially during difficult times, "*Sleep also helps me a lot, I have the whole rest thing, if I do something too long, then I won't be able to focus anymore, and then it adds stress. So I just have to take a break and just sleep it off, and then I can continue.*" (P1-I1). Food and eating was something else that participants indicated as part of their coping strategies and this was explained firstly as having a healthy balanced diet, which promotes a healthy physical state and aids coping because if one is physically strong, one is more likely to have the necessary physical and mental resources needed for the demands of the coping process. Secondly food is described as a mood enhancer, "I like to eat… it makes me happy" (P11-I1 & P11-I2). During focus group discussions participants also indicated that it is common for many adolescents to take medications such as antidepressants to help them cope with difficulties in their lives.

4.3.4 *Social Support Systems*

Participants indicted that getting help from their social support systems, which include family members, professionals, teachers, friends or a trusted person, was a good way of coping as illustrated in the following statement, "*...go to someone you trust, and tell them. If it gets worse go and ask a professional. Ja, even with everything, at schooling, if you struggling, go to a teacher and ask for help. I think that is the best way, is ask for help if you need i*t." (P2-I2).

During the focus group discussion the participants further emphasised the importance of choosing someone who can be trusted when getting help especially if it pertains to emotional issues and the need for getting help timeously, *"be wise before picking someone / who you choose to trust to speak to...Sometimes people go to people for help too late and have been trying to deal with it [the*

problem] on their own for a while but couldn't deal with it. If they had gone in the beginning and been given advice, and could've done it, it would've been better." (P5-FG)

One of the participants in the focus group discussion emphasised how having an accountable relationship with an individual within the church context, like a mentor, could be another example of a coping strategy, "*I think being accountable to someone in church is a good coping strategy coz they keep you on the path and check up on you – one benefit. Someone who is real, someone you trust*" (P5-FG).

It seems that the social support system is an important coping resource. Strong social support systems can strengthen the ability of adolescents to cope resulting in a more adaptive and effective outcome. The two strongest elements of social support that emerged in this theme are support from friends and / or relationships and support from family.

Friendships / Relationships

As mentioned earlier, adolescents during this period of their lives are separating from their parents and moving towards peer relationships, thus friendships and relationships would also be an important source of support for them in times of stress. Most of the participants indicated that their friendships and / or relationships are important sources of support for them. Friendships and relationships are clearly indicated as a valuable coping resource by this participant's response where she describes how her friends and boyfriend believe in and motivate her, "*my friendships and my friends keep me down to earth and they just motivate me when I want to give up or anything. Then, my relationship with my boyfriend* [name omitted to preserve confidentiality], *he is the main person that motivates me, and when I think I can't do anything, he is the one that says: "No, I know you can", and then that just keeps me going, and then helps me too when I just feel like I don't want to do this anymore and he just says: "No, you have to do it because I know you can.*" (P1-I1). Another participant describes a particular friend, who provides support and encouragement when she is experiencing difficult circumstances, "*and my friends are also very important, I have got a very special friend, and she helps me to find the positive things when things are very negative and I have put a picture of a rose here* [in the visual representation], *because she helps me to find the roses amongst the thorns…it really helps me a lot to talk through it with my friends. Ja, I find I feel a lot better after I've talked about it*" (P7-I2).

Family

Many of the participants spoke of the positive influence of their families. They indicated that they value their support, help and encouragement especially but not only during the challenging times. Families can encourage individuals to grow and achieve their potential through their love and support as illustrated in this participant's response, "*another big thing is my family, like my family are always there, they always encouraging me to do stuff and it's very nice because both sets of grandparents are still alive and married and my parents are both married still and I've got a little brother. So they always there for me and helping me...*" (P4-I1). Another participant emphasises the importance for her of being able to approach her parents and speak to them about life issues, "*also family is important to me, and it is important for me to be able to talk to my mom and dad about stuff…*" (P7-I1). Other participants mentioned their relationships with their siblings, such as the participant who described how she and her brother tease each other but this behaviour helps her to cope and another participant who describes a similar experience with her brothers in her response, "*I also think you need to have strong...family relationships, for you to have a support, so if you go through something, you've got your...family to support you...my brothers, I have mostly brothers in the family, so when they are upset or I am upset we have got each other and we just play around*" (P2-I1).

Social media

A prominent form of accessing social support is to use social media such as spending time on social networking like Facebook and Twitter. This form of coping was mentioned during the individual interviews, "*Social networking…it is quite a big thing in your life, in everyone's life as well…*" (P8-I1) and further highlighted in the focus group discussion. Support was also gained when talking to friends and family on the telephone, "*...talk to my friends on the phone...when I talk about my problems with them, they always help me…*" (P11-I1 & P11-I2).

4.3.5 *Creativity*

The next type of general coping activity that participants found helpful is creativity, which includes **drawing**, **writing**, **drama**, and **journaling**. For some participants, drawing and writing is a way for them to express themselves and to channel their stress in a constructive way, "*I spend a lot of time drawing or writing*" (P10-I1), for another drama is a vital way to release tension, "*my drama, if it weren't for my drama, I would probably go crazy… if I think about my drama and stuff: usually over*

the weekend I get all depro and stuff, 'cause then I don't have drama, but it usually makes me feel better, I dunno, it's just a way to release any tension…it's just when I perform and stuff, it's just like all the…all the stress and stuff just kind of goes away." (P9-I1 & P9-I2) and yet another participant described how journaling and role-playing helps her to express her emotions and resolve problems in her life, "*Journaling… If it is with a person* [problem]*, I got told by* [name omitted to preserve confidentiality] *once, that you journal it, and then, you first go tell a pet, like a dog, you sit your dog down and you talk to your dog and then once you've told your dog, you've cried, you've said everything, you going to bring your cat so that you have your cat and your dog sitting there, and you are telling it to them. So it builds up you to face that situation and I've started using it and it is actually quite a nifty idea… 'Cause after all the crying with your dog and everything, you've gotten that over, your feelings are gone that you can actually face it without being so emotio*nal" (P2-I1 & P2-I2).

4.3.6 *Behaviour*

The last of the general coping activities used by the participants include behaviours that can be described as either **positive** or **avoidant.** Participant responses describing positive behaviours include, altruistic behaviour such as helping people. One participant described how helping others makes her feel good and gives her perspective, "*I always try to see the bigger picture by helping other people. When I help people I feel amazing, it makes me feel I am doing something for someone else that is less fortunate*" (P12-I2). Channelling energy into schoolwork was another way that a participant coped with stress, "*I put my stress into my work and I work through that… I just channel that stress into my work…*" (P7-I1 & P7-I2) and two other participants described how goal setting keeps them motivated and helps them cope when they face challenges, "*goals: where I remind myself of my goals that I want to achieve, that also helps me get through and cope with thing*s." (P3-I1).

Avoidant behaviour can also help individuals cope, and one participant described how by removing himself from a problematic situation, he gains perspective which allows him time to process, and decide the best way to handle a situation. He also mentioned that he has found that sometimes if he removes himself from the situation it resolves itself spontaneously, "*I normally remove myself from the situation for a while first and then when I have a clear understanding of the problem, then I only want to face it… But I try and get away from it as soon as possible… It's just…you feel more*

peaceful and you can think about the problem but if you're faced with it the whole time, you don't have time to think and then you might like act rashly or something and not make a wise decision...and sometimes it deals with itself if you just get out of it for a while." (P5-I2). During the focus group discussion, participants mentioned that in certain situations the best way to cope with a problem is to confront it, which may require confronting someone about an issue, which exhibits positive behaviour. However, in contrast, they also said that at other times the best way to cope with a situation was to avoid and withdraw, by possibly avoiding a person, group of people or situations.

During the interview process the participants provided examples of both positive and negative outcomes they had experienced when applying their coping strategies in problematic situations. It seemed that most positive experiences were a result of applying their coping strategies effectively and thus being able to manage factors within their control, as these participants did: "*I think in the beginning of the year, I was very busy with sports and school, and then everything was just mixed together, and I found a way to prioritise it and everything just fell into place and I could manage everything perfectly, nothing was more important than the other thing, everything was equal*." (P1-I2) and "*this past week has been a very difficult week to cope with stuff and I've sort of put that into my dancing in the afternoon and I've felt much better when I've finished that*." (P7-I2).
Negative experiences could be attributed to a number of different factors. Sometimes it was because the participants had not applied their coping strategies effectively, "*Uh, ja, well, times where I haven't been able to apply them, when I've had issues with my parents and they said I can't go to drama, then that didn't turn out very well*" (P9-I2). However, at other times the outcome was due to factors out of their control such as decisions made by others, "*there's been one or two times when I've tried to speak to my parents about my problems and stuff and they've sort of not really understood where I'm coming from and what I'm dealing with but, Ja, that's been the hardest, sort of...it kind of made me feel like they weren't really listening to me and not seeing things through my eyes*." (P7-I2). Seemingly some outcomes could not be explained, "*I think it goes back to that cricket selection because at that time, I was probably playing cricket...I had like nine sessions of cricket a week and I was managing to keep up my academics, my academics was doing really well. Cricket, coming to church, friends, probably my social life took a bit of a dip but I was really training hard and like I felt like I was coping, like everything was great, and then I just didn't make the team. So that was a bit of a let-down, ja, I think that's one of the instances*." (P4-I2).

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5. DISCUSSION

The findings of the study will now be discussed with reference to relevant literature. Various problems faced regularly in different areas of the participants' lives were identified in the data analysis, which Brown and Harris (1978) and Holmes and Rabe (1967) in Thoits (1986: 416) would describe as stressors: negative life experiences and constant life struggles. Compas (1987) in Lohman and Jarvis (2000: 16) go on to describe major life adjustments, constant stressful circumstances and day-to-day challenges as three types of possible stressors that adolescents might face and according to Lazarus and DeLongis, (1983) and Goldberg and Comstock (1980) in Lohman and Jarvis (2000: 16) of these, most would be day-to-day challenges. Conflict with parents was one of the problems experienced by participants and about which much is written in the literature. According to Blos (1979) and Erikson (1959) in Lohman and Jarvis (2000: 21) it is a significant stressor for adolescents as according to Seiffge-Krenke and Pakalniskiene (2011: 953) this behaviour increases during adolescence, which Collins *et al.* (1997) in Seiffge-Krenke and Pakalniskiene (2011) attribute to the adolescent's need to assert autonomy in different ways.

In the first theme participants attribute coping to mean using resources to manage all areas of life while applying available resources to function effectively as well as overcoming problems. However, Lazarus and Folkman's widely used and accepted definition of coping (Lazarus & Folkman 1984: 141) states that coping is: "constantly changing cognitive and behavioural efforts to manage specific external and / or internal demands that are appraised as taxing or exceeding the resources of the person." Thus, the full complexity of what coping is was not fully communicated in the participants' responses.

However, in the second theme, participants largely identified that they acquire their coping strategies from family members and friends through modelling. This is confirmed in literature, which says that the family models coping behaviour and friends also help with coping (Vernberg *et al.* 1996 in Bal, Crombez, Van Oost and Debourdeaudhuij 2003: 1378).

The third theme identified in the data analysis process specifies particular coping strategies used by the participants. The first coping strategy to be discussed is that of religion and includes religious beliefs and the religious activities of praying and reading the bible. All participants identified this particular coping strategy as an important part of their coping repertoire. Literature confirms the

importance of beliefs as a coping modality, especially in Pargament's Religious Coping theory (Sofaer *et al*. 2005: 462-66 and Fabricatore *et al*. 2000: 221-28) and Lahad's BASIC PH Coping Model (Lahad 1993 & Ayalon & Lahad 2000, cited in Berger & Lahad 2010: 890).

Lahad (1993 and 2008, cited in Berger & Lahad 2010: 890), suggests that inherent in every individual are coping skills that are used to cope with complex situations and which are part of the individual's resources to manage disturbing emotions and adjust their reactions to the new reality. He developed a model called the BASIC PH resiliency model (Lahad 1993 & Ayalon & Lahad 2000, cited in Berger & Lahad 2010: 890), which describes these coping mechanisms in terms of six modalities (also called channels), which can be used by the individual in unique and different combinations during the coping process to facilitate effective coping in stressful situations. They are: Beliefs (including but not restricted to religious beliefs), Affect, Social Functioning, Imagination, Cognition and Physiology. Thus, according to this model the participants are using the Beliefs modality when they employ religion as a coping strategy. However, it is unlikely that this would or according to Lahad (Lahad 1993 & Ayalon & Lahad 2000, cited in Berger & Lahad 2010: 890) should be used in isolation but rather in combination with their other coping strategies for effective coping.

In Raghallaigh (2011: 540), religious coping is described as using religion to cope with challenging or stressful situations and by Sofaer *et al*. (2005: 462-66) and Fabricatore *et al*. (2000: 221-28), as an important resource that can be used in the process. Pargament and colleagues (1988: 90-104), propose three styles and two higher order patterns used in the religious coping theory, namely the self-directing style, deferring style and collaborative style and the positive and negative patterns of coping methods. The styles refer to the individual's problem-solving approach in relation to his/her relationship with God and religious coping methods are grouped into those that are positive and those that are negative. According to Pargament and his colleagues, positive religious coping methods reflect a secure relationship with God and a belief that life is meaningful, as well as a spiritual connectivity with others. Negative religious coping methods, in comparison, reflect a less secure relationship with God, "a tenuous and ominous view of the world and a religious struggle in search for significance" (Pargament *et al.* 1998: 712). The participants' responses and their activities of praying and reading their bibles indicate a secure relationship with God and a belief that life is meaningful and that God is there to help them and they can trust Him, leading the researcher

to believe that they use positive religious coping methods, which according to Joshi, Kumari and Jain (2008: 345) has positive implications for well-being.

The second coping strategy identified from participants' responses is leisure activities, which take the forms of music including listening to music, playing an instrument or singing and relaxation activities such as spending time on the computer, watching movies or TV series, reading or spending time in nature or gardening as well as 'chilling' which implies doing nothing.

Lazarus and Folkman were mentioned earlier as their definition of coping has been widely accepted and used. However, when the major changes in the conceptualisation of coping occurred in the 1970s, Lazarus and Folkman (1987: 153) and their coping theories made a significant contribution to the major new developments in this area of psychology. Their transactional theory of coping conceptualised coping as contextual and a process, and the way in which the individual evaluated the context plays a vital role in guiding the coping process. Lazarus and Folkman (1987: 146-47) describe coping as a result of a situation being evaluated as threatening, harmful or challenging and argue that the coping process could change this and, as a result, the emotional response. These theorists assert that coping has two core functions: to change the problematic person-environment relationship, which is problem-focused coping, and, secondly, to manage the individual's distress caused by the problem, which is emotion-focused coping (also known as cognitive coping). They propose that both these forms of coping are used in the coping process; however, in different situations one is more dominant than the other. In this regard Folkman and Lazarus (1980: 219-39), indicated that problem-focused aspects of coping are used more in encounters the individual deems changeable than those that need acceptance, while emotion-focused forms of coping were used more in situations needing acceptance than changeable ones.

In the above coping strategy, where a participant uses leisure activities to cope, it could be argued that the individual is using emotion-focused coping. All the behaviours allow the individual to manage their distress, caused by the problem, by managing their emotions, mostly through distraction such as the music activities, especially listening to music, or watching movies or TV series. Many of the participant responses indicated that listening to music lifted their mood when depressed, calmed them down when stressed or helped them focus. It is clear then that these activities, with perhaps the exception of 'chilling doing nothing', allow the individual to regulate their discomfort or undesirable feelings by actively focusing their mind on something else. The

individual manages their emotions using these activities but the stressor remains unchanged so they are not using problem-focused coping.

The third coping strategy participants have identified is physical coping. This involves the individuals channelling their energy into activities involving the body to relieve stress or frustrations actively, such as sport or exercise. However, it can also involve more passive forms of coping such as using sleep, medication or eating to cope.

Sleep could be considered a more avoidant form of coping, as it is a way of escaping from the problem by removing oneself from the situation to reduce stress and anxiety caused by the stressor, 'pretending it is not there' (Roth & Cohen 1986: 813-18). Perhaps, though, the activity 'chilling doing nothing' from the leisure activities described earlier would be better classified with sleep as an avoidant method of coping perhaps using blunting or repression (desensitisation) (Fields & Prinz 1997: 941).

The physical coping strategy fits with both Lahad's BASIC PH resiliency model (Lahad 1993 & Ayalon & Lahad 2000, cited in Berger & Lahad 2010: 890) and the approach / avoidance model of coping (Roth & Cohen 1986: 813). As described earlier, Lahad's BASIC PH model has six coping channels one of which is the physiological channel, which involves any coping strategy used by the individual involving the body in physical activities

The approach / avoidance coping model is a model for coping with stress (Roth & Cohen 1986: 813-18) with two basic orientations that are either focused towards (approach) or away (avoidant) from the problem. Avoidant behaviour aims to reduce stress and anxiety associated with the problem possibly using desensitisation / emotional numbing. Approach behaviour is the more positive orientation, with greater potential for the most adaptive outcome. Approach behaviour addresses the problem by possibly acting on the stressor allowing for a resolution or making it more controllable.

In light of the above, the participants' active use of exercise to release stress and frustration might be better explained as emotion-focused coping (Lazarus & Folkman 1987: 146-147) as the stressor is not changed, but the individual reduces their stress actively and appropriately.

From the data it was evident that social support systems are important to this group of participants so this is the fourth coping strategy and subtheme to be discussed. The participants' social support systems include trusted people in their lives such as professionals, teachers, friends or mentors. Using social support as a coping strategy involves getting help from someone in the system; however data showed that family and friends are most important. As technology is advancing and social media increasingly accessible, it was seen that social networking is a valuable tool that can be used to access social support systems.

Many participants emphasised the significance and value of their family's support in coping and according to Klink *et al.* (2008: 572-79) and McCarthy *et al.* (2004: 97-124), adolescents with parents who are consistent and supportive are more likely to use active coping strategies. Also, the positive impact of social support on mental health by buffering the negative effects of stress due to major life events or chronic life problems is indicated by researchers Cohen and Wills (1985), Kessler and Mcleod (1985) and Turner (1983) in Thoits (1986: 416).

Again Lahad's BASIC PH model (Lahad 1993 & Ayalon & Lahad 2000, cited in Berger & Lahad 2010: 890) can be applied here, as the social functioning modality would include the use of social support systems to cope. According to Lahad (2002) cited in Berger and Lahad (2010: 890) the social functioning modality is also used to share experiences and what has been learnt from them with others.

Some participants spoke of using activities such as drawing, writing, drama and journaling to cope with stress, which involves creativity and imagination and thus creativity is the fifth coping strategy identified in this theme. This correlates well with another coping modality in Lahad's BASIC PH model (Lahad 1993 & Ayalon & Lahad 2000, cited in Berger & Lahad 2010: 890), namely: 'Imagination' which uses the language of imagination to develop an alternative-preferred reality, also referred to by Lahad (2002) cited in Berger and Lahad (2010: 890) as the "Fantastic Reality".

Similar to the second coping strategy, leisure activities, the activities in this coping strategy also use emotion-focused coping as the activities that allow the individual to release emotions and tension constructively using self-expression in the form of words, pictures or performing arts. Again, the stressor is not necessarily modified or removed therefore it is a means to regulate emotions as opposed to the problem-focused coping which addresses the problem and changes or removes it.

The one participant's response indicated that journaling could help her resolve problems; in this instance it would be problem-focused coping.

The last of the subthemes and coping strategies involves positive or avoidant behaviour. The positive behaviours include altruism, schoolwork, goal setting and positive interpersonal confrontations and the avoidant behaviours include withdrawal. According to the approach / avoidance model, some of the positive behaviours would be considered approach behaviours as they are oriented toward the stressor and address it allowing for change or resolution of the situation. Examples of these positive behaviours from the behaviours subtheme are goal setting and confronting a person about an issue. In both these instances the situation is addressed and acted on and could result in change or resolution of a problem. One of the participants described that at times when confronted by a difficult situation (especially interpersonal conflict) he withdraws. This could appear like avoidant coping behaviour (and sometimes it is) as it is coping behaviour moving away from the stressor. However, he clarified this by indicating that sometimes he needs to escape the situation to regulate his anxiety and gain perspective before actively addressing the stressor to change or resolve it, behaviour characteristic of approach behaviour.

Altruistic behaviour, as another example of positive behaviour identified in the behaviour subtheme, could be described, not in terms of the approach / avoidance model but rather as a form of proactive coping, which emphasizes measures that can be taken before the occurrence of a stressor as a form of prevention (Carver & Connor-Smith 2010: 686) that preserves or enhances the mental health of the individual proactively. Other examples of proactive coping behaviour in other subthemes include the coping activities of praying and reading the bible from the religion subtheme as it is evident that participants do these activities regularly not only during crises, which fosters strong religious beliefs and faith in God. Using physical coping behaviour such as a balanced diet and enough sleep promotes a healthy physical state and builds physical resources that can be used when facing a stressor to minimise the negative effects of stress. Lastly, having a mentor within the church context is a coping resource from the social support subtheme and a way for adolescents to cope proactively as they would have someone they trust to provide input into their lives on a regular basis. This person could help them to evaluate their lives and behaviour and put measures in place to prevent problems arising or to help reduce the negative impact of any problems that do occur.

6. CONCLUSION

This study aimed to explore the coping strategies of church-going adolescents in Durban using a case study design within the positive psychology paradigm. Qualitative research data collection and data analysis methods were used with a sample of twelve participants recruited for the study using purposive sampling methods. A visual representation technique was used, as well as two semi-structured interviews and a focus group discussion. By using a variety of data collection methods crystallisation could be achieved and trustworthiness increased. Adolescence is a complex and difficult period during which an individual must master transition from childhood to adulthood or immaturity to maturity. Ideally, adolescents should flourish and experience positive mental health that endures into adulthood, helping to build strong healthy societies. Many problems are encountered in different areas of these individuals' lives as outlined in the text, such as pressure at school and with peers as well as family problems which includes conflict with parents, life changes and social difficulties including social expectations in their social roles and sexual behaviour and bullying in schools. According to the literature, conflict with parents during this period is common and is due to increased separation from their parents and greater autonomy as adolescents engage with their core developmental tasks of identity formation and individuation. That said most studies have focused on adults. Literature has also shown the positive impact effective coping strategies and religion can have on mental health but until recently little work was done into the role of religious beliefs in coping. Themes were extracted with thematic analysis and coping strategies identified. Religion was a core coping strategy used by these participants and other coping strategies were used as well such as leisure activities, physical coping activities, social support systems, creative activities, and various positive or avoidant behaviours. These findings were then discussed using coping theory and literature such as Lahad's BASIC PH Resilience Model (Lahad 1993 & Ayalon & Lahad 2000, cited in Berger & Lahad 2010: 890), Pargament's Religious Coping theory (Sofaer *et al*. 2005: 462-66 & Fabricatore *et al*. 2000: 221-28) and Lazarus and Folkman's Transactional Coping theory (Lazarus & Folkman 1987: 146-147). Literature indicates that effective coping utilises a number of different modalities in combination and most participants indicated a number of available and accessible coping strategies in their repertoires that could be used in the coping process.

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SECTION C

CRITICAL REFLECTIONS AND CONTRIBUTIONS

1. CRITICAL REFLECTIONS

Previously, many models of adolescent coping have been taken from coping studies done with adults which have not accounted for the developmental differences between adults and adolescents (Skinner & Edge, 1998, cited in Hutchinson, Baldwin & Oh, 2006:118). Since researchers have become more aware of this, it is more likely that coping models can and are being formulated that are specific for this group as an adolescent's developmental level both contributes to resources available to him/her while at the same time limiting the choices of coping strategies at his/her disposal (Compas, Connor-Smith, Saltzmann, Harding Thomsen & Wadsworth, 2001:89).

Bjorck, Braese, Tadie and Gililland (2010:343) indicate that literature on coping with regards to adolescence is, in fact, growing, however the studies often ignore religious coping strategies and their potential impact on functioning. Yet recent data suggests that religious behaviour and beliefs have a protective influence that moderates the impact of adverse interpersonal life events and social adversity as well as physical and mental health (Bhui, King, Dein & O'Connor, 2008:141-142.).

Adolescents face many challenges in their communities, families and individually during this complex developmental stage and it is during this stage that their sense of self and identity apart from their parents are becoming more strongly developed (identity formation and individuation), and they become more autonomous (Frank & Kendall, 2001:135-140). They are exposed to healthy and unhealthy influences in the community, especially when engaging with their peers and other social structures outside of the family (Davies, 2011:106). During their childhood they are less likely to engage in undesirable or risk behaviour as they fear disapproval and rejection from their parents, however, during adolescence there is a strong need for approval from their peers, who might engage in and encourage risk behaviour (Atwater, 1988:164). The adolescent's ability to make difficult choices and decisions such as resisting peer pressure and not engaging in risk behaviours, such as drug and alcohol abuse, is influenced by his/her repertoire of coping strategies (Frank & Kendall, 2001:136.). Thus, effective coping strategies are not only advantageous but also necessary for them to embark on their journey and navigate their way to adulthood as successfully as possible.

Ideally, adolescents should flourish, which is indicated by Keyes (2013:4) as a condition indicating high levels of well-being, and proactive coping sets adolescents on the path of long-lasting well-

being. Thus, this study was approached from within the positive psychology paradigm as Gable and Haidt (2005:104) say that the positive psychology approach studies conditions and processes that contribute to the flourishing or optimal functioning of people, groups and institutions.

Lahad (1993 and 2008, cited in Berger & Lahad, 2010:890) suggests that inherent in every individual are coping skills that are used to cope with complex situations and which are part of the individual's resources to manage disturbing emotions and adjust their reactions to the new reality. He developed a model called the BASIC PH resiliency model (Lahad, 1993 & Ayalon & Lahad, 2000, cited in Berger & Lahad, 2010:890), which describes these coping mechanisms in terms of six modalities (also called channels), which can be used by the individual in unique and different combinations during the coping process to facilitate effective coping in stressful situations. They are: Beliefs (including but not restricted to religious beliefs), Affect, Social Functioning, Imagination, Cognition and Physiology.

In Raghallaigh (2011:540), religious coping is described as, using religion to cope with challenging or stressful situations and by Sofaer *et al*. (2005: 462-466) and Fabricatore *et al*. (2000: 221-228), as an important resource that can be used in the process. Pargament and colleagues (1988: 90-104), propose three styles and two higher order patterns used in the religious coping theory, namely the self-directing style, deferring style and collaborative style and the positive and negative patterns of coping methods. The styles refer to the individual's problem-solving approach in relation to his/her relationship with God and religious coping methods are grouped into those that are positive and those that are negative.

The researcher was curious as to the role of religion in adolescent coping and whether it influences the coping strategies used by this particular group. Thus, the study focus was chosen and the research question and aim formulated. The focus of this study aimed to explore a range of possible coping strategies and modalities that could be used by this specific group of church-going adolescents, one of which could be religious coping. Thus, it was interesting and useful to see how strongly religion featured in their coping and how they use combinations of the different coping modalities proposed by Lahad (Berger & Lahad, 2010:890).

In order to address the research question, *What are the coping strategies of church-going adolescents?* the researcher used qualitative research with a case study design. The research was

conducted with participants in the Durban area who attend and are involved in branches of a particular non-denominational church. The participants are in late adolescence as this group have greater levels of abstraction and a broader variety of life experience. A visual representation technique and two semi-structured interviews with each participant worked well as rich data could be gathered from the twelve participants. A focus group with seven of the participants added to the data and its crystallisation. The research design and methods appear to have been successful in assisting the researcher in answering the research question. Due to the focus group being conducted after the preliminary themes were extracted, the participants were able to provide additional valuable data, in some instances that expanded the data and influenced the final thematic analysis. The focus group participants also confirmed the preliminary themes. The success of the focus group discussion could also have been influenced by the research study's focus which included participants in late adolescence, as they are more mature with more advanced emotional, social and cognitive skills and the researcher felt they contributed meaningfully to the discussion.

The data collected was analysed thematically and the themes that emerged were then supported with available literature on coping. Three main themes emerged during data analysis and were further classified into subthemes. These findings gave insight into the everyday problems faced by the participants, which are pressure in terms of time management, school performance and peer pressure. Other problems encountered include family problems particularly, financial strain and conflict with parents, life changes and lastly social difficulties which include bullying, social expectations and sexual behaviour. The first main theme identified their understanding of coping, while the second theme described the sources of their coping strategies and the third theme identified the specific coping strategies used by the participants, namely, religion, which included religious beliefs and religious activities, leisure activities which included music and relaxation, physical coping strategies, which included exercise, sleep, medication and food, social support systems, creativity which included drawing, writing, journaling and drama and behaviours which included positive and avoidant behaviours.

The research study ascertained that church-going adolescents do use religion as a modality in their coping strategies and the findings also showed that many of the participants use a combination of modalities in their coping strategies for effective coping and, specifically, the coping modalities specified in Lahad's BASIC PH Resilience Model (Berger & Lahad, 2010:890). It is possible however that there is some bias in this finding due to the fact that the participants were all church-

going adolescents. The semi-structured interviews began with a drawing and an open question about coping and eight of the participants already indicated at this point that they use religion as a form of coping. However, when probing further, the researcher asked about the different coping modalities in greater detail, including using beliefs as a form of coping, and this could have influenced the results.

2. CONTRIBUTIONS OF THE STUDY

Not only are there gaps in the research around adolescent coping and coping models that are developmentally appropriate but according to Folkman and Moskowitz (2004:759), religious coping strategies have been neglected and have only been given attention fairly recently. However, religious coping strategies has now become quite a popular area to study and the body of knowledge is growing. However, few studies of this nature have been conducted in South Africa, which means more studies need to be done to give context specific data that is accurate in this study area. Thus, although the study may not have generated new knowledge in the field of coping strategies used by adolescents, it may have added to research on adolescent coping as well as to the limited number of coping strategies studies conducted in the South African context. Moreover, it added to the limited number of studies conducted in South Africa in which religious coping strategies are a possible modality. Lastly, it may have added to the growing research on religious coping strategies and their impact on functioning. By adding to research that helps coping strategies in church-going adolescents to be better understood, it is possible that this group can be assisted with programs to expand the coping resources available to them.

Limitations of the research include that the participant pool was not diverse enough. The participants were mostly from middle-class families in a particular geographical area and they attended branches of a particular non-denominational church. Participants from other ethnic groups and socio-economic classes would have added to the value of the study in order to make it applicable to a broader group of adolescents. However, the aim of qualitative research is not to generalise and it is suggested that similar studies could be conducted in a more diverse population of church-going adolescents.

Future research could include a broader, more diverse, spectrum of the population, including other churches and church denominations, as different church doctrines could affect religious beliefs and

religious coping strategies. Some of the participants in the focus group discussion were interested in proactive coping and what is meant by this and one participant in particular asked if "*coping could be before your problem as well*?" He mentioned that proactive coping is an important form of coping of which they are unaware and indicated that more information on proactive coping could be of value to adolescents. More research on this aspect is indicated and the development of programmes to enhance the coping of adolescents should be the focus of future research. Such programmes should include helping adolescents foster an understanding of the different coping modalities and proactive coping.

3. CONCLUSION

This research project used a case study research design to explore coping in church-going adolescents and as could be expected religious coping featured strongly. The South African society reflects a number of worrying tendencies, as outlined in the media. These include amongst others, high profile cases where adolescents and young persons are involved in court cases for allegedly killing family members. There are reports of adolescent pregnancies which lead to interrupted education and abandonment of babies. Substance abuse amongst adolescents is escalating. Furthermore adolescents in many communities are faced with violence in communities and schools. These adolescents are the future leaders and will have to manage their own families in the near future. It is important that their developmental pathways lead them towards flourishing in order to also create a society where healthy families contribute to a healthy country. The White Paper on Families in South Africa (June 2013) will soon be an important policy guideline for organisations dealing with families. It seems that coping is a core feature to enhance well-being in adolescents and to prepare them for future roles in their own families and in society.

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SECTION D

ADDENDUMS

PARENT CONSENT FORM

NORTH-WEST UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

_____

Coping strategies of church-going adolescents in Durban

_____

Invitation to participate

Thank you for the opportunity to invite your child to participate in this research study. Your child has been chosen because he/she is an adolescent in Gr 10 or 11; and attends and is involved at one of (name of church removed to maintain confidentiality) sites.

Purpose of the study

The researcher aims to explore and describe the coping strategies used by church-going adolescents.

Procedures/Interviews/Focus groups

If your child volunteers to take part in the study, he/she will be asked to participate in two individual interviews and a focus group, involving discussions, and an opportunity to share his/her own experiences and opinions. The discussions will be recorded, for the purposes of analyzing what has been said, as well as for writing up the research report. These recordings will be stored safely and only used for the purpose of this study.

Potential risks

We do not anticipate any risk or discomfort to your child as a result of participating in this study. However, if discomfort should arise, the researcher will make every effort to minimize the discomfort, by referring your child to a member of the church counselling team for follow-up consultations if necessary.

Benefits

Your child's participation in this study will help gather information about and gain a greater understanding of coping strategies used by church-going adolescents and thus hopefully add to the limited body of knowledge on this topic. This information could also hopefully prove valuable in the development of interventions that would assist and expand the coping resources available to church-going adolescents.

Confidentiality

Any information that is obtained in connection with this study and that can be identified with your child, will remain confidential and will be disclosed only with your permission or as required by law. Your child is, however, asked to keep confidential any disclosures made by the other participants during the focus group discussion.

Participation and withdrawal

Your child can choose whether or not to participate in this study. If she/he volunteers to participate, she/he may withdraw at any time without any consequences. She/he may also refuse to answer some of the questions during the interviews or discussion, and still remain in the study.

Feedback

Feedback can be given in short written form after the study has been concluded and if you have any further questions thereafter, you may contact the researcher.

Rights of research participants

You may withdraw your consent at any time and discontinue your child's participation without prejudice or negative consequences. If you have any questions about your child's participation, you may contact the researcher Sarah Chamberlain on +27-84-5497170 or the study leader Dr. Mariette van der Merwe at the Centre for Child, Youth and Family Studies, NWU at +27-21- 8643593.

Conclusion

By signing below, you are indicating that you have read the above information, that the researcher has described it to you, and that you agree that you are allowing your child to participate in this research study.

_____   _____

Signature of Adolescent Participant's Parent   Date

PARTICIPANT PERMISSION FORM

NORTH-WEST UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

Coping strategies of church-going adolescents in Durban

Invitation to participate

Thank you for the opportunity to invite you to participate in this research study. You have been chosen because you are an adolescent in Gr 10 or 11; and attend and are involved at one of (name removed to maintain confidentiality) sites.

Purpose of the study

The researcher aims to explore and describe the coping strategies used by church-going adolescents.

Procedures/Interviews/Focus groups

If you volunteer to take part in the study, you will be asked to participate in two individual interviews and a focus group, involving discussions, and an opportunity to share your own experiences and opinions. The discussions will be recorded, for the purposes of analyzing what has been said, as well as for writing up the research report. These recordings will be stored safely and only used for the purpose of this study.

Potential risks

We do not anticipate any risk or discomfort for you as a result of participating in this study. However, if discomfort should arise, the researcher will make every effort to minimize your discomfort, by referring you to a member of the church counselling team for follow-up consultations if necessary.

Benefits

Your participation in this study will help gather information about and gain a greater understanding of coping strategies used by church-going adolescents and thus hopefully add to the limited body of knowledge on this topic. This information could also hopefully prove valuable in the development of interventions that would assist and expand the coping resources available to church-going adolescents.

Confidentiality

Any information that is obtained in connection with this study and that can be identified with you, will remain confidential and will be disclosed only with your permission or as required by law. You are, however, asked to keep confidential any disclosures made by the other participants during the focus group discussion.

Participation and withdrawal

You can choose whether or not to participate in this study. If you volunteer to participate, you may withdraw at any time without any consequences. You may also refuse to answer some of the questions during the interviews or discussion, and still remain in the study.

Feedback

Feedback can be given in short written form after the study has been concluded and if you have any further questions thereafter, you may contact the researcher.

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Conclusion

By signing below, you are indicating that you have read the above information, that the researcher has described it to you, and that you agree to participate in this research study.

_____   _____

Signature of adolescent participant   Date

ADDENDUM B: SEMI-STRUCTURED INTERVIEW GUIDE (1)
(VISUAL REPRESENTATION)

INTERVIEW GUIDE:

VISUAL DATA COLLECTION INTERVIEW (1ST INTERVIEW)

- Establish rapport with adolescent participant by asking him/her for personal particulars such as name, age, grade, school etc.
- Explain the interview process to the participant – 2 individual interviews, 1st involving visual data collection technique (adolescent to make a drawing or collage depicting what helps him/her to cope with problems in his/her life), the meaning of which the participant will have an opportunity to describe to the researcher when picture is completed, the 2nd interview is a more in-depth discussion with the participant about his/her personal coping strategies and the 3rd interview is to be part of a focus group with other participants and to share his/her own experiences or opinions in the group.
- Explain all aspects of the participant permission form and ask them to sign it.
- Check that the participant doesn't mind the use of audio recording equipment during the interviews.

Continue with the interview:

- Provide the participant with a choice of A3 or A4 sized paper, magazines, glue, scissors, drawing tools (coloured pencils, koki's, crayons, pens, pencils, erasers etc) that can be used to produce a drawing or collage.
- **Give the participant an instruction to help them with their picture:**
  "Close your eyes and think for a little while about what helps you to cope well with your life" (2-5mins).
  Then ask the participant: "Please draw or create a picture or collage of what came to mind, that shows what helps you to cope well with your life."
  Emphasise: "How well you draw is NOT important, it is about what you draw."
- Allow the participant to choose what they want to work with to create their picture or collage and enough time to do this (about 30-45mins), (can play relaxing music during this time).
- **When the participant indicates that they have finished their picture, the researcher asks the participant to explain the symbolism of their picture by asking him/her to: "Please tell me what your picture is saying about what helps you to cope well with your life?"**
- **The researcher could use prompters such as: "Your picture is….."; "You chose this picture because….."; "What your drawing is saying is…."; "The colour represents…" etc.**

Individual Interview Guide – Data Collection (2nd interview)

(Use mirroring, reflection & summarising)

Coping

- Discuss coping – What does it mean to the participant?
  (i.e. how we deal with problems or difficulties in our lives)

- What kinds of problems or difficulties does the participant find he/she encounters in life?
  (At school / home / with friends / in relationships etc.)

- How does the participant resolve / deal with problems in his/her life – what kinds of things help?
  (E.g. Exercise & nutrition; social / emotional support from others – talking about the problem; relaxation; reflection; humour)

- Can the participant describe / give an example of a problem / difficulty he/she experienced and how it was dealt with?
  (What did participant do to cope with the situation?)

- Has there been a time when the participant has experienced his/her coping skills at their best?
  - What did the participant experience? (thoughts & feelings)
  - What did the participant do?
  - What made the result positive?
  - Would the participant do anything differently?

- Has the participant had an experience when things did not turn out well?
  (When coping skills weren't helpful)
  - What happened?
  - What did the participant experience? (thoughts & feelings)
  - What did she/he do?
  - What do they think made it a negative outcome?
  - Would the participant do anything differently?

- Where does the participant believe his/her coping strategies / skills come from?
  - Are they learnt?
  - From whom?

- Participant is in the study because he/she is in Gr 10 / 11 and attends and is involved in church.
  - Discuss religious beliefs
  - Discuss influence or contribution participant believes religious beliefs make / or don't make to his/her coping skills
  - Are there any particular activities that are helpful / not helpful (e.g. Praying, reading the bible etc.)

- Has the participant had an experience involving his/her coping skills which she/he wishes went differently?
  - What would've made it turn out differently?

- Does the participant believe that there are good / ideal ways of coping?
  - How do these compare to his/her own ways of coping?

ADDENDUM D: FOCUS GROUP DISCUSSION GUIDE

Focus Group (Theme Confirmation):

My role as group moderator:
– create an open and relaxed environment
– promote interaction in the discussion by participants especially between participants
– also promote involvement of all participants without allowing particular individuals to dominate.

Introduction:

Welcome:
- Thank participants for coming and for participating.
- Remind them of the:
  - **focus of the research study (a research study of coping strategies in church-going adolescents)**;
  - **bounds of confidentiality;**
  - **that this is the 2nd part of their involvement in the research study;**
  - **and the <u>aim of the discussion will be to discuss the patterns / themes that have been identified from the interviews (inviting participants to comment on them, edit them and provide feedback on them).</u>**
- Let them know that the discussion will be **1 hour long.**
- Discuss **ground rules of group:**
  - respect each other and their opinion;
  - one person speaks at a time;
  - no side conversations with neighbours;
  - everyone participating with no-one dominating.

Introductory Question:
- **Ask the participants how the experience – being involved in the research study and interviews – was for them (encourage each participant to contribute).**

Key Question:
- **Introduce the themes and discuss them (use table).**
- **Allow participants:**
  - **to comment on the themes;**
  - **to expand on the themes / to change the themes;**
  - **and to give feedback on the themes.**
- **If wondering about anything in the themes – ask the participants to clarify.**
- **Ask participants to confirm themes.**
- **Ask participants if they feel there is anything that can be done / implemented to help them with coping and coping strategies during this period of their life – adolescence.**

Closing Questions:
- **Summarise and clarify:**
  - **comments;**
  - **feedback;**
  - **confirmations;**
  - **changes of themes that participants provide.**

Participants Present:

1. BK - CH/PTN – Participant 1
2. SR – CH/PTN – Participant 12
3. AW – CH/PTN – Participant 11
4. JG – CH/HC – Participant 5
5. JR – CH/HC – Participant 8
6. EJ – CH/WF – Participant 6
7. NG – CH/WF – Participant 10

Data Analysis: Transcriptions

Participant No.: 4
Interview No.: 1

R: So (name removed to maintain confidentiality), this will be the first interview and it's the one where I just ask you to give me feedback on your picture, in terms of just telling me what your picture is saying about what helps you to cope well with life.

P: Okay, well basically in a sense I have got a big picture of the cross and God and that's helped me, I've been brought up in a Christian home my whole life, so that's a very big part of helping me cope and then another big thing is my family, like my family are always there, they always encouraging me to do stuff and it's very nice because both sets of grandparents are still alive and married and my parents are both married still and I've got a little brother. So they always there for me and helping me and same with my friends, friends are very important, they always there, encouraging and stuff like that. Then I am very big into my sports and I find like whenever things seem too much, or a classic example is, when it rains here in Durban, it can rain for a week, and then I get depressed. I am a very physical person, so if I go and hit a ball, whether it be in the cricket net, or golf, that helps me, it just lifts my mood like this, it's straight away. Same thing with music, if I am in a bad mood, or something, then I listen to music and that also seems to help and then, going to a boys school, I don't know what its like at co-ed schools but going to a boys school, especially at High School level, you go in as an individual, and then you like become brothers with all the guys, you become part of a brotherhood, pretty much and that's helped me. Like I've just loved every minute of Westville and ja, that's just also helped me. They put lots of pressure on you to perform academically, sporting wise, and keeping your timetable full but I think that's helped with time management, and it's helped me to cope with different ups and downs, and things, ja, so ja, that's pretty much it.

R: Great. Thank you very much. Cool, so that ends that part of the process.

Data Analysis: Transcriptions

Participant No.: 4
Interview No.: 2

R: Okay so (name removed to maintain confidentiality), this will be the 2nd interview, where I will just ask you a few more questions that are more kind of around your personal coping strategies. So if we kind of talk about coping, what does that mean to you, like the term coping or coping?

P: I think coping is how you balance your lifestyle. So you not just coping in one area of your life, you - overall, so you are able to manage family; sports; schoolwork; a job; coming to church and stuff like that. You able to do stuff so that it's not affecting you in a negative way, ja, you able to manage your time to complete everything, ja.

R: Okay, cool and what would you say in your life, personally, are the kinds of like problems or difficulties that you encounter?

P: For me it would be managing my time, properly because I go to Westville, and that's quite a way down the road. It's waking up at half past 5 every morning of my life, it's basically an hour and a half in the car every day and sometimes activities, like sport activities, are later. So sometimes I'm only getting home at 9 o' clock, and I haven't done homework. So I think that would be the biggest thing, it's just managing my time and managing to balance a social life with school work and chilling and ja…

R: Okay, cool and do you feel that…I mean do you experience any like problems or difficulties in any other areas of your life, kind of like home or friendships; relationships; school wise; anything like that?

P: No, I think just maybe at school. You try and impress everyone or try to make everyone happy instead of being yourself. So, you not, ja, you not being natural, you are trying to make everyone happy and compromise. So, I think, ja, other than that, no…

R: Okay, cool, and how, in your life…how do you resolve or deal with problems, what kind of things help? I know it's a little bit similar to the picture.

P: It's fine. For me, just it's any sport to do with the ball. If I go out and I hit a ball, 'cause I'm big into my cricket, if I hit a ball then I don't know…it just lifts my mood or If I hit a ball or if I listen to music. Generally, if I do those 2 things on my own, then…um…I get better but…uh ja, so…

R: So, you need physical activity?

P: I need physical activity, ja, I can't sit still.

R: To release…

P: Ja.

R: Okay, Energetic…

P: Ja, bit of an adrenalin junkie actually.

R: Well they say you get endorphins from, like doing that kind of physical - and that's what's also supposed to help to lift your mood.

P: Ja.

R: Can you give me an example of kind of like a problem or difficulty that you've experienced and how you dealt with it?

P: Um…I think last year..um…I have been making a few provincial teams for cricket, and in gr 8 and gr 9 I made the same team, so the one year I was a year younger. So that was quite an achievement and then last year, they don't have an under 16 team, so I was going for the under 17 team and in the run up to that, I had been practising with the under 19's, so I was almost practising 3 years ahead of my… So I really felt, okay this is it, I am going to crack under 17, maybe who knows God's got a plan for me to go to Coke week under 19's but I think I was lying to myself, I think, like 'cause I didn't have the performances behind my name to back it up. So then trials came, and they selected the under 17 side, which in my opinion, was pretty weak, 'cause an under 17 side could have gone, and I wasn't selected. So, I was devastated about that but…um…my mom and dad were very helpful in that time, they were very open and said, "look, you didn't have the performances," but God's got a plan for you and ja, you don't make it this year, you grow a bit, you understand more about your game, something like that. So I think, ja, that was the big problem, not making it but it wasn't the end of the world kind of thing, like the way my mom and dad dealt with it, my coach as well, just the way they dealt with it and they helped me through it, I think, just spoke to me about it and said, "listen, cricket's not the end of the world, it's just a game," and it's also very nice, I've got a friend, we've been family friends since I was born actually. We used to go to the same church in Benoni and then we moved here, and then he got a scholarship to Kearsney, and his family moved down and he is a, he's a quality cricketer, he was the SA under 19 world cup captain. So, ja, we pretty good friends, and the one day, I don't know how it ended up happening but my mom went to go see (name removed to maintain confidentiality) and (name removed to maintain confidentiality) was there and (name removed to maintain confidentiality) and I just ended up speaking and he was just like, 'cause his dream, well, obviously both our dreams are to play national cricket and he was just saying, cricket's…the way he said, cricket's just a game, it mustn't affect your life: it takes one car accident, you can't play the game again; once you get to 35, you not going to be playing national level. So it's just a game and you've got to be able to do stuff outside of cricket, you can't make your whole life cricket because if you face tough times, which is guaranteed in sports, you as a person are gonna change and you gonna, like…he's put it well, he says your self confidence…self confidence and self esteem are 2 different things. Self-esteem is who you are as a person; self-confidence is how you perform in the game. So if your self-confidence is low, you can't let that bring your self esteem down. So that…that talk actually really helped me and just to accept it, cricket is a game, get over it, life goes on, so, ja…

R: Oh, that's great. So it was great having your parents and this, like you know, friend who could kind of support you and help you in it?

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P: Yes, definitely, ja.

R: Okay, so have you found that there's been a time, when you've experienced your coping skills at their best?

P: At their best, like everything's going well, kind of thing or…?

R: Or like your coping skills that really worked like well for you. Does that make sense?

P: Yes. It goes in patches, it will be like 2 weeks on, 2 weeks off and what I've started…well a while ago when I started…it's kind of waned off now but is to try and wake up at 5 every morning, or even like 10 to 5, have a quick quiet time, 'cause I find that my days get better and then I have drawn up like a workout plan just to try and…one of my goals is to be one of the fitter guys in the team at the end of the year. So, have a bit of a workout, get ready for school, and then come home and finish the workout after training, or just chill, whatever and I find the first few days, I really felt I was on top of the world, I was getting my quiet time in, I was finishing all the workouts. Schoolwork was a breeze; school practises were easy but then like it goes like the motivation and then it just like kind of dies off. It's like you wake up at 5 o'clock and say "no," like the snooze button is so much easier. So I think in the last month there's been a few on and off weeks, where, it's just everything is going well, ja and then it takes a bit of a dip.

R: And what happens when it takes a dip?

P: Um…

R: 'cause like you were saying, you know, doing the workout, you know, and everything, putting those things in place seemed to help how things were going in your life. So when you weren't doing that, when the motivation wasn't there, or you were hitting the snooze button and not putting those things in place. What would happen to everything else in your life?

P: It would almost feel like I am going through the motions, I am just getting up, going to school 'cause I have to. I am not doing it with a happy face, or whatever. So, ja, I think I just go through the motions and then like later it gets harder to start again because like, just with the workout, the body has lost its toning and stuff. So, ja.

R: And do you find that it's like, areas of your life, kind of maybe, relationships or friendships, or things at home, do those become a bit harder, like more likely to put a bit of stress?

P: I think so, because you get…um…you just, like I said, you going through the motions, so when you see someone it's like you putting on a smile, and say "ah how you doing?" You are not happy just because you have seen them. Like putting on a, ja, I don't know how to…but, ja, it will affect it.

R: Okay, so you are not feeling the emotion?

P: Ja, just putting it on.

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R: Feeling like you need to do this? Okay, cool. Have you had an experience, but I think…well, I'll ask you the question…have you had an experience when things did not turn out well? So when your coping skills, you know, weren't helpful? So maybe you were using your coping skills, but it still had like a negative kind of an outcome/result?

P: Ja, I think it goes back to that cricket selection because at that time, I was probably playing cricket…I had like 9 sessions of cricket a week and I was managing to keep up my academics, my academics was doing really well. Cricket, coming to church, friends, probably my social life took a bit of a dip but I was really training hard and like I felt like I was coping, like everything was great, and then I just didn't make the team. So that was a bit of a let down, ja, I think that's one of the instances.

R: That makes sense. Is there anything that you would have done differently in that particular instance?

P: Actually, ja, I wouldn't have trained as much. I find well actually…I find when I play well at a sport, is when I am relaxed. So there can be all the pressure on the world on me, the whole world can be watching but I think if me in myself, I am relaxed and I am having fun, then things will be better. So I would probably take away maybe 3 of those training sessions because then I would use that time just to chill and just to relax and then I think the drive to play cricket would have come back and I would have been playing for…for the fun of it rather than playing to make the team and my belief is that I would have done better at the trials.

R: Cool and where do you think or believe that you get your coping skills from?

P: My mom and dad…they definitely, my mom and dad have helped me, just become who I am and they have set a very good foundation with priorities and setting priorities straight and being able to manage my time and you can't, like say you are going to do something and then not do it. If you say something, you have to do it. So, ja, definitely my parents.

R: Okay, good. Part of the study is being that…like I explained earlier, you know, the participants are in gr 10 and 11, they attend and are involved in church. So, if we were to kind of discuss around your religious beliefs, and how that influences and impacts on your coping skills, again, I know it was mentioned a bit earlier in the picture but, ja, you know, if we could talk maybe a little bit more in terms of how they, ja, influence dealing with the problems and difficulties?

P: I think the main thing is that being a Christian I know I am living for something greater, it might not seem like its going to be great right now in the problem but in every problem, God's got a plan for it and something good is gonna come out of it. So, I think that just knowing that you not alone and that part of God's plan is going to work through it, whether it be a difficult situation or a good situation, is that something good will come out of it, it may not be for your good but it will be for the benefit of the Kingdom one day. So, ja, I think just that, ja, knowing that you not alone and you've got somebody to talk to any time of the day, it can be in a test, or just before you go to bed, whenever, it's just, ja, that keeps you going, so…

R: Cool and are there any particular kinds of activities, like religious activities or whatever,

that you find help?

P: I have only been to 2 or 3 but these men's conferences…I love those. I have been to Angus Buchan a few times, and ja, that's awesome but I remember one thing for me was a…it was AIM youth camp, it's like a Christian based thing and I went there, like I knew like 4 people, I think but I went there and I came back and I was just like, okay, I am on fire for God now and that was just amazing. So I think it's these organized events that ja, like I really enjoy those.

R: Great, cool and now, sometimes we have like a perception of, you know, ideal ways of kind of coping. You know, like if I did this, this and this, you know, I would, you know, that, that is coping or whatever. What would you say your perception of, you know, good or ideal ways of coping would be?

P: I don't think there is an ideal way to cope. I think it's just you have to manage everything and know what you physically; emotionally; spiritually, will be able to manage and not biting off too much, rather than you can chew. So being able to know what your threshold is and how much you will be able to deal with and then dealing with that in a way that's probably most efficient and prioritized, ja, so…

R: Cool and how would you say that your coping skills compare to this…to the kind of ideal?

P: Um…I think definitely not on par…um…but not far off. Ja, My coping skills are relatively decent.

R: Have you had an experience ever that you wished went differently? And what would have made it like turn out differently? Although, having said that, it may have been answered earlier, when we were talking about the cricket and you mentioned, you know, what had happened and what you would have liked to have happen and what you would have done differently to make it happen differently…
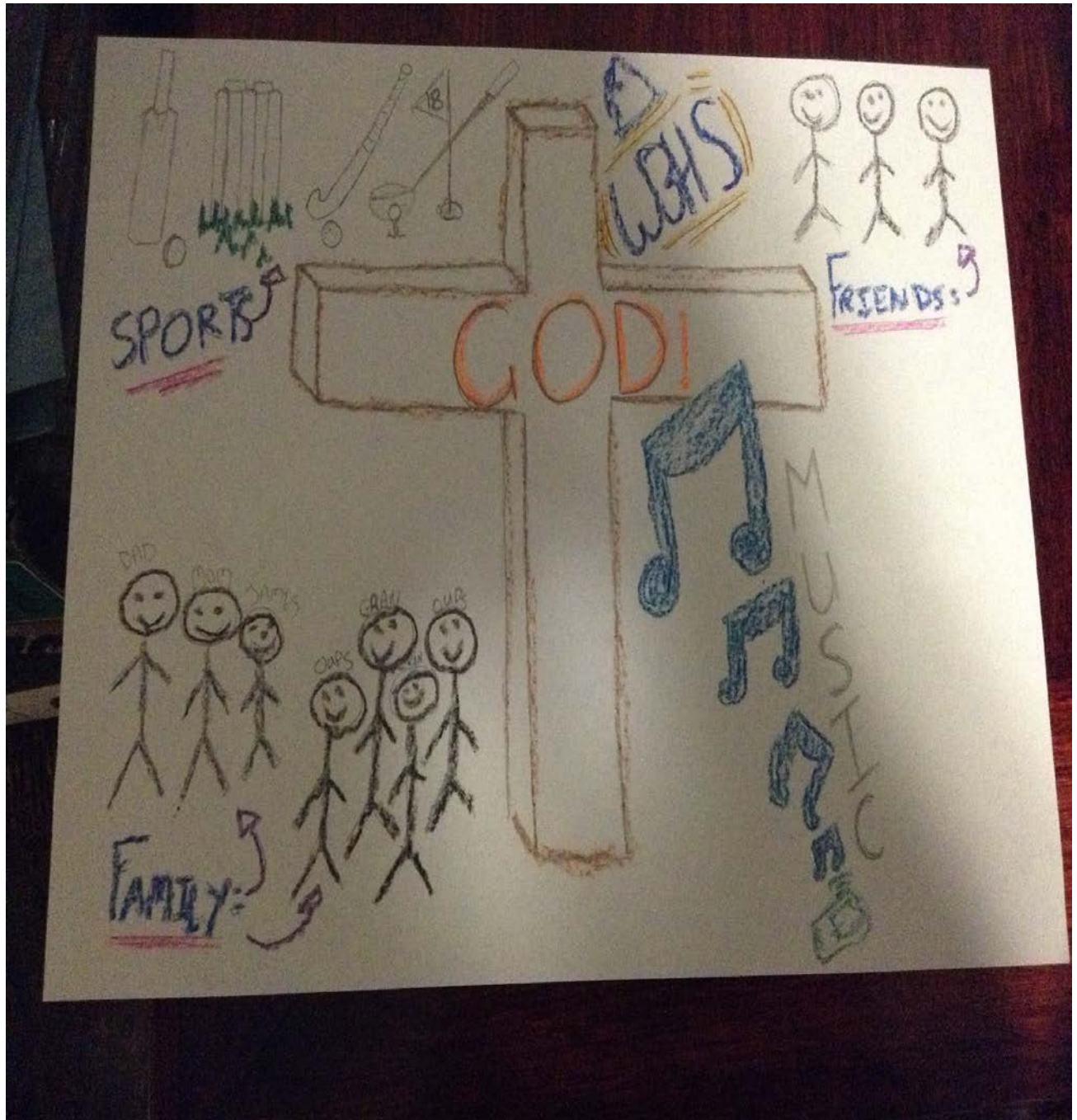
P: Yes. Yes, to do it over again, I think I wouldn't have made my sole focus cricket in that period of time. I think It would have been better if I had almost kind of like left…or not left cricket but not been as emphasized on that and go back and ja, do other things and have fun rather than just I have to, have to, have to, make the team kind of thing, so ja, I think maybe just balancing it out.

R: Okay, perfect. (Name removed to maintain confidentiality) , thanks so much for giving me your time, I really appreciate it.

P: Pleasure, I hope that helps.

R: Ja and your input has been awesome, thanks so much, that ends the interview.

ADDENDUM F: EXAMPLE OF VISUAL REPRESENTATION

ADDENDUM G: TABLE OF THEMES

<table>
<tr><th colspan="3">Themes with quotes</th></tr>
<tr><th>Themes</th><th>Sub-Themes</th><th>Quotes</th></tr>
<tr>
<td rowspan="7">Problems Encountered by Participants-Introduction to Findings section</td>
<td rowspan="7">Pressure</td>
<td>"I think the biggest thing is I try to do too many things at a time, and then it gets stressful, and then I can't cope a little, and then I have to just calm myself and start over, and do one thing at a time, instead of four things at once." (P1-I2) (Time Management-Prioritising)</td>
</tr>
<tr>
<td>"managing my time, properly because I go to Westville, and that's quite a way down the road. It's waking up at half past 5 every morning of my life, it's basically an hour and a half in the car every day and sometimes activities, like sport activities, are later. So sometimes I'm only getting home at 9 o' clock, and I haven't done homework. So I think that would be the biggest thing, it's just managing my time and managing to balance a social life with school work and chilling." (P4-I2) (Time Management)</td>
</tr>
<tr>
<td>"Procrastinating that one, ja. I leave things to the last minute you know, and then I like stress out like hectically, ja so, a lot with those projects…" (P6-I2) (Time Management-Procrastination)</td>
</tr>
<tr>
<td>"and the excessive amount of homework and stuff we have." (P10-I2) (Time Management)</td>
</tr>
<tr>
<td>"mostly it's about school, If I don't do well in my school. So I really work hard in schoolwork to do well." (P11-I2) (School Performance)</td>
</tr>
<tr>
<td>At school – kids in grade throw things at younger kids and if don't do it, they think you are 'a little girl', participant wants to join in but doesn't want to get in trouble, but if don't participate then get insulted by the other kids and even the teachers.(P8-FG) (Peer Pressure)</td>
</tr>
<tr>
<td>Guys at this age are very into – they are very horny; they are going through puberty and have a lot of hormones. Parents always warn you to be careful of guys, they just want that one thing and some girls let guys actually take them you know, but most guys I talk to say they wouldn't want to date a non-virgin girl, they want the virgin girls yet they make them not. (P6-FG) (Peer Pressure)</td>
</tr>
</table>

	Family Issues	"like with family, with your parents, because you are a teenager now. You often fight well not like fight but just like disagree on things more than when you were younger." (P3-I2) (Conflict with Parents)
		"that thing with my dad (unemployment), it's been very stressful and the financial stability (lack of) is very stressful and I know it is not for me to worry about, but you know it kind of does affect me and also with schooling and stuff and where I am going to stay at school and where I am going to go and stuff like that." (P7-I2) (Unemployment)
		"to adapt in a new school; my mom meeting a new guy and ja, it was to adapt and to move; see my dad often, not as much but my brothers visiting, saying good bye." (P12-I2) (Life Changes)
	Social Difficulties	"At school, you try and impress everyone or try to make everyone happy instead of being yourself. So, you not, ja, you not being natural, you are trying to make everyone happy and compromise." (P4-I2) (Compromise)
1. Understanding of Coping	Self-Management	"I would say it is how you, means that you use to make your life easier, more efficient…" (P3-I2)
		"I think coping is how you balance your lifestyle. So you not just coping in one area of your life, you - overall, so you are able to manage family; sports; schoolwork; a job; coming to church and stuff like that. You able to do stuff so that it's not affecting you in a negative way, ja, you able to manage your time to complete everything..." (P4-I2)
	Overcoming obstacles in life	"...coping is like dealing with your struggles and like trying to overcome." (P6-I2)
		"what it means to me is trying to find a way to deal with the things that are going on in your life, and deal with the stress and try and get rid of that." (P7-I2)
2. Sources of Coping Strategies	Family	"I think my mom; she copes with a lot with work, home, family, church, so I get it from her…" (P2-I2) (Family)
		"Probably my parent's are the biggest influence…I learned from them" (P3-I2) (Family)
	Friends	"and then from your friends, what helps them or what they do…" (P3-I2) (Friends)
	Religious Beliefs	"having a good, like a base church, a good firm church. " (P2-I1) (Religious Support System)

		"I know from, just like morals and general stuff like that, that you can't when life gets too much just go out and do whatever, it sort of limits you to the safe things which are good, ja…it's…well like, it limits me to the books I read because I mostly read Christian fiction and also, it's not like a limit as such because I choose that and I enjoy it but like I know a lot of my other friends with their coping mechanisms, they aren't as set sort of thing…" (P10-I2) (Morals)
3. Specific Coping Strategies	Perceptions of good Coping Skills-Intro	"I don't think there is an ideal way to cope. I think it's just you have to manage everything and know what you physically; emotionally; spiritually, will be able to manage and not biting off too much, rather than you can chew. So being able to know what your threshold is and how much you will be able to deal with and then dealing with that in a way that's probably most efficient and prioritized." (P4-I2) (Self-Management)
		"I think, it's according to or it's like a person's point of view. So, it's different situation has a different way of coping with it and it's also like, you as a person, what you going to do about it? What can you do about it? What is your ability to cope, like what are you having…What things are available to you to use?...Yes, I know there's a lot of kids, they don't have parents but they have another way to cope with it but my…I don't know what is the English word…but I have my friends and brothers, so I can go to them and I can cope with that and ja." (P12-I2) (Self-Management)
	3.1 Religion	"Jesus is in the centre of my life and everything in my life revolves around Him and He has played a very big part in helping me to cope with stuff...God has been very important, especially through this difficult phase in my life and I talk to Him so many times a day and, you know, I just kind of relieve my stresses onto Him because I know He will bear the burden of my stresses and stuff..." (P7-I1 &P7-I2) (Faith in God)
		"I'll pray before the test and the night afterwards (before?) for God to help me during the test, and concentrate…so usually if I had a big problem like something at school happened, the first thing I would do is like ask God for help and then ja, if it is a big problem like ask God for help and then hear what He says, and read the Bible, like look in it it anywhere, and then hope it gives me an answer…And praying a lot…" (P3-I2) (Prayer/Reading the bible/Asking God

		for help)
		"having like a regular prayer life, and spending time in the Word is important." (P5-I2) (Prayer/Reading the bible/Asking God for help)
	3.2 Leisure Activities	"the next big thing is music, like when I study I listen to music, to help me calm and to bring down other distractions. And, ja. So I think music is a very big thing, 'cause I listen to music a lot and it helps me. If I'm sad, I listen to music and it cheers me up....so for instance if I'm studying for a hard test, I will listen to music, like while I study, like calm music, like Beethoven or something like that or a song that I don't know, because if I know the song I am just going to sing along with it and then I won't concentrate." (P3-I1 & P3-I2) (Leisure Activities-Music)
		"I like singing, so if I am in a good mood you'll know, I'm singing or I'm smiling, even though I can't sing." (P2-I1) (Leisure Activities-Music)
		"well the (picture of) popcorn is for movies coz I like movies... After a long week, watch a movie on a Friday night and unwind." (P2-I1) (Leisure Activities-Relaxation)
		"I spend a lot of time reading and removing myself from life sort of just disappearing… it's like an escape place, I'd say…" (P10-I1)(Leisure Activities-Relaxation)
		"most of my thing was like chill time...So,' take a break', Saturdays, are usually the only day that I have to do absolutely nothing." (P5-I1) (Leisure Activities-Relaxation)
		"Giraffe and stuff - my favourite place to go is like the game reserve, so when I am in a really stressful time, then it's nice just to go away… fresh air." (P5-I1) (Leisure Activities-Relaxation)
		"I enjoy gardening and caring for strange plants like bonsai trees." (P10-I1) (Leisure Activities-Relaxation)
	3.3 Physical Coping Strategies	"Sports is also a very main base for me, because you can get out your frustrations or something very fast." (P2-I1) (Exercise)

		"For me, just it's any sport to do with the ball. If I go out and I hit a ball, 'cause I'm big into my cricket, if I hit a ball then I don't know…it just lifts my mood." (P4-I1) (Exercise)
		"In the week, to go to gym, just run on the treadmill or something, and then get everything out." (P5-I1) (Exercise)
		"my ballet is very important to me because that is what relieves me of my stress, when I feel stressed, and I look forward to that at the end of the day..I just channel that stress…into my dancing and that helps me to get rid of that stress." (P7-I1 & P7-I2) (Exercise)
		"Sleep also helps me a lot, I have the whole rest thing, if I do something too long, then I won't be able to focus anymore, and then it adds stress. So I just have to take a break and just sleep it off, and then I can continue." (P1-I1) (Sleep)
		"I like to eat… it makes me happy." (P11-I1 & P11-I2) (Food)
	3.4 Social Support Systems	"go to someone you trust, and tell them. If it gets worse go and ask a professional. Ja, even with everything, at schooling, if you struggling, go to a teacher and ask for help. I think that is the best way, is ask for help if you need it." (P2-I2) (Getting Help)
		be wise before pick someone / who choose to trust to speak to...Sometimes people go to people for help too late and have been trying to deal with it on their own for a while but couldn't deal with it, if had gone in the beginning ad been given advice, and could've done it, would've been better. (P5-FG) (Getting Help)
		I think being accountable to someone in church is a good coping strategy coz they keep you on the path and check up on you – one benefit. Someone who is real (walks the walk, doesn't just talk the talk), someone you trust. (P5-FG) (Accountable Relationships)
		"my friendships and my friends keep me down to earth and they just motivate me when I want to give up or anything. Then, my relationship with Ruan, he is the main person that motivates me, and when I think I can't do anything, he is the one that says: "No, I know you can", and then that just keeps me going, and then helps me too when I just feel like I don't want to do this anymore and he just says: "No, you have to do it because I know you can." (P1-I1) (Friendships/Relationships)

		"and my friends are also very important, I have got a very special friend, and she helps me to find the positive things when things are very negative and I have put a picture of a rose here (visual representation), because she helps me to find the roses amongst the thorns…it really helps me a lot to talk through it with my friends. Ja, I find I feel a lot better after I've talked about it." (P7-I2) (Friendships/Relationships)
		"another big thing is my family, like my family are always there, they always encouraging me to do stuff and it's very nice because both sets of grandparents are still alive and married and my parents are both married still and I've got a little brother. So they always there for me and helping me..." (P4-I1) (Family)
		"also family is important to me, and it is important for me to be able to talk to my mom and dad about stuff…" (P7-I1) (Family)
		"I also think you need to have strong...family relationships, for you to have a support, so if you go through something, you've got your...family to support you…my brothers I have mostly brothers in the family, so when they are upset or I am upset we have got each other and we just play around." (P2-I1) (Family)
		"social networking… it is quite a big thing in your life, in everyone's life as well - social networking." (P8-I1) (Social Media)
		"...talk to my friends on the phone…when I talk about my problems with them, they always help me…" (P11-I1 & P11-I2) (Social Media)
	3.5 Creativity	"I spend a lot of time drawing or writing" (P10-I1) (Creativity-Drawing/Writing)
		"my drama, if it weren't for my drama, I would probably go crazy… if I think about my drama and stuff: usually over the weekend I get all depro and stuff, 'cause then I don't have drama, but it usually makes me feel better, I dunno, it's just a way to release any tension… it's just when I perform and stuff, it's just like all the…all the stress and stuff just kind of goes away." (P9-I1 & P9-I2) (Creativity-Drama)

		"Journalling… If it is with a person (problem), um, I got told by Jess Foord once, that you journal it, and then, you first go tell a pet, like a dog, you sit your dog down and you talk to your dog and then once you've told your dog, you've cried, you've said everything, you going to bring your cat so that you have your cat and your dog sitting there, and you are telling it to them. So it builds up you to face that situation and I've started using it and it is actually quite a nifty idea… 'Cause after all the crying with your dog and everything, you've gotten that over, your feelings are gone that you can actually face it without being so emotional." (P2-I1 & P2-I2) (Creativity-Journalling)
	3.6 Behaviour	"I put my stress into my work and I work through that… I just channel that stress into my work…" (P7-I1 & P7-I2) (Positive Behaviour-Schoolwork)
		"goals: where I remind myself of my goals that I want to achieve, that also helps me get through and cope with things." (P3-I1) (Positive Behaviour-Goal Setting)
		"I always try to see the bigger picture by helping other people. When I help people I feel amazing, it makes me feel I am doing something for someone else that is less fortunate." (P2-I2) (Positive Behaviour-Altruism)
		"I normally remove myself from the situation for a while first and then when I have a clear understanding of the problem, then I only want to face it… But I try and get away from it as soon as possible… It's just…you feel more peaceful and you can think about the problem but if you're faced with it the whole time, you don't have time to think and then you might like act rashly or something and not make a wise decision...and sometimes it deals with itself if you just get out of it for a while." (P5-I2) (Withdrawal / Avoidant Behaviour)
Coping Experiences-Conclusion to Findings Section	Positive Coping Experiences	"I think in the beginning of the year, I was very busy with sports and school, and then everything was just mixed together, and I found a way to prioritise it and everything just fell into place and I could manage everything perfectly, nothing was more important than the other thing, everything was equal." (P1-I2)
		"this past week has been a very difficult week to cope with stuff and I've sort of put that into my dancing in the afternoon and I've felt much better when I've finished that." (P7-I2)

	Negative Coping Experiences	"I think it goes back to that cricket selection because at that time, I was probably playing cricket…I had like 9 sessions of cricket a week and I was managing to keep up my academics, my academics was doing really well. Cricket, coming to church, friends, probably my social life took a bit of a dip but I was really training hard and like I felt like I was coping, like everything was great, and then I just didn't make the team. So that was a bit of a let down, ja, I think that's one of the instances." (P4-I2)
		"there's been 1 or 2 times when I've tried to speak to my parents about my problems and stuff and they've sort of not really understood where I'm coming from and what I'm dealing with but, Ja, that's been the hardest, sort of….It kind of made me feel like they weren't really listening to me and not seeing things through my eyes." (P7-I2)
		"Uh, ja, well, times where I haven't been able to apply them, when I've had issues with my PARENTS and they said I can't go to drama or I can't go to the swing, then that didn't turn out very well." (P9-I2)

Instructions to authors

1. *Acta Academica* publishes articles in Afrikaans or English. The preferred length is about 7000 words; 4500 words is regarded as a minimum and 11 000 as a maximum.

2. Two printouts of the text as well as a file on computer disc in MS-Word for Windows should be submitted. Articles may also be submitted by e-mail to rene.bib@ufs.ac.za.

3. Articles are to be submitted ready for the press: finally edited, stylistically polished and carefully proofread. Readability, fluency of style and clarity of exposition are essential. In the case of articles deemed by the editorial staff to require extensive language editing, the page fees payable by authors will be doubled.

4. The Editor reserves the right to make such alterations as he sees fit to accommodate the style and presentation of articles to house style. Where major changes are necessary the text may be returned to the author for correction or approval. Copyright is transferred to Acta Academica on acceptance for publication.

5. Titles should be short and concise. Suitable headings and subheadings should be provided, with sections and subsections indicated by means of Arabic figures and full stops, i.e. 3. being followed by 3.1 and 3.1.1 (at most).

6. Source references in the text should be in the Harvard style, using the author's surname only, e.g.: (Coetzee 1986: 234-45).

7. Only genuine footnotes should be used, i.e. notes containing relevant elucidation of the text. Footnotes should be kept to a minimum. Numbered footnotes should appear at the bottom of the page. The position of the note should be indicated in the text in superscript Arabic figures, without brackets.

8. A complete bibliography in the Harvard style must be provided, giving all relevant details. All sources must be listed alphabetically by authors' surnames, in the following format:

Coetzee H J
1977. Inflation in South Africa. *Acta Economica* 27(3): 17-36.
Snyman A L
1986. Human rights in political reform. Van Rensburg 1986: 1-34.

Van Rensburg C D (ed)
1986. *Human rights in South Africa*. 2nd ed. Pretoria: HAUM.

9. Abbreviations and acronyms should be avoided (except where an acronym, e.g. SABC, is current parlance).

10. Italics should not be over-used for emphasis. Latin phrases such as *per se* must be italicised. Words in languages other than that of the manuscript should be given in quotation marks.

11. Statistical and other tables should be labelled. Tables as well as mathematical or similar symbols and expressions should be kept to a minimum.

12. Diagrams, sketches and graphs must be submitted in camera-ready copy on separate sheets of paper. Laser-printed computer graphics are also acceptable. Each diagram must have a short explanatory label.

13. If applicable, full details of the origin of the article must be provided (e.g. a paper delivered at a congress).

14. Two summaries of between 100 and 120 words, in English and Afrikaans, must be included.

15. Refereeing is always anonymous. Authors are invited to submit the names and addresses of up to three persons (from institutions other than their own) as referees. Where possible, at least one of them will be used.

16. Articles will only be refereed if accompanied by a declaration that the text has not been published or submitted for publication elsewhere.

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19. Address for submissions: The Editor, *Acta Academica*, ERAS, P O Box 339, Bloemfontein 9300.

Instruksies aan outeurs in Afrikaans in volgende nommer