

An exploration of the coping strategies of early adolescents in two Gauteng schools

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Dissertation submitted in partial fulfillment of the requirements
for the degree *Magister Artium* in Research Psychology at the
Potchefstroom Campus of the North-West University

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05/2014

**“Ek weet wat ek vir julle beplan sê die Here, voorspoed en nie teenspoed
nie; Ek wil vir julle ‘n toekoms gee, ‘n verwagting!” Jer. 29:11**

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ACKNOWLEDGEMENTS

- My heavenly father who gave me the strength, wisdom, patience and perseverance to complete this study.
- My supervisor, Dr. M van der Merwe for her wisdom and encouragement. Thank you for never giving up on me and always working so hard. You are a true inspiration.
- My co-supervisor, Prof. V. Roos for her help and guidance.
- My support network; family and friends:
- My mom, Jc Hugo, for always encouraging me to study further and giving me the support to do so and always keeping me in her prayers. My sister, Lené Hugo, for always listening and being there.
- My hubby, Frederick Nel for not only loving me unconditionally but for always being there for me and supporting me. This study would have been impossible without you. You are my pillar of strength.
- My little baby girl, Leanay Nel, born 24 September 2013. As this study evolved on paper you grew in my womb and therefore you were part of this study from day one. You are such a blessing.
- My friends (you know who you are) for their constant motivation, daily prayers, inspiration and support. This year would have been very difficult if I did not have you in my life.
- Petronel Fourie, for the language editing and being a true friend.

SOLEMN DECLARATION



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VERKLEERINGS
17 April 2013 verspreidingsnommer: 7.1.11.0

SUMMARY

An exploration of the coping strategies of early adolescents in two Gauteng schools

In the South African context adolescents need to cope with societal and family-related stressors seen as everyday stressors, such as parental divorce, violence in communities, bereavement and pressure in schools. Research has shown that these everyday stressors could have negative effects on their well-being. It was further seen that such a high exposure to everyday stress like school-based stressors leads to an increase in unhealthy behaviour, such as smoking and alcohol use in early adolescents. It is for this reason that resilience in adolescence is such an important factor. With all the challenges and everyday stress experienced by early adolescents, the wellness and resiliency perspective adds a positive angle to adolescent functioning. Constructively coping with everyday stress can therefore lead towards well-being.

The purpose of this study was to explore how early adolescents cope with everyday stress. A qualitative research method was used with an embedded case study research design. A voluntary sample was drawn, consisting of 15 South African early adolescents from two schools in Gauteng (ages 12 to 15 years; boys and girls). Data on the subjective experience of coping strategies with everyday stress was gathered through individual semi-structured interviews (ten participants) and drawings to aid the verbalisation of their coping strategies. A focus group discussion with a different set of five participants added to the richness of data and to crystallisation, as they discussed themes which emerged from the individual interviews. Data were analysed thematically and visually.

The results indicated that early adolescents experienced different types of everyday stress which accordingly needed a variety of coping strategies. Participants coped using intrapersonal resources (existential belief, creative activities, cognitive coping), interpersonal

strengths (family, friends, social media) and behaviour-focussed coping (physical activity, fine motor behaviour). These coping strategies linked with the six modalities outlined in Lahad's BASIC Ph resiliency model, namely beliefs, affect, social interaction, imagery, cognition and physical activity. Of special interest was the clear indication of the role of social media as part of their coping strategies.

Keywords: Behaviour-focussed coping, early adolescents, Lahad's BASIC Ph resiliency model, interpersonal- and intrapersonal coping, social media, stress

OPSOMMING

'n Verkenning van die hanteringstrategieë van vroeë adolessente in twee Gautengse skole

In die Suid-Afrikaanse konteks moet adolessente stressors hanteer wat met die gemeenskap en familie verband hou en as alledaagse stressors beskou word, soos ouers se egskeidings, geweld in gemeenskappe, verlies en druk by die skool. Onlangse navorsing toon dat adolessente met talle alledaagse stressors gekonfronteer word, wat moontlik negatief op hul gesondheid en welstand inwerk. Dit was verder duidelik dat so 'n hoë blootstelling aan alledaagse stres soos skool-gebaseerde stressors, tot 'n toename in ongesonde gedrag lei, soos rook en alkohol gebruik by vroeë adolessente. Daarom is veerkragtigheid by adolessente so 'n belangrike faktor. Met al die uitdagings en alledaagse stres wat vroeë adolessente ervaar, bied die perspektief van welstand en veerkragtigheid 'n positiewe invalshoek op adolessente se funksionering.

Die doel van hierdie studie was om te verken hoe vroeë adolessente alledaagse stres hanteer. 'n Kwalitatiewe navorsingsmetode is gebruik met 'n ingebedde gevallestudie navorsingsontwerp. 'n Vrywilliger-steekproef is saamgestel, bestaande uit 15 Suid-Afrikaanse vroeë adolessente van twee skole in Gauteng (ouderdomme 12 tot 15 jaar; seuns en dogters). Data oor die subjektiewe ervaring van hanteringstrategieë met alledaagse stres is deur individuele semi-gestruktureerde onderhoude (tien deelnemers) en tekeninge versamel om die verbalisering van hul hanteringstrategieë te fasiliteer. 'n Fokusgroepsgesprek met 'n stel van vyf ander deelnemers het tot die rykheid van data bygedra, asook tot kristallisering, aangesien hulle temas bespreek het wat uit individuele onderhoude voortgespruit het. Data is tematies en visueel geanaliseer.

Die resultate toon dat vroeë adolessente verskeie soorte alledaagse stres ervaar, wat dus verskeie hanteringstrategieë benodig. Deelnemers het hul stres hanteer deur intrapersoonlike hulpbronne (eksistensiële geloof, kreatiewe aktiwiteite, kognitiewe hantering), interpersoonlike sterkpunte (familie, vriende, sosiale media) en gedrag-gefokusde hantering (fisiese aktiwiteite, fyn motoriese gedrag). Hierdie hanteringstrategieë skakel in by die ses modaliteite wat in Lahad se BASIC Ph-model uiteengesit word, naamlik oortuigings, affek, sosiale interaksie, verbeelding, kennis en fisiese aktiwiteit. Van spesiale belang was die duidelike aanduiding van die rol van sosiale media as deel van hul hanteringstrategieë.

Sleutelwoorde: Gedrag-gefokusde hantering, vroeë adolessente, Lahad se BASIC Ph-veerkragtigheidsmodel, interpersoonlike en intrapersoonlike hantering, sosiale media, stres

PREFACE

Article format

For the purpose of this dissertation, which is part of the requirements for a professional Master's degree, the article format as described by General Regulation A.137 of the North-West University was chosen.

Selected Journal

The target journal for publication is the *South African Journal of Education*. The manuscript as well as the reference list has been styled according to the specifications of the Harvard publication guidelines for the purpose of examination.

Letter of consent

This letter holds the consent from the co-authors where permission is provided that the manuscript, "An exploration of coping strategies of early adolescents in two Gauteng schools", may be submitted for purposes of a mini-dissertation by the first author, Anneté Nel.

Page numbering

In the dissertation, page numbers run through the whole document. For submission in the above –mentioned journal, manuscript numbering will be according to the requirements and thus start on the title page of the manuscript.

Referencing

Section A and C are referenced according to the APA guidelines. Section B is referenced according to the Harvard guidelines as stipulated by the selected journal: South African Journal of Education

DECLARATION OF LANGUAGE EDITOR

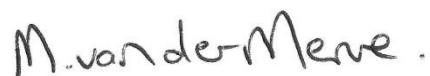
Petronel Fourie obtained a BA Languages degree from the University of Pretoria in 2007. She has worked as a freelancer in the publishing industry for six years as an editor, proofreader and writer. Amongst others, her clients include the University of Pretoria, the University of Johannesburg, Via Afrika Publishers and AfriForum.

A handwritten signature in black ink, appearing to read 'Petronel Fourie', with a large, stylized loop at the beginning.

Petronel Fourie

LETTER OF PERMISSION

The candidate opted to write an article with the support of her supervisors. We, the supervisors, declare that the input and effort of Anneté Nel in writing this article reflect research done by her. We hereby grant permission that she may submit this article, *An exploration of the coping strategies of early adolescents in two Gauteng schools* for examination purposes in fulfilment of the requirements for the degree *MA in Research Psychology*.



Dr. Mariette van der Merwe

Supervisor



Prof. Vera Roos

Co-supervisor

SECTION A

ORIENTATION TO THE RESEARCH

The researcher is a registered counsellor who intervenes with emotional and scholastic problems in adolescents in the Gauteng area. As part of the problem formulation in the early stages of this research, the researcher engaged in a conversation with a small group of early adolescents to explore their exposure to stress. During this discussion it became clear that these early adolescents experienced every day stress such as academic pressure and family and friends related problems. The view of Dalzell and Theron (2006) is in line with the findings of the discussion seeing that in their opinion stressful situations encountered by early adolescents may be associated with unhealthy behaviour. It became clear that these early adolescents were not aware of the different coping strategies available to cope with their daily stress. These early adolescents encountered several challenging and conflicting situations every day which can be associated with negative affect leading towards unhealthy behaviour as outlined by Elgar, Arlett and Groves, (2003).

Literature Overview

This study focuses broadly on wellness in the context of early adolescence with specific focus on stress and coping. Wellness is defined by Meyers, Sweeney and Witmer (2000) as a holistic approach integrated by the individual, where a person's life has a propensity towards optimal health and well-being in order to live more fully. The National Wellness Institute (as cited in Travis, 2004) defines wellness as an active process through which people become aware of, and make decisions towards, a more successful and healthy way of living. A healthy person can therefore not be viewed as a person who has no illness, just as happiness cannot be viewed as the lack of agony. However, a healthy person is able to thrive and flourish, and not simply survive (Baylis, 2004). Positive psychology forms part of the science of well-being. Peterson (as cited in Baylis, 2004) elaborates that positive psychology focuses "as much on strengths than on weakness, there is as much interest in building the best

things in life as in repairing the worst, and as much attention to fulfilling the lives of healthy people as to healing the wounds of the distressed” (p. 214). This holistic approach to well-being is an ongoing evolving process in which a person participates to integrate and balance physical, spiritual, emotional and mental well-being.

Illness-Wellness Continuum

In the past it was believed that the adolescent’s past childhood experiences had a major influence on functioning in adolescence. There is currently a growing awareness where the focus is placed on the present, and it is recognised that development depends on the type of experience as well as the ability of each person to interpret and integrate it into their current experience (Bonino, Cattlino & Ciairino, 2000). It is therefore important to take time to establish what exactly is contributing to adolescent risk behaviour that may lead towards the illness side of the Illness-Wellness Continuum (Travis, 2004). The Illness-Wellness Continuum indicates two opposite poles on the continuum. The Illness Pole indicates unhealthy behaviour and the Wellness Pole specifies healthy behaviour. Components of healthy behaviour are self-care, using the mind constructively, expressing emotions effectively, being creatively involved with other people and being concerned about physical, psychological and spiritual environments (Kyung, Puskar & Sereika, 2006; Travis, 2004). Unhealthy behaviour on the other hand is typified by feeling depressed, tense, anxious, being unhappy with one’s own life, abuse of one’s own body such as smoking, binge drinking, overeating and losing a sense of purpose (Mi Sung, 2006; Travis, 2004). Research has consistently shown that stressful conditions may influence physical health directly, which in turn will cause unhealthy behaviour (Elgar et al., 2003; Wickrama, Wickrama & Beltimore, 2010). Taylor and Standton (2007) state that successful stress management, based on a person’s ability to cope, is related to health outcomes.

Early Adolescence

This study will focus specifically on early adolescents. Adolescence is the developmental phase between childhood and adulthood (between the ages of 12 and 22 years) (Campbell, 2007; Gouws, Kruger & Burger, 2000), whereas early adolescence is typically between the ages of 12 and 15 years (Slate & Scott, 2009). The adolescent phase in general (early, middle and late adolescence) is a transitional period typified by “major physical, cognitive and socio-affective changes towards maturity” (Steyn, 2006, p. 26). These changes can be troubling for adolescents and their families since they may be faced with strenuous situations that might surface (Mamwenda, 2004). Frey, Ruchkin, Martin and Schwab-Stone (2009) outline the dilemma of this phase when the need for support conflicts with the need for autonomy and independence. Within the broader life stage of adolescence, the period of early adolescence has specific challenges and was therefore chosen as unit of analysis for this study.

Early adolescence is seen as a period of confusion and change that can mark unhealthy behaviour (Kyung et al., 2006; Ovens, 2001). Zimmer-Gembeck and Skinner (2008) are of the opinion that there is a major developmental shift in stress reactions and coping during late childhood to early adolescence, as a result of biological, cognitive and social development changes. During this phase, the early adolescent changes his/her relationship focus by moving emotionally away from parents and moving closer to the peer group. This period also marks the beginning of a more mature sense of individual identity (Dalzell & Theron, 2006). As these changes take place, early adolescents also need to deal with everyday stressors (Mi Sung, 2006).

Stress in early adolescence. Early adolescents usually experience stress caused by internal and external factors, such as bodily changes and specifically weight gain (mainly amongst the girls), academic challenges, peer group pressure and rejection, romantic

relationships, parent-adolescent relationships and the current financial situations of their families (Dalzell & Theron, 2006). Literature indicates that early adolescents do not always feel equipped to cope with their everyday stress and as a result apply unhealthy coping strategies such as denial, drinking alcohol and smoking. This may lead to a tendency to lean more towards the Illness Pole on the Illness-Wellness Continuum with patterns of unhealthy behaviour (Kyung et al., 2006). Studies concur with these findings and show that early adolescents encounter several challenging and conflicting situations daily, which are associated with negative effects and lead towards unhealthy behaviour (Elgar et al., 2003). The coping strategies of early adolescents are important, because if early adolescents are able to constructively cope, it would contribute to their general wellness into adulthood (Kyung et al., 2006).

Bio-ecological Systems Theory

Bronfenbrenner's bio-ecological systems theory gives insight into this period of change, stating that the early adolescent's biological dispositions join with environmental forces to mould development (Bronfenbrenner & Evans, 2000).

The model is divided in five different layers (sub-systems) which all form part of the person's development. This multi-layered set is described by Van Breda (2006) as an "interconnecting nest of environmental systems" which influences the developing child with various degrees of directness and can therefore be seen as a result of the interactions between the individual and the environment (p. 57). The five sub-systems are: microsystem, mesosystem, exosystem, macrosystem and chronosystem.

Microsystem. The microsystem is the first level and is the system that the early adolescent is in contact with every day, such as the immediate environment for example the family he or she lives with, peers and school (Van Breda, 2006). Cobb (2010) describes the microsystem as a person's immediate social context, being face-to-face interactions with

others. Blonna (2007) asserts that different people will be affected by different parts of the microsystem, which can initiate stress. Some people might view living in a small house with many family members as stressful, where others might experience a dirty and unsafe school as stressful and will in turn need coping strategies to deal therewith. Within this system relationships are bi-directional. Therefore the child is seen as an active force involving those people and relationships around him or her (Van Breda, 2006). These interactions, whether it is verbal exchange with a parent or teacher or even supportive eye contact from a friend, therefore has an effect on the adolescent (Cobb, 2010).

Mesosystem. Interactions and relationships between the different microsystems are named the mesosystem. The mesosystem is therefore seen as the connection that brings all the different contexts in which a child develops together. Keenan (2002) states that the mesosystem involves reciprocal relationships among microsystem-settings. An example is when what happens at home influences what happens at school and vice versa. Cobb (2010) further explains by referring to the parents' influence on a child's school work. If a parent is actively involved with the child's school work, chances of the child experiencing improvement in academic performances is greater. Blonna (2007) suggests that these stressful interpersonal-related problems need a certain level of coping strategies.

Exosystem. It is known that adolescents are affected by their environments and immediate surroundings (Cobb, 2010). The following system is named the exosystem and consists of external networks such as education, medical and communication systems that influence the individual in the microsystem indirectly (Berk, 2012). Cobb (2010) explains the exosystem as the impact that work-related stress could have on parents, also resulting in them not spending enough time at home with their child. Their stress and workload can in turn have a negative effect on the adolescent. Blonna (2007) states that if the person is not able to regulate to a phase of homeostasis, these stressors become threatening and beyond a

person's ability to cope. It seems then as if functional coping skills may play a central role in the constant process of maintaining or regaining homeostasis.

Macrosystem. The macrosystem is the outermost level of Bronfenbrenner's model (Bronfenbrenner & Evans, 2000) and it entails culture, political systems, economy, religion and beliefs of the community, which has an impact on the lives of early adolescents (Berk, 2012). Blonna (2007) mentions that, as a child develops into an early adolescent, he or she detaches from the primary system, being the family, and becomes more aware of the social support systems available in the community and also the impact that these systems have on them, for example having a different religion in comparison to the majority of the learners in a school. Cobb (2010) adds that the laws of compulsory education can also have an influence on adolescent lives. This is true in the South African context, where many children receive mainstream education as a result of a shortage of remedial education and schools, even though they have specific scholastic needs.

Chronosystem. According to Berk (2012), the chronosystem involves all aspects of time and how it influences the adolescent's development. This includes the life history with psychological templates and patterning formed by a configuration of experience through the lifespan. Bronfenbrenner (Bronfenbrenner & Evans, 2004) emphasises the dynamic nature of the environment and the different manners in which it can have an influence on the child's development. Cobb (2010) states that development can be affected in the chronosystem when looking at the "circumstances existing at any point in history within a culture that shape adolescents' experience of the various contexts of their lives" (p. 13).

Clearly, the different systems mentioned here form a dynamic backdrop indicating that the early adolescent needs to attend to developmental tasks, along with stressors in all the different systems. How they cope with these stressors can have significant long-term implications for future well-being. As such, certain patterns formed in early adolescence lay

the foundation for future functioning. In this regard the chronosystem, which is the temporal system, is formed through daily experiences. It is logical that positive coping, which leads to positive behaviour, can form metaphorical templates which can direct future positive coping. Unfortunately the opposite is also true, and ineffectual coping efforts can lead to behaviour, affect and cognition which are not constructive and such patterns can be formed which may direct future functioning.

Resilience

Research has been conducted in South Africa regarding resilience of youth because youth behaviour is associated with unhealthy behaviour often leading to negative outcomes. The outcome of resilience research is therefore to encourage people to act in ways facilitating well-being (Theron, 2012). Research has shown that resilient early adolescents tend to have personal resources or copings skills (Reichel & Schanz, 2003). Resilience is therefore viewed as the person's ability to behave in ways opting for health-sustaining resources, including opportunities to experience feelings of well-being that utilises different coping strategies (Ungar, 2008). Resilience can then be defined as a person's capacity to face, overcome and be strengthened by challenges of life and to even bounce back after difficult life situations (Reicher & Shanz, 2003).

Stress

The classic work of Fisher (1986) defines stress as a condition of the environment that is seen as an "intense level of everyday life". Kirby and Fraser (1997) assert that the accumulation of stress has a leading and lasting effect on a child's development and causes related problems. More recently, Cash (2006) states that stress is "the physiological and psychological response and experience to a stimulus that strains one's ability to maintain his or her equilibrium, ability to adapt, or ability to adjust" (p. 20). Elgar et al. (2003) explain stress as a result of conflict, daily hassles and life events, which can be seen as the largest

contributors towards adolescent stress. According to Cox (as cited in Boshoff, 2011) stress can therefore be derived from the external environment, which in this study could be pressure applied by the school to perform academically, or it can be caused internally, in the individual's emotional state or in the interaction between individuals and their environments, such as peer relationships and parent-child relationships. Generally these concepts above refer to complex and compound perceptions and responses of humans trying to become accustomed to everyday life (Boshoff, 2011). It is therefore seen that stressful experiences cause distress because it intimidates how the individual views his/her own capability of dealing with situations needing control (Skinner & Wellborn, 1994 as cited in Zimmer-Gembeck & Skinner, 2008).

According to Mashele, Van Rooyen, Malan, and Potgieter (2010) stress may be experienced in two ways, positively as 'eustress' or negatively as 'distress'. 'Eustress' refers to a response that supports the activation of internal resources to convene environmental and emotional demands which leads towards goal achievement. In this study this could refer to those early adolescents who can utilise coping strategies to manage stress constructively. 'Distress' is observable when the emotional and environmental demands overpower the individual's resources (Selye, 1975, as cited in Boshoff, 2011) and can therefore be seen as the early adolescent not coping and underachieving in school as a result of stress. D'iuso (2009) mentions that distress can be seen as the result of inefficient coping strategies. Therefore, if early adolescents do not have efficient coping strategies, they would not be able to cope well, causing more distress. Even though early adolescents experience an increase in a variety of everyday stressful experiences, it seems as if they have a strong desire to cope with the stress independently and therefore they tap into their available resources to try and cope (Kyung et al., 2006).

Coping

Coping cannot be viewed as a single concept, but rather as a concept that represents a broad framework of processes. Therefore coping can be viewed as strategies, reactions and behaviour in different situations (Van Aardt, 2004). The coping process refers to the different strategies and behaviour that a person utilises to deal with a situation of stress as well as the emotions that go hand in hand with stress. The coping outcome refers to the result of these strategies and behaviours when the person has been experiencing stress (Boshoff, 2011).

Theories on coping (Folkman & Lazarus, 1991; Bolger, 1990; Carver & Scherer, 1994) form part of the historical dialogue on this topic. Lazarus and Folkman (1991) argue that coping is a multidimensional process where people cope by using both emotion-focused and problem-focused coping. This is in line with the more recent work of Lahad (2010). The second Lebanese war in Northern Israel forced young children to try and cope, despite their traumatic environment and everyday stressors. It is in this environment that Lahad initiated his theory on coping skills that will be used as a conceptual framework in this study. Lahad and Berger (2010) are of the opinion that, whenever a person is faced with pressure and uncertainty, they have certain mechanisms that can help them cope with the situation. Lahad and Berger (2010) outline six coping modalities, namely beliefs, affect, social functioning, imagination, cognition and physiology (BASIC Ph model). According to Lahad (Lahad & Berger, 2010) the BASIC Ph model could be explained as follows:

- Beliefs (B)

This strategy entails the adolescent turning towards a belief system and seeking meaning through religion or spirituality.

- Affect (A)

The adolescent would use his or her emotions as a coping mechanism by expressing or ventilating emotions.

- Social (S)

The adolescent copes by seeking support and structure from his or her relationships.

- Imagination (I)

The adolescent uses creativity in order to cope. This includes drawing, art and music.

- Cognitive (C)

The adolescent uses his or her cognition and problem-solving methods to cope, for example writing about the stress experienced and thinking it over.

- Physiological (Ph)

Physical activity is used as means of coping. The adolescent using this style would for instance participate in sports and exercise.

The BASIC Ph model is not seen as a quick fix which alleviates stress in total. It is rather seen as a model used for the person to understand the situation, give expression, release feelings and try and find a suitable solution (Lahad & Berger, 2010). This model is therefore also known as the BASIC Ph resiliency model (Lahad, 2010). Each individual uses his/her own combination of these modalities as coping strategies to deal with stressful situations. As mentioned before, individuals respond to their environments and therefore preventative actions are possible (Cobb, 2010). According to Blonna (2007), a person's ability to solve a problem is enhanced by having different perspectives on the problem and therefore being able to see that there are many ways of dealing with potential stressors.

To cope with stress, whatever the cause, the early adolescent needs to look at the degree of threat involved and use his/her existing and available resources to specifically deal with the situation at hand or adapt to the situation by regulating emotional responses (Lazarus

& Folkman, 1984, as cited in Elgar et al., 2003). The current inevitable stressful situations will form the platform for learning new constructive coping strategies.

Constructive coping is seen as the strengthening of coping strategies that leads towards the strengthening of coping sources (Lahad & Berger, 2010). The acquisition of constructive coping strategies could therefore significantly minimise the risks that could lead towards unhealthy behaviour. The early adolescent would as a result have the ability to manage everyday stress more constructively and at the same time be able to engage in behaviour promoting healthy behaviour in adulthood (Steyn, 2006; Reicher & Shanz, 2003). Constructive coping therefore refers to the person's ability to confront existing problems as well as share thoughts and feelings about the situation. It also entails applying problem-solving methods such as brainstorming, setting of goals and learning from the situation by viewing it in a positive light (Waldeck, 2004; Crawford, 2008). Non-constructive coping on the other hand is characterised by avoidance through ignoring the stressor, being emotionally blunt and distancing oneself. This method of coping also leads toward self-blame and blaming others; having a negative outlook and using typical emotional releases such as aggression and displaying negative emotions, causing the early adolescent to lean towards the Illness side of the Illness-Wellness Continuum (Waldeck, 2004; Crawford, 2008.)

Conclusion

Based on the above literature review, this study will focus on how adolescents cope with everyday stress. The literature above supports the notion that coping strategies learned during early adolescence functions as the resources used to maintain healthy behaviour. Therefore it is important to expand these resources, namely coping strategies, in order for it to have an influence on healthy behaviour and functioning during the transition to adulthood, and therefore this study has a preventative nature.

It is envisaged that the findings of this research can be used in future to develop a programme providing guidelines for personnel at schools and healthcare support systems to proactively assist early adolescents in expanding their coping strategies so that they can constructively cope, and ultimately to promote their general wellness (Kyung, 2006). The National Curriculum and Assessment Policy Statement (CAPS) for life orientation Grades 7-9 stipulates that their aim is to enable children with the skills to add meaning to their lives and thereby equipping them as a means of self-fulfilment (Department of Education, 2013). It is envisaged that the findings of this research could be added to such a document assisting in this aim.

Based on the above the research question for this study is: What are the coping strategies of early adolescents in two schools in Gauteng?

Aim of the Intended Research Study

The following aim has been identified: To explore the coping strategies of early adolescents in two Gauteng schools. The aim of the research is therefore to explore and gain insight into the coping strategies of early adolescents. The researcher will aim to gain a holistic understanding of each participant's understanding of the phenomenon under study and therefore this study uses an embedded case study design (Hofstee, 2006). The central phenomenon and participants under study will therefore be early adolescents in Gauteng schools. The personal experiences of these participants will optimally lead towards the conclusions and recommendations in line with the topic: Coping strategies of early adolescents.

Ethics

Research in the social science field comes with a list of ethical issues, problems and pitfalls as humans are researched in this field (Graziano & Raulin, 2004). Ethics are therefore a set of principles formed by a group or an individual which is widely accepted and which in turn provides rules and behavioural guidelines towards correct conduct to those participating in research (Whittaker, 2009). For the purpose of this study, the following ethical aspects will be taken into account (Hofstee, 2006, Whittaker, 2009):

- Ethical clearance for this study was granted by the North-West University, Potchefstroom campus, ethics number (NWU-00060-12-A1). Further ethical clearance and permission were granted by the Department of Education as well as governing bodies at the schools
- Research participants will be protected against physical or emotional harm. These participants will therefore be seen after school, in a safe school setting such as a private office, to ensure their anonymity. It is possible that questions on stress and coping may evoke strong feelings and follow-up intervention will

be offered by other team members (registered counsellors, psychologists etc.) in the school setting. Participation is completely voluntary and therefore withdrawal at any point in the study will be accepted.

- Protecting the identities of research participants will be a top priority. Participants will be kept anonymous by using a numbering system and not describing any identifying characteristics.
- Informed consent will voluntarily be obtained by all parties involved and will include the goal of the investigation, the use of an audio recorder, procedures which will be followed, the credibility of the researcher and possible advantages and disadvantages. The researcher will be open about the aims and outcome of the research's results.
- The researcher will ensure that she is competent and skilled to conduct the research by regularly engaging in supervision with her study leader and continuously consulting literature.
- Findings will be released in written form, as accurately and objectively as possible. Findings will be communicated and given to all parties involved.
- Data will be kept at the North West University for five years

Report layout

Section A: Orientation to the Research

The first section of this report provides an introduction to the study.

Section B: Journal Article

This section is made up of the journal article entitled: “Exploring the coping strategies of early adolescents in two Gauteng schools”. This article will be submitted for review in the *South African Journal of Education*. (See Addendum A for Author guidelines)

Section C: Critical reflections, Evaluation, Conclusion and Recommendations

Section C consists of the critical reflections, evaluation and recommendations of the study.

The following addendums are included for greater understanding of the research process

Addendum D: Example of transcript

Addendum E: Example of data analyses

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SECTION B

ARTICLE

An exploration of the coping strategies of early adolescents in two Gauteng schools

An exploration of the coping strategies of early adolescents in two Gauteng schools

Anneté Nel

Abstract

Recent research shows that adolescents in South Africa are exposed to numerous everyday stressors with possible negative effects on their health and well-being. The purpose of this study was to explore how early adolescents cope with everyday stress. A qualitative research method was used with an embedded case study research design. A voluntary sample was drawn including 15 South African early adolescents in two Gauteng schools (ages 12 to 15 years; boys and girls). Data on the subjective experience of coping strategies with everyday stress was gathered through individual semi-structured interviews (ten participants) and drawings to aid the verbalisation of their coping strategies. A focus group discussion with a different set of five participants added to the richness of data and to crystallisation as they discussed themes which emerged from the individual interviews. Data were analysed thematically and visually. The results showed that early adolescents experienced different types of everyday stress, which accordingly needed a variety of coping strategies. Participants coped using interpersonal- and intrapersonal coping as well as behaviour-focussed coping linking with the six modalities outlined in Lahad's BASIC Ph resiliency model, namely beliefs, affect, social interaction, imagery, cognition and physical activity. Of special interest was the clear indication of the role of social media as part of their coping strategies.

Key words: Behaviour-focussed coping, early adolescents, Lahad's BASIC Ph resiliency model, interpersonal and intrapersonal coping, social media, stress

Introduction and problem statement

The early adolescent developmental stage is a period offering growth opportunities but also risks to healthy development (Papalia *et al.*, 2008:40). This transition period to adulthood can be eased if adolescents master developmental tasks, including educational learning, and cope constructively with stress to ensure well-being (Theron & Dalzell, 2006:397; Kyung *et al.*, 2006:523). In the South African context, adolescents must cope with societal and family-related stressors such as parental divorce, violence in communities, bereavement and pressure

in schools (Statistics South Africa, 2010:3). Extreme traumatic stress experienced by early adolescents is reported in statistics (Barnes, 2012:69; Boyes *et al.*, 2012:2; De Lange, 2012:494) and expanded in literature. However, less is known about the everyday stress and coping of early adolescents. Everyday stress of adolescents include academic difficulties and bullying by peers (Williamson *et al.*, 2003:227), transition in trying to define one's own self-concept (Finkenauer *et al.*, 2002:31) and the relationships with family and friends (Cobb, 2010:178; Zimmer-Gembeck & Skinner, 2008:2). Brook *et al.*, (2011:1447) is of the opinion that such a high exposure to everyday stress like school-based stressors leads to an increase in unhealthy behaviour such as smoking and alcohol use in early adolescents. These types of everyday stress remain a reality for the youth in South Africa. Therefore it is important to consider how best to support the youth towards optimal coping (Theron, 2012:334). The need for contextual sensitivity and individual factors is therefore necessary when understanding adolescents' development in studies of stress and coping (Hampel *et al.*, 2006:409; Theron *et al.*, 2011:232).

The stress and coping of specifically early adolescents can be directly linked to their general well-being (Kyung *et al.*, 2006:521). Early adolescence is seen as a period of confusion and change that marks unhealthy behaviour (Kyung *et al.*, 2006:523; Ovens, 2001:2). Zimmer-Gembeck and Skinner (2008:5) are of the opinion that there is a major developmental shift in stress reactions and coping during late childhood to early adolescence, as a result of biological, cognitive and social development changes. Research has shown that early adolescents with few coping skills may face long-term embedded effects leading towards unhealthy behaviour across life course stages (Kyung *et al.*, 2006:522). This has potential harmful consequences throughout adulthood for both healthy behaviour and optimal functioning (Frech, 2012:61), again pointing to the major impact coping strategies can have on early adolescents. Studies have shown that constructive coping in response to stressful situations in early adolescence predicts good future outcomes and is a relevant concept considering that active coping strategies are associated with better adjustment (Elgar *et al.*, 2003:575; Gould *et al.*, 2004, cited by Kyung *et al.*, 2006:524). Therefore the acquisition of constructive coping strategies could significantly reduce the risks involved when unhealthy behaviour is prevalent. The early adolescent would as a result have the ability to cope with stress more constructively and at the same time be able to focus on achieving goals fostering healthy behaviour (Steyn, 2006:2; Reicher & Shanz, 2003:224). Well-being can therefore be

seen as the optimal psychological functioning of a person (Steyn, 2010:20) and by looking at the different strategies of coping, it is possible to understand the ways people respond to stress which has an effect on their long-term well-being (Skinner *et al.*, 2003:216; Brook, 2011:1447). Long-term well-being especially in adolescents is explained by theorists as resilience (Theron *et al.*, 2011:232; Theron, 2012:336; Ungar, 2011:219). Ebersöhn and Eloff (2006:53) refer specifically to coping in their definition of resilience, namely the ability to cope when facing “demanding circumstances” and “difficulties” and in this process to maintain quality of life and being functional.

Research has been conducted in South Africa regarding the resilience of youth because the youth is perennially placed at risk of negative outcomes in terms of behaviour (Theron, 2012:333). The rationale for resilience research has therefore always been focused on a positive support ethic, which is explained by Theron (2012:334) as the encouragement of people to move towards well-being. Resilience is then seen as “the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being that utilise different coping strategies” (Ungar, 2008:225). Ebersöhn and Eloff (2006:53) outline relevant concepts which in practice will maintain and enhance resilience. Protective factors, such as constructive coping, can lead to protective processes when facing stress. Constructive coping will add to cumulative protection as part of a layer of protective factors in the lives of early adolescents.

Stress and coping

Important for the focus of this study is the link made between stress and coping. Blonna (2007:4) views stress as a condition perceived by a person, where the person feels as if he or she cannot cope. Blonna (2007:27) further defines stress as a “holistic transaction between an individual and a potential stressor resulting in a stress response”. Therefore stress is seen as an individualistic measure where stressors can be viewed and experienced differently by individuals, all depending on their way of coping (Zimmer-Gembeck, 2008:2; Jackson *et al.*, 2010:460).

Stress is therefore seen as an event and coping is what a person does about it (Cobb, 2010:425). Coping is seen as a way of problem-solving by dealing with a specific situation caused by “external or internal demands that is experienced as stressful and that has an

influence on the person's well-being" (Lazarus & Folkman, 1991:210). Bonino *et al.* (2003:28) view coping as "socio-cognitive strategies", which allow people to deal with stress in a healthy manner. The assessment of coping strategies is fundamental to the understanding of the impact of stress on individual behaviour. This correlation between stress and coping has been researched over many years and the findings clearly show that stressful life events have an effect on health outcomes (Leykin, 2013:32; Kyung *et al.*, 2012). On the other hand, stress management with effective coping strategies seem to have the potential to promote healthy behaviour and limit stress-related compromises in mental health (Lahad & Berger, 2010:890; Leykin, 2013:32). It seems then that coping is a means of managing stressful conditions by challenging and using personal resources to secure well-being (Cobb, 2010:425).

Many theories on coping are well-known and form part of the dialogue on this topic (Lazarus & Folkman, 1991; Bolger, 1990; Carver & Scherer, 1994) over the past decades. Although Lazarus and Folkman (1991) argue that people typically use both emotion-focused and problem-focused coping, they already refer to the importance of coping as a multidimensional process. This is in line with the more recent work of Lahad and Berger (2010). Lahad and Berger (2010:890) are of the opinion that everyone has certain mechanisms that can help them cope with complex situations, whenever they are faced with pressure and uncertainty. Lahad developed the BASIC Ph resiliency model based on six different personality theories that historically have been influential in explaining a person's adaption and behaviour in a stressful life event (Leykin, 2013:32; Lahad & Berger, 2010:890). The six coping modalities that form part of the BASIC Ph model and link to the personality theories are: beliefs, affect, social functioning, imagination, cognition and physiology. Lahad believes that every person develops his or her own composition of preferred modes of coping that are used when dealing with stressful life events (Leykin, 2013:32). Each individual therefore has his or her own combination of the six coping modalities. According to Lahad and Berger (2010:898), the more of these modalities are used by an individual, the greater the chances are for well-being.

Lahad (Lahad *et al.*, 2000:390) accordingly developed the BASIC Ph resiliency model to specifically help children understand and regulate their stress by exploring different ways of coping. Lahad's BASIC Ph model will therefore be used as a conceptual framework in this study and has been incorporated when discussing the findings.

It seems then as if everyday stress is a reality in the lives of early adolescents and that their coping strategies are a core variable in ensuring resilience and future well-being. The interest of this study is to explore how they cope with everyday stress in order to determine how this important aspect can become part of the scientific dialogue on well-being in early adolescence. The significance of research on coping strategies – for early adolescents and for schools – as a potential source of well-being-enhancing transactions, is undeniable. Therefore the findings of this research can be utilised to form part of the Life Orientation Grade 7-9 programme of the National curriculum and assessment policy statement (CAPS) in order to develop early adolescents skills and thereby promote knowledge for self-fulfilment and well-being (Department of Education, 2013:4). Based on the problem statement, the following research question guided the research: What are the coping strategies of early adolescents? The purpose of this study was linked to the research question namely how early adolescents cope with everyday stress.

Research method and design

This qualitative research had an exploratory nature (Fouché & De Vos, 2011:95) to gain insight into the phenomenon or issue (Creswell *et al.*, 2007:245), namely coping strategies of early adolescents. A qualitative perspective with an embedded case study design guided the research process. Nieuwenhuis (2007:59) points out that qualitative research is often based on an interpretivist perspective. According to Fouché and Delpont (2011:65) qualitative research is a holistic approach aimed at a better understanding of the meaning people attribute to everyday life. The embedded case study design was used (Creswell *et al.*, 2007:246), where the research focused on an issue (coping strategies) in order to enhance the understanding of the unit of analysis (Nieuwenhuis, 2007:76). From an interpretivist perspective and pragmatic position, the embedded case study research method aimed at gaining a holistic understanding specifically about the detailed meanings the participants attach to a phenomenon under study (Hofstee, 2006:123; Nieuwenhuis, 2007:75) in an effort to find themes and patterns. The dynamics of a particular embedded system was explored, namely early adolescents in two specific schools, aimed at in-depth and diverse data collection (Fouché & Schurink, 2011:321).

Research context and participants

The context for this study was two schools in Benoni, Gauteng, where the learner-profile reflects a variety of cultures, races and religions. Purposive sampling was used due to the qualitative nature of the study and seeing that schools were specifically chosen and the participants accordingly volunteered to take part in the study, as suggested by Nieuwenhuis (2007:80). Participants had to be in the early adolescent age group between 12 and 15 years (Slate & Scott, 2009:54) and were in schools that comprise of multi-cultural backgrounds as well as ethnically and socio-economically diverse settings. The possible participants were informed of the research study in the class context by the researcher, who explained the study and asked for voluntary participation. Consent forms with all the relevant information was sent home to be signed by their parents. The early adolescents also signed their own assent forms after being fully informed about the purpose of the research. Fifteen early adolescent volunteers with signed informed parental consent forms and their own assent forms participated in the study, either in individual interviews or in a focus group. The researcher included the first ten volunteers on the list in the individual interviews and made sure that data saturation has been achieved. The other five volunteers were then included in the focus group.

Individual interviews

Individual interviews were conducted on a day and a time that was suitable for the research participant and researcher. As discussed above, a semi-structured interview was conducted with individual participants. The participants engaged in a conversation about their daily stress and the researcher accordingly asked them how they cope in general and to draw a picture to explain their coping strategies. They also wrote a few sentences explaining the picture. The researcher then probed using the conceptual framework of Lahad's BASIC Ph resiliency model and explained the six modalities of coping, while further exploring coping strategies to gain a more in-depth view on different coping strategies utilised by the participants. It was evident after 10 individual interviews that data saturation had been reached. Table 1 gives an overview of the different participants used during the semi-structured individual interviews.

Table 1: *Overview of participants in individual interviews*

Participant	Age	Gender	Race
1	12	Female	Indian
2	13	Male	White
3	12	Male	Indian
4	13	Female	White
5	12	Female	Black
6	12	Female	Black
7	12	Female	Black
8	14	Female	Black
9	15	Male	White
10	15	Male	White

Focus group

The focus group consisted of five participants. The group accordingly discussed the themes that emerged during the semi-structured interviews. Table 2 contains information about the participants that were part of the focus group.

Table 2: *Focus group participants*

Participant	Age	Gender	Race
10	14	Female	Black
11	15	Female	Black
12	15	Male	Indian
14	14	Male	White
15	14	Male	Black

Data gathering and procedure

As part of the research procedure, participants were informed that they were going to take part in a conversation about stress and coping and also make a drawing about how they cope with stress. The first step in data collection was to conduct **semi-structured interviews** to explore participants' views of their own coping strategies. The semi-structured questionnaire was based on in-depth literature review (including Lahad's BASIC Ph resiliency model) (Lahad & Berger, 2010:890) and in consultation with professionals working with early

adolescents who share the same line of work and knowledge, such as registered counsellors working at schools.

During the semi-structured interviews, visual data collection methods were used (Mitchell *et al.*, 2011:20), namely **drawings** by participants. Drawings were not used as a projective technique, but aided the participants in verbalising their experiences around stress and coping. The drawings were therefore used as a research tool in collaboration with verbal research methods to give each participant the chance to explain the drawing and thereby give an accurate meaning to the drawing (Mitchell *et al.*, 2011:20). Following the suggestion of Malindi and Theron (2011:109) in terms of formulation of the question, the researcher requested: “*I would like you to make me a drawing of how you cope with your stress*”. The participants used paper and crayons to draw a picture representing their own coping strategies. After drawing, the participants were asked to write two to four sentences (Malindi & Theron, 2011:109) to explain what their drawings were saying about how they cope with stress. The drawings were therefore a stimulus for communication, seeing that adolescents are able to express themselves with more depth by using a drawing rather than expression solely through spoken language (Mitchell *et al.*, 2011:20).

The rest of the participants who volunteered were then included in a **focus group**, where the main focus was on expanding the themes which emerged from the semi-structured interviews, as suggested by Nieuwenhuis (2007:90). This new group of participants added depth and confirmation to the themes. The opinions and views of the members of the focus group added value to the study, seeing that it served as a source of additional data and crystallisation (Mouton, 2001:197). In this regard Ellingson (2009:15) refers to the importance of multiple ways of comprehending and presenting the experiences of participants.

Data analysis

The collected data was transcribed, analysed and coded using thematic analysis, and drawings were analysed by means of shared analysis. **Thematic analysis** can be described as a means of identifying, analysing and reporting on themes that emerged from the data (Braun & Clarke, 2006:79). According to Braun and Clarke (2006:80), the process of thematic analysis consists of six steps. Firstly, the researcher transcribed all of the collected data, where after

she familiarised herself with the data by reading and rereading it to identify main ideas repeated in the data. The second step was to form codes from the data. These codes identified characteristics of the data which interested the researcher and pointed to the basic elements communicated by the raw data. The third step was to look for the emerging themes. The coded data was therefore organised into themes within the data. This process was followed until the data reached saturation which, according to Braun and Clarke (2006:80), is the point at which no new ideas surfaced. During the fourth step, these identified themes were refined and revised. The fifth step implied that themes were named. The themes identified are important in relation to the research question and it represents some level of patterned response or meaning within the data set. During the sixth and final step, the findings and data were discussed. The identified themes were discussed accordingly and corroborated with existing literature (Nieuwenhuis, 2010:111).

Visual analysis of the drawings entailed shared analysis in a participatory manner in a conversation between the researcher and the participant to completely understand the drawing and to give it an accurate meaning (Mitchell *et al.*, 2011:29). Theron *et al.* (2012:43) describe shared analysis as following a social constructivist paradigm where reality is co-constructed when participants explain their own drawings. The visual analysis was therefore aimed at gaining insight into the meaning participants attached to their drawings (Malindi & Theron, 2011:110) in order to understand how they cope with everyday stress.

Trustworthiness

To enhance trustworthiness of the data and the research process, crystallisation was kept in mind. Ellingson (2009:456) describes crystallisation as the framework where the “study of theories, scientific analysis of the data and the creative presentation of the results take place”. To ensure trustworthiness, the semi-structured questionnaire was compiled using the correct ethical guidelines as discussed above and interviews were transcribed verbatim (Creswell, 2007:206). In order to further increase the trustworthiness of the study, different methods of data analysis were used, namely thematic analysis of the data and visual analysis of the drawings (Maree, 2007:298).

To additionally enhance trustworthiness of the data, the guidelines of Lincoln and Guba was utilised within the research process (Krefting, 1991, Fouché & Schurink, 2011). Credibility

was increased by crystallisation of different methods for data collection and data analysis (Nieuwenhuis, 2007:82). Theoretical parameters were set by the researcher, by referring back to the literature and thereby ensuring transferability by establishing whether the study can be transferred from this study to another context (Lincoln & Guba, cited by Fouché & Schurink, 2011:419). The purpose of qualitative research is not to generalise (Kefting, 1991:6), but the researcher aimed to rather describe the specific experiences of the participants. The dependability of the research was established by ensuring that the research process was logical, well-developed and audited (through frequent contact with study leader and language editor). Lastly, the researcher ensured confirmability, by stating whether the data is confirmed in literature and stating it clearly enough for it to be replicated and confirmed by other studies (Lincoln & Guba, cited by Fouché & Schurink, 2011:419).

Ethical aspects

Ethical clearance for this study was granted by the North-West University, Potchefstroom campus, ethics number (NWU-00060-12-A1). Further ethical clearance and permission were granted by the Department of Education as well as governing bodies at the schools. During the research, the guidelines as provided by the Health Professions Council of South Africa (HPCSA) for psychologists (Health Professions Act 56) were followed. As described above, the researcher adhered to the requirements for informed consent. All participants were aware of the aim and objectives of the research study. Participants were further reminded that participation was voluntary and that confidentiality was assured by protecting their identities by not describing any identifying characteristics and by referring to the participants using a numbering system. It was judged that this study had some risk of harm to the participants, as the focus was on their coping. The researcher was aware that the discussions of everyday stress could lead to a need for follow-up discussions. Arrangements were made with a network of therapeutic and support services in the school environment. Finding of this study will be made available to the parties involved in written form as accurately and objectively as possible. The raw data will be stored on CD in a safe at the Centre for Child, Youth and Family Studies, North-West University for 5 years.

Findings

In this study the focus was on the subjective experiences of early adolescents and their coping strategies for everyday stressors. Two main themes emerged through thematic and visual

analysis relating to the coping strategies used by the early adolescents. Table 3 summarises the themes and subthemes derived from the data.

Table 3: *Themes and subthemes*

Theme	Subtheme
Intrapersonal coping	Existential belief
	Creative activities
	Cognitive coping
Interpersonal coping	Family
	Friends
	Social media
Behaviour-focussed coping	Physical activity
	Fine motor activities (for self-regulation)
	Other activities

Intrapersonal coping

Intrapersonal coping is seen as the ability to cope by using personal resources (Berk, 2013:319). Intrapersonal coping according to Theron (2010:2) encompasses problem solving skills, positive cognitive appraisal and internal locus of control. In this study the following intrapersonal coping strategies emerged.

Existential Belief

Belief as coping modality focuses on illumination of values as well as the searching of meaning when dealing with stress (Lahad & Leykin, 2013:22). In their seminal work on stress and coping, Lazarus and Folkman (1984:179) distinguish between existential belief (on religious/spiritual level) and general belief (such as belief in own abilities). Existential belief is linked to spiritual wellness in being connected to something greater and beyond oneself. A form of coping within the modality of existential belief can entail joining religious activities (Meyers *et al.*, 2000:252; Blonna, 2007:9). The participants displayed a variety of religions, for example Hinduism, Catholicism and Christianity. Participant 5 said: *“Yes, I use it all the time [belief]. I’m a Christian. I pray every morning and every night. I say thanks to God for everything and to help me.”* Participant 2, being a Catholic, said: *“I use a book on youth prayers and some focus on stress which helps me.”* According to Participant 4, *“being*

Hindu, we do not pray to our God for help, we solve our problems ourselves. God is there for spiritual guidelines.” Although these participants practised different religions, it was evident that religion in the form of belief was used to cope with daily stressors. Horn (2009:178) indicates that spiritual wellness leads to understanding of difficult life realities. The intellectual changes that occur in early adolescence enhance their ability to experience religion and spirituality in new ways (Cobb, 2010:375). They are therefore able to think for themselves, which leads towards critical thoughts, which in turn is seen in their religious development (Gouws *et al.*, 2000:177). No clear indications were found of general beliefs or cultural beliefs as coping, which could be an avenue for further research.

Creative Activities

Being creative and using one’s imagination represents the perception involved in coping as well as the ability to envisage different responses to future stressful events (Lahad & Leykin, 2013:22). Creative activities such as drawings and music facilitate stress release and constructive coping (Horn, 2009:169). Participant 2 said: *“I draw cartoon characters that are in the same situation as me, trying different things. It gives me ideas because I can think of different options I can say to make it better.”* Participant 5 also made use of drawing cartoons. He maintained that: *“I draw my comics and it’s almost like a way of meditation. I draw comics and real-life people, I prefer comics because it is quicker.”* (Image 1 - addendum F). Other participants also indicated that they used drawings to cope. It was clear that the participants’ drawings were not only a way of exploring different ways of coping, but also released stress.

As mentioned above, music can also be seen as a creative activity to cope with daily stress (Horn, 2009:169). It was noted that participants enjoyed listening to music as a coping strategy. Participant 7 preferred listening to gospel music: *“Sometimes I listen to music, at church we sing lots of songs and when I sing the song I remember that I need to be strong and I feel a lot better.”* Some participants preferred different types of music, like Participant 11: *“Heavy metal music calms me down when I am upset and gives me time to think about things.”* Some participants enjoyed movement to music to release stress: *“I dance to music just to get it all out”* (Participant 13). Labbé *et al.* (2007:163) assert that listening to music has the potential to reduce stress by managing anxiety and increasing relaxation to aid coping by releasing stress.

Cognitive Coping

As far back as 1984, Lazarus and Folkman (1984:38) outlined the concept of cognitive coping. Using cognition is seen by Lahad as logical coping and is defined as seeking information and being able to rationally organise and behave according to logical rules. This modality is therefore known as the problem-solving strategy in understanding a stressful event by thinking about it (Lahad & Leykin, 2013:23). During adolescence the capacities of cognition expand and thoughts become more critical and rational (Gouws *et al.*, 2000:38; Berk, 2013:285). Adolescents are typically able to think about their own thinking and therefore are able to come to own conclusions (Berger, 2003:465). Intellectual wellness depends on a person's ability to process information in a rational way to find ways of solving problems (Blonna, 2007:9).

Holmes (2005:168) found that writing down feelings has a positive effect on health. Participants seemed to value this combination of physical activity (writing) and putting thoughts on paper. Horn (2009:183) elaborates on the value of writing as a mechanism for coping with stress by stating that writing about these feelings will reduce the feelings of tension and frustration generated by the actual stress experienced. Therefore, using one's cognition by thinking about the stressor and writing about the stressor can be seen as a way of coping. Participant 14 explained that "*writing down the things that make me stress helps me because I can see it on paper and then it doesn't repeat in my mind all the time*". Participant 7 kept a special book for writing about stress: "*I write in my notebook a lot. I write about my dad and everything that stresses me. And when the stress is over I laugh at the things that were stressing me.*" According to Spear (2000:112), cognitive coping strategies such as decision-making, planning and reflection develop during adolescence and still function during adulthood.

Interpersonal coping

Interpersonal coping can also be viewed as social coping (Gable *et al.*, 2004:231). Studies show that people typically turn towards their support network in times of stress, even when dealing with everyday stressors. Further the availability of social support has clear benefits for the support seekers' health and well-being (Cobb, 2012:169; Gable *et al.*, 2004:232). Therefore interpersonal coping deals with the seeking of social support by seeking help or

comfort from others (Lahad & Leykin, 2013:23). According to Blonna (2007:9), wellness in general depends on the person's ability to be connected to other human beings by forming relationships, being part of a bigger community and giving and receiving love and affection. The following interpersonal coping strategies emerged from the data.

Family

The social support received by South African adolescents plays a significant role in their well-being (van den Berg *et al.*, 2013:315). According to Strasburger *et al.* (2009:5), the family is seen as the primary social context and thereby children's well-being are influenced by the healthy functioning of families. Many of the participants used their parents as social support. Participant 13 said: "*I tell my mom everything and she always gives me good advice*", whilst Participant 14 said: "*my father is always there for me and I feel better if I spoke to him.*" Steiffge-Krenke (2011:983) found that children develop adaptive coping responses when parents are supportive and trusting of them. Unfortunately there is a clear deterioration of social institutions like families, churches and communities in South Africa (van den Berg *et al.*, 2013:316), which leads to a lack of social support for early adolescents. Therefore adolescents sometimes do not trust their parents and thereby they choose to confide in another person for social support (Bailey, 2011:46). It was clear that participants sometimes chose a specific person to talk to. In this regard Participant 5 said: "*I speak to my sister and she tells me to keep working hard to become what I want to be one day*" (Image 2 – addendum G). Therefore, having someone in the family to confide in sometimes helps the early adolescent to cope, while they will often turn to their peers for social support.

Friends

Early adolescents have significant individual freedom and social resources (Frey *et al.*, 2009:2) and therefore easily turn towards their peers for help with decision-making (Bonino *et al.*, 2003:5). This autonomy is discussed by Seiffge-Krenke (2011:983) as the emotional separation from parents as well as the skill of expressing individual opinions. Participant 5 said that she tells her friends everything. "*If they [friends] were not there with me I would not know what to do in my life.*" Participant 12 concurred that "*without friends I would have a boring life*". Participant 13 said: "*Friends are the only reason why I come to school.*" Peer support is further explained by Participant 8 as follows: "*Usually with our friends we try and talk, because you can see when something is wrong. We support one another and really*

listen to one another.” In this regard, Coetzee (2009:13) reiterates that individuals who experience empathy from friends acquire the same equivalent positive influence and value as individuals who exercise regularly. Therefore social support could lead towards healthier behaviour and emotional well-being (Coetzee, 2009:13).

Social Media

It was established during the interviews that every single participant had their own cell phone with access to social media. It was found that adolescents did not solely use social support in the form of face-to-face interaction to cope, but also through the use of social media. Adolescents use social media to cope by speaking to friends or family about their stress and seeking social support. Participant 2 said: *“I use BBM and WhatsApp to speak to them [friends] for social support.”* Participant 5 said: *“I use WhatsApp to speak to my cousins and family”*, while Participant 7 said: *“I communicate with my friends by using Facebook and my friends give me advice.”* Participant 13 said that she can only use her phone to talk to her mom: *“She is the only person that can really help me stay calm when I have had a bad day. She lives in Durban and therefore we try and SMS or BBM one another frequently. She then doesn’t feel that far.”* Most of these participants said that they use their cell phones for social support, and some found it comforting having someone to speak to quickly rather than waiting for an opportunity to speak face-to-face. It seemed that having the possibility of immediate social support by using social media was comforting to the early adolescents. Adolescents are raised in a time when access to information or contact with another person is fairly easy by using social media such as cell phones and the internet (Gouws *et al.*, 2008:6; Rice & Dolgin 2008:79; Geertsema *et al.*, 2011:475).

Behaviour-focussed coping

Behaviour-focussed coping can be used to deal with the demands of stress (Meesters & Muris, 2004:513). Behaviour-focussed coping is therefore seen as actively and physically adapting behaviour in order to cope.

Physical Activity

Research has shown that routine physical activity is an effective way to prevent the negative effects of stress (Gulwadi, 2006:512). Lahad and Berger (2010:891) outline physical activity as one of the six coping modalities. Regular physical activity like exercise is therefore

essential in enhancing health (Meyers *et al.*, 2000:255). In this regard, Participant 14 suggests: *“Playing your extramural sport everyday after school definitely helps with stress because after practice I am not worried about what I worried about before.”* According to Participant 1, *“I play catchers with my friends and we forget about everything”*. Participant 8 also maintains that *“jumping on the trampoline outside gives me time alone and makes me feel a lot better”*, while Participant 13 *“tries to make a cart-wheel”* whenever feeling stressed about something. *“It makes me feel better, like I lost some of the stress.”* It is clear from the comments of participants that they were able to deal with their situation better after these activities.

Fine motor activities (for self-regulation)

It is a well-known fact that fine motor activities enable people to engage in daily living. Not only is fine motor activities used by early adolescents to play, during social participation and educational functioning, but these small movements can also be viewed as a way of self-regulation (Marr *et al.*, 2003:550). Self-regulation with the use of fine motor activities can be utilised as a means of proactive coping, as it can be seen as an effort to actively modify behaviour in order to cope while stress occurs (Aspinwall, 1997:417; Posner & Rothbart, 2000:427). Therefore this form of self-regulation can be described as a process where people master their own life processes (Zimmerman, 2008:166). Self-reported self-regulation by using fine motor activities was explained when Participant 15 clicked his pen when feeling stressed. *“[This action] made me feel like the stress disappears”*. Participant 11 played with her hair by making twirls and reportedly then felt better. Participant 7 sometimes chose to just *“stare at something until I could feel the stress disappear”*. These active behaviours (although small fine-motor behaviours) were seen as behavioural changes made in order to release stress and to cope by self-regulation. This means that self-regulation is a process of mindfulness by behaving in a certain manner in order to carry out the major tasks of life (Meyers *et al.*, 2000:253), to cope and therefore deal with stress.

Other activities

It was noted that some of the participants used different types of behaviour to moderate stress. Participant 3 would drink cold fluids as a way of self-regulation to cope with his stress: *“I drink lots of fluids, I find anything to drink and it just relieves me like that.”* Participant 7 says that: *“I knock my head against a pillow at my home. I feel a whole lot*

better because it feels like all the weight is gone. This last participant clearly also apply physical activity when hitting his head against the pillow, to release stress. Some of the participants used particular forms of behaviour to release stress in groups. Participant 8 said: *“We go to the middle of the rugby field and scream our lungs out simultaneously. After the scream we all start laughing and we do not feel stressed anymore.”* These different behaviours were seen to significantly reduce stress and therefore can be seen as a coping strategy.

Discussion

The participants identified a variety of stressful events in their everyday lives in need of coping strategies. Zimmer-Gembeck and Skinner (2008:1) allude to the fact that, when adolescents do not cope effectively with stressful life experiences which include daily hassles, their well-being is threatened. Based on the findings of this study, participants identified different types of daily stress they experience, such as in the school and family contexts as well as friend-related. They also identified the different coping strategies used.

In this study it was shown that intrapersonal resources embedded within each early adolescent, along with the interpersonal strengths in the form of social support, underpinned the coping strategies of these early adolescents. Their use of social media as a form of social support was especially interesting. They all had access to cell phones and used it to contact friends and family for support. They also used behavioural coping with a variety of physical activities, including fine motor activities.

Although these early adolescents displayed different coping strategies, they were not aware of the range of coping strategies available to cope with daily stress. In this regard the BASIC Ph resilience model (Lahad & Berger, 2010) offers a simple but important premise, namely that people use the different coping modalities in typical combinations. Ideally people should use more than one coping modality, as well as in different combinations, in order to deal with stress. A person may choose to do some physical activity in the form of exercise, while listening to music to relax. At the same time, the person can do some thinking about the stress and how best to cope with it. After the exercise, the person might write the ideas down or engage in some creative activity by writing a poem or doing some artwork to release feelings and give concrete expression to the stressor. An example of combined coping

modalities is Participant 7 who listened to gospel music, thereby using belief and creativity as interpersonal coping modalities.

It was therefore noted that most early adolescents seemed to cope in a certain manner, possibly as a result of limited knowledge on the different coping modalities, but also because they found ways of coping which worked for them. Within the framework of Lahad's BASIC Ph model (Lahad & Berger, 2010), it seems as though the participants did not use the full repertoire of coping modalities. Based on literature cited above, the researcher can cautiously conclude that a wider variety of coping strategies can enhance well-being.

It is evident that individuals respond to their environments and therefore preventative actions are possible (Cobb, 2010:427). According to Blonna (2007:45), a person's ability to solve a problem is enhanced by having different perspectives of the problem and therefore being able to see that there are many ways of dealing with potential stressors. Kirby and Fraser (2004:303) state that the quality of adolescents' lives depends on how they cope with their stressful life events. The opinion of Lahad and Berger (2010:890) is relevant to this study, namely that the strengthening of coping skills will lead to the strengthening of coping sources, which in turn will contribute to constructive coping with stress, ensuring well-being.

Limitations and recommendations

This study was conducted with early adolescents in two Gauteng schools. Whilst it is never the goal of qualitative research to generalise, it is important to understand that the group of participants for this study was quite small. However, a direct implication of this study is that a future intervention programme could augment on the coping strategies of early adolescents in educating them on the different coping strategies available. Early adolescents spend most of their time in school and therefore it is an appropriate setting to develop and nurture coping strategies that could lead towards well-being.

The coping strategies identified in this study could be utilised by educational psychologists and teachers, and could be incorporated into the school curriculum to enhance coping strategies amongst early adolescents, thereby increasing well-being. It is further recommended that similar studies should be conducted in other contexts, such as rural schools, to enhance understanding of their coping strategies. This study should also be

replicated on a larger scale, including a larger population in Gauteng. Research on the coping strategies of early adolescents should further be conducted on a repetitive basis, as the data are of crucial importance to every aspect of working with early adolescents in South Africa.

Conclusion

The results of this study confirm current literature findings: Early adolescents experienced different types of daily stressors which accordingly needed a variety of coping strategies. It was found that participants in this study used the coping strategies as outlined by Lahad and Berger (2010:890), but not often in strong combinations, for instance by combining cognitive coping with creative and social coping. Perhaps they were simply not aware of their own coping strategies. As suggested years ago by Lazarus and Folkman (1984:178) and also by Lahad and Berger (2010:890), coping should be multidimensional and complex to construct a strong coping response to everyday stressors.

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SECTION C

**CRITICAL REFLECTIONS, EVALUATION, CONCLUSION AND
RECOMMENDATIONS**

SECTION C: Critical reflections, Evaluation, Conclusion and Recommendations

This section will provide a summary of the findings of this study and clarify the conclusions that can be deduced from these findings. Recommendations regarding the value of the research as well as possible future research will be discussed.

Critical reflections

From a positive psychology perspective, the focus in interventions and research is more and more on strengths and capacities of people (Baylis, 2004). As far back as 1971, Conger (1971) described every new generation of adolescents as "...the rather fragile vessel by which the best of the past...is transmitted into the present" (p.2). Conger (1971) further outlines the importance of adolescents for the future of nations, but also cautions that the "turmoil of adolescence" can lead to negative behaviour patterns (p. 20). If adolescents engage in risky behaviour and follow negative pathways which move them away from wellness, it is possible that the effects of such behaviour and choices may compromise their functioning as adults. It is for this reason that resilience in adolescence is such an important factor. With all the challenges and everyday stress experienced by early adolescents, the wellness and resiliency perspective adds a positive angle to adolescent functioning. The basic premise of this study was that, if adolescents learn to cope with everyday stress by using different coping strategies in different combinations, then important foundations will be laid for future functioning. On the other hand, if they struggle to cope and fall into patterns of non-constructive coping (e.g. drinking to relieve stress), the foundation may be set for future negative coping patterns.

The researcher (Elgar, Arlett & Groves, 2003; Wickrama, Wickrama & Beltimore, 2010) does counselling in schools and has noted risky behaviour in early adolescents, such as self-mutilation, drinking, and smoking. In this regard, research has shown that everyday

stress influences a person directly, which could lead towards unhealthy behaviour. On the other hand, it was also seen that successful management of everyday stress by efficiently using coping strategies are related to well-being (Taylor & Standton, 2007). Therefore it can be seen that the stress and coping strategies of early adolescents can be linked to their general well-being (Kyung, 2006).

Not only are coping strategies in itself important, but also the combinations of coping strategies utilised. Research has shown that early adolescents with only a few coping skills may engage in unhealthy behaviour (Kyung, 2006). In line with this theory, Lahad's BASIC Ph resiliency model was used as a conceptual framework in this study. This model is based on the premise that different coping strategies in different combinations should ideally be used for coping with stress (Lahad & Berger, 2010). During the study it was found that the participants coped using intrapersonal resources (existential belief, creative activities, cognitive coping), interpersonal strengths (family, friends, social media) and behaviour-focussed coping (physical activity, fine motor behaviour). Even though the participants demonstrated and explained diverse coping strategies, it was noted that they were not aware of the array of coping strategies available to cope with daily stress.

Therefore expanding these resources of coping strategies are important, seeing that coping strategies have an influence on health behaviour during the transition to adulthood and thereby ensures well-being, concluding that this study has a preventative nature.

Evaluation of the Research

The empirical investigation and research design appear to have been successful in terms of meeting the identified aims and objectives of the research. The general aim of the research was to conduct an exploratory study on the coping strategies of early adolescents in two Gauteng schools. This aim was achieved by exploring early adolescents' coping strategies. The research objectives therefore met the aim of the research and were also

undertaken effectively. Data from the empirical study was supported by literature. The research provided information on the coping strategies used, namely interpersonal and intrapersonal as well as behaviour-focussed coping. The researcher also identified that the participants were not aware of the range of coping strategies available to cope with everyday stress. Recommendations were therefore made for future programmes to address these factors, ensuring well-being.

Recommendations

In view of the above research, the following recommendations are put forward:

- The dynamics within families are typically complex and sometimes force adolescents to play certain roles within their families, which entail great responsibilities. This was particularly evident among the female participants, who revealed the responsibility of taking care of younger siblings. They were also anxious about family difficulties. It is recommended that research be conducted where specifically girls in this age group are interviewed, exploring their unique coping strategies in dealing with family responsibilities.
- The coping within families is another topic suggested for research. Research on the coping strategies of parents can shed more light on aspects such as modelling of coping in the family system. This information can then be shared with families to create awareness around the matter and can be packaged and utilised in future as preventative programmes as well.
- The link between coping strategies and friends is a further recommended topic for future research. It was noted that some early adolescents used similar coping strategies as their friends. These modelling behaviours can be researched in future to establish how it affects their overall behaviour and well-being.
- A specific recommendation of this study is that a future intervention programme on different coping strategies can be formulated using Lahad's BASIC Ph resiliency model as a

conceptual framework to promote and encourage coping strategies that will lead towards healthy behaviour and optimally towards well-being.

- As indicated in the research, early adolescents coped by using social media. This is a relatively new phenomenon which could be researched further to gain an in-depth view of social media as a coping strategy amongst adolescents.
- Only two schools were included in this study of limited scope. It is recommended that research on coping should be conducted on larger scale by including more schools. This larger population should include rural schools and settings as well. It is important to gain a holistic perspective of the coping strategies used by different groups of early adolescents to aid in formulating a future preventative programme. The results of the research around the coping strategies identified by the various groups could be used by educational psychologists and teachers and could be integrated into the school curriculum to enhance coping strategies amongst early adolescents. These findings can therefore be included in the Curriculum and assessment policy statement (CAPS) to ensure that adolescents are made aware of the different coping strategies available to ensure well-being (Department of Education, 2013).
- Finally, research on the coping strategies of early adolescents should further be conducted on a repetitive basis, as the outcome of the research on the early adolescent's different coping strategies is of fundamental importance to every aspect of working with early adolescents in South Africa.

Conclusion

There is a growing awareness of the need for a balanced perspective on early adolescents' behaviour, looking not only at the risk factors that increase vulnerability towards unhealthy behaviour, but also protective factors such as coping strategies, which enable early adolescents to adapt regardless of their everyday stressors to ensure well-being. As seen in the literature, it is a known fact that early adolescents experience everyday stress and that it

could have an influence on their general well-being. Early adolescents therefore need to cope with their daily stress in different contexts such as in school, within their families or even in peer relationships. This study aimed at exploring these coping strategies used by the early adolescents as a result of the complex demands set by their everyday stressors. It is only when early adolescents' coping strategies are understood that recommendations can be made, aiding healthy behaviour and ensuring future well-being.

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SECTION D

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SECTION E

ADDENDUMS

Addendum A: Author guidelines

South African Journal of Education

1

south african journal of education

Guidelines for Contributors

Editorial policy

The South African Journal of Education (SAJE) publishes original research articles reporting on research that fulfils the criteria of a generally accepted research paradigm; review articles, intended for the professional scientist and which critically evaluate the research done in a specific field in education; book reviews, i.e. concise evaluations of books that have recently appeared; and letters in which criticism is given of articles that appeared in this Journal.

Research articles of localised content, i.e. of interest only to specific areas or specialists and which would not appeal to the broader readership of the Journal, should preferably not be submitted for consideration by the Editorial Committee.

Ethical considerations: A brief narrative account/description of ethical issues/aspects should be included in articles that report on empirical findings.

All articles will be submitted to referees (national and/or international). The consulting editors/referees will have documented expertise in the area the article addresses. When reviews are received, an editorial decision will be reached to either accept the article, reject the article, request a revision (in some cases for further peer review), or request arbitration. As a rule not more than one article per author or co-author will be accepted per year for refereeing and possible publication.

Authors bear full responsibility for the accuracy and recency of the factual content of their contributions. A signed declaration in respect of originality must accompany each manuscript. On submission of the manuscript, the author(s) must present a written undertaking that the article has not been published or is not being presented for publication elsewhere.

The author(s) must ensure that the language in the manuscript is suitably edited and the name and address of the language editor must be supplied.

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Total number of pages should preferably not exceed 15 pages (\pm 5,500 words).

Preparation of manuscripts

The manuscript, including abstract, figure captions, tables, etc. should be typed on A4-size paper and the pages numbered consecutively.

The title should be brief (max. 15 words), followed by the author(s) name(s), affiliation(s) (Department and University), and an e-mail address for the corresponding author.

An abstract in English (approximately 190 words) must be provided, followed by up to 10 keywords, presented alphabetically.

The text of the article should be divided into unnumbered sections (e.g. Introduction, Method, Results, Discussion, Acknowledgements, References, Appendix, in that order). Secondary headings may be used for further subdivision. Footnotes, if any, will be changed to endnotes.

Authors must observe publishing conventions and should not use terminology that can be construed as sexist or racist.

Figures should be clear, black/white originals, on separate pages — not embedded in the text. Grey or coloured shading must NOT be used. **Tables/figures** should be numbered consecutively, with a brief descriptive heading/caption. Information should not be duplicated in text and tables. Each table/figure must be referred to in the text by number — not 'above' or 'below'. They will be placed where possible after the first reference.

References

Authors should cite at least three earlier articles in SAJE that are relevant to the subject matter of their article.

References are cited in the text by the author(s) name(s) and the year of publication in brackets (Harvard method), separated by a comma, e.g. (Brown, 1997).

If several articles by the same author and from the same year are cited, the letters a, b, c, etc. should be added after the year of publication, e.g. (Brown, 1977a).

Page references in the text should follow a colon after the date, e.g. (Brown, 1997:40-48). In works by three or more authors the surnames of all authors should be given in the first reference to such a work. In subsequent references to this work only the name of the first author is given, followed by the abbreviation *et al.*, e.g. (Ziv *et al.*, 1995).

If reference is made to an anonymous item in a newspaper, the name of the newspaper is given in brackets, e.g. (Daily News, 1999).

For personal communications (oral or written) identify the person and indicate in brackets that it is a personal communication, e.g. (M Smith, pers. comm.).

List of references

Only sources cited in the text must be listed, in alphabetical order, after the article. References should be presented as indicated in the following examples. Special attention should be paid to the required punctuation.

Journal articles:

Johnson DW & Johnson RT 1999. Gifted students illustrate co-operative learning. *Educational Leadership*, 50:60-61.

Books:

Van Zyl R (ed.) 1994. *Recent advances in classroom research*. New York: McGraw-Hill.

Chapters in books:

Dukzec S 1988. Gender issues. In D Hicks & J Brown (eds). *Education for peace*. London: Routledge.

Unpublished theses or dissertations:

Squelch J 1991. Teacher training for multicultural education in a multicultural society. MEd dissertation. Pretoria: University of South Africa.

Anonymous newspaper references:

Citizen 1996. Education for all, 22 March.

Electronic references:

Published under author's name:

Wilson J 2000. The blame culture. *British Educational Research Journal*, 26. Available at <http://www.govsources/gtp%access>. Accessed 20 April 2005.

Website references: No author:

These references are not archival and are therefore subject to change in any way and at any time. If it is essential to present them, they should be included in a numbered endnote and not in the reference list.

Personal communications:

Not retrievable and not listed.

Submission of manuscripts for publication:

Manuscripts may be submitted electronically by e-mail or via the internet. Manuscripts should be submitted in MS Word format.

E-mail submissions:

Manuscript and covering letter must be e-mailed to Estelle.Botha@up.ac.za

Internet submissions:

Website: <http://www.sajournalofeducation.co.za>

Use the "Register as Author" link to register and submit an article. This will enable you to track the status of your article on the website.

For inquiries contact Estelle.Botha@up.ac.za

Addendum B: Consent form Department of Education



GAUTENG PROVINCE

Department: Education
REPUBLIC OF SOUTH AFRICA

For administrative use:
Reference no. D2013/258

GDE RESEARCH APPROVAL LETTER

Date:	13 December 2012
Validity of Research Approval:	4 February 2013 to 27 September 2013
Name of Researcher:	Nel A.
Address of Researcher:	P. O. Box 131344
	Northmead
	1511
Telephone Number:	082 090 1323
Email address:	annetehugo@gmail.com
Research Topic:	An exploration of the coping strategies of early adolescents in Gauteng schools
Number and type of schools:	(protecting identities of schools)
District/s/HO	Ekhuruleni North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

Making education a societal priority

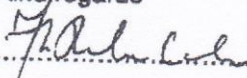
Office of the Director: Knowledge Management and Research

9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0506
Email: David.Makhado@gauteng.gov.za
Website: www.education.gpg.gov.za

1. The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.
4. A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
5. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
6. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
7. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.
8. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
9. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
10. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
11. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
12. On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
13. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
14. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards


.....

Mrs F.L. Tshabalala

Acting Director: Knowledge Management and Research

DATE: 13/12/12
.....

Making education a societal priority

Office of the Director: Knowledge Management and Research

9th Floor, 111 Commissioner Street, Johannesburg, 2001
P.O. Box 7710, Johannesburg, 2000 Tel: (011) 355 0506

Email: David.Makhado@gauteng.gov.za

Website: www.education.gpg.gov.za

Addendum C: Informed consent forms

Consent form for parents

The purpose of this letter is to gain consent for your child to participate in a research study. The research will be conducted by Anneté Nel (registered counsellor) and the results will form part of a master's degree in Research Psychology at the Faculty of Health Sciences, North-West University.

Title of research study: An exploration of the coping strategies of early adolescents in two Gauteng schools

Aim of the research study:

The aim of the research is to explore the coping strategies of early adolescents. This study may provide valuable information for school-based health care providers about the basic nature of coping strategies of early adolescents and how to enhance it. Light will be shed on the current stress of the early adolescents as well as their existing coping patterns. If stress and coping strategies are better understood, teachers, parents and support systems in this field can work towards implementing a more constructive preventative support system for early adolescents. Such a preventative support system can help the adolescents to improve their stress management and learn the necessary copings skills. This will lead to constructive coping which will aid in facing challenges later in life, resulting in healthy behaviour.

Procedures:

If you grant permission for you child to participate in this research study, you will give consent to the following:

- Individual semi-structured interviews or focus group discussions with the participants. Questions will be based on the stress and coping of the child, for example: Do you experience stress? How do you cope with stress?
- Audio voice recordings will be made for the purpose of transcribing the conversation. These recording will not be available for anyone except for the researcher and her study supervisor.

Precautions taken to protect participant:

The participant's (adolescent's) name will not appear on any documentation. The researcher will make use of numbering system (for example participant 1). Identifying characteristics of the adolescent will also not be described and therefore the person will be kept anonymous.

Potential discomfort and/or potential dangers that participation in this study involves:

Although personal responses will be shared, the researcher will always strive to not cause any discomfort or danger to the participant. The participant will always have the right to withhold any information and may decide to withdraw from the study at any point in time.

Compensation and benefits:

There is no compensation for the early adolescent's participation, and no one will gain financially. The benefits will largely stem from helping the community in shedding light on the current phenomenon.

Result of research study:

The results of the study will form part of a published article at the North-West University.

Additional information:

The research study will take place on a date, time and place suitable for the researcher and child with the parents' consent. You will be required to sign the consent form for permission to allow your early adolescent to participate in the study.

**I, parent/guardian of
 give written consent for my child to participate
 in the research study (as discussed above).**

Parent/guardian signature

Date:

Consent form for participant (early adolescent)

Title of research study: An exploration of the coping strategies of early adolescents in two Gauteng schools

Important information regarding the research:

- My name is Anneté Nel and I am currently completing my master's degree in Research Psychology at the North-West University.
- The purpose of the study is to find out how you cope with daily stress
- Your parents gave written permission for you to take part in this study. You already indicated that you are willing to take part when I discussed this research in the class. We will therefore either have an individual interview or you will take part in focus groups where these matters will be discussed.
- The interviews or focus groups will take place on a date and time that is suitable for the researcher and yourself (participant).
- Whatever will be discussed, will always be kept. I will use a numbering system during the study and therefore your name will never appear in this study, for example participant 1, therefore making it impossible to trace your name, protecting your identity.
- It's important to remember that you need not discuss anything if you are not comfortable with it, and that you have the right to withdraw from the study whenever you want to.

I, have read through the information regarding the study and give consent to voluntarily take part in the study.

Participant signature

Date:

Addendum D: Example of transcription

R	What is stress?
P4	It s a feeling that takes over your body, it controls you and it feels like you are not supposed to be here. That's the way I see it.
R	Do you experience stress?
P4	Yes
R	What makes you stress?
P4	When my mom and dad got divorced and still now he doesn't want to see me, and things that you never saw coming. I still go. Just don't know if he wants me there. Also worry about how mom will be with me.
R	Do you experience any other stress?
P4	Yes school stress when the feeling just takes you over because you have so much that you need to do, extra murals, sports, school work, studying.
R	How do you feel when you experience stress?
P4	Not nice. You feel like your mind is somewhere else and you don't know where to find it.
R	How do you know when you are stressed?
P4	You just know, it just like hits you. You just worry to much

Addendum E: Example of data analyses

THEME	P	QUOTE
Stress	P4	“It s a feeling that takes over your body, it controls you and it feels like you are not supposed to be here. That’s the way I see it.”
	P 4	“You feel like your mind is somewhere else and you don’t know where to find it.”
	P4	“You just know you are stressed, it just like hits you. You just worry to much”
	P5	“Stress is an emotion and something you express”
	P8	“When you have to do lots of things and there is a lot of pressure and you cannot cope with all the pressure”
School stress	P3	“it sometimes gets hectic, especially during exam time and getting my report”
	P4	“when the feeling of stress just takes you over because you have so much that you need to do, extra murals, sports, school work, studying.”
	P5	“there is so much to do and so much work”
	P7	“It’s when you don’t know what is going to happen. Like when you have a test tomorrow and you don’t know if you are going to pass or not”
	P8	“You have to study a lot and there are lots of things you have to do like extra murals like Eistedfodd and then you get home late and have to do you homework, but you are just so tired. And when you go to bed late every single day you feel like you need to sleep more, then you sleep over, and then you sleep under and then you are moody at school and you fight with your friends.”
	P9	“I get teased a lot. I get teased about the way I look, the way I talk, or the way I am.”
	P9	“because its hard to remember everything I need to study, and it doesn’t feel nice”
Family stress	P2	“financial stress is when I stress because there is not enough money in the house”
	P10	“My parents fight about money”
	P 3	“when my parents fight I stress a lot”
	P4	“When my parents divorced and know I just don’t know if he (dad) wants me there
	P4	“Family stress is the worst when you have so much on your mind. “
	P5	“if my younger brother doesn’t want to listen to me. He is small and I take care of him in the afternoons. I fetch him from crèche and make him lunch, he is turning 2 in December. Sometimes I just go to my room and close the door and listen to some music.”

Addendum F: Image 1

DRAWING



Write two to three sentences that explains your picture:

The boy is running away from his point of stress the house, were he might get into trouble for something he did.

Addendum G: Image 2

DRAWING



Write two to three sentences that explains your picture:

I talk to my sister about how I feel about my father and she tells me too.