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**AN EXPLORATORY STUDY ON COPING MECHANISMS USED BY  
SOUTH AFRICAN COLOURED ADOLESCENTS**

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## ABSTRACT

Various studies have found that problem behaviours such as substance use, aggression and suicide attempts are on the increase in many communities and may be linked to maladaptive coping mechanisms. Due to the various stressors present in lives of coloured adolescents, this study aimed to establish which coping mechanisms they use when faced with daily stressors. Three schools in the northern suburbs of Cape Town participated in this study. Learners from grades eight, ten and twelve were asked to volunteer to take part in two focus group sessions. Focus groups sessions were held at the schools and participants were encouraged to discuss the coping strategies they use when faced with various stressors. The data generated from these focus group sessions were transcribed and analysed using thematic analysis. Eleven themes emerged from the latter, namely: mental disengagement, active coping and planning, social support substance use, behavioural disengagement, suppression of competing activities, focusing on and venting of emotions, humour, restraint coping and religion. These themes were consistent with the scales found in the COPE inventory. The results showed that maladaptive coping mechanisms such as mental disengagement, focus on and venting of emotions, behavioural disengagement and alcohol and drug disengagement were more commonly reported than adaptive coping mechanisms such as seeking social support, humour, restraint coping and religion. It was found that, in general, disengagement coping strategies, which include mental disengagement, behavioural disengagement and alcohol and drug disengagement were the most commonly used coping strategies amongst the participants. This was particularly the case for the grade eight to ten groups. On the other hand, active coping and planning were found to be the most predominantly used coping mechanisms used by the grade twelve groups. This study shows very clearly that adolescents from these particular demographic do not have the necessary skills or resources needed to cope with daily stressors in an adaptive manner. It also illuminates the lack of adequate guidance and support for adolescents from school and family. It was suggested that life skills programs be implemented, for instance, in schools that adequately guide students in the use of adaptive coping mechanisms.

## CHAPTER 1

### INTRODUCTION

Increasing numbers of adolescents have concerns that may be both overwhelming and disabling. In extreme instances these concerns may lead to severe depression and suicide. There has been an especially marked increase in adolescent suicide in the 15 to 19 year age group (Blum & Nelson-Mmari, 2004; Frydenberg, 1997). Although not all stressors are so overwhelming that they lead to suicide or depression it is, nevertheless, important to establish what adolescents do to cope. When adolescents are unable to cope effectively with stressors their behaviour can have an adverse affect on their lives as well as their families. It has been reported that adolescent underachievement, despair about their future, alcoholism, drug abuse and other forms of antisocial behaviour are on the increase in many communities (Frydenberg, 1997) and are associated with maladaptive coping mechanisms. South African studies have reported similar trends. Parry, Myers, Morojele, Flisher, Bhana, Donson and Plüddemann (2004) conducted a study on the extent of alcohol and drug use in South Africa. It was found that an increasing proportion of South African adolescents use alcohol and other drugs, with alcohol use being particularly common in the Cape Town area. In addition, cannabis was found to be the drug most likely consumed by South African adolescents, while methaqualone use was greater in the Western Cape. Flisher, Parry, Evans, Muller and Lombard (2002) found that increased cigarette smoking and alcohol use was significantly associated with psychosocial stress in the coloured community. The increase in these behaviours may be associated with adolescents being increasingly unable to cope with demands.

Recent studies have shown that adolescents often use disengagement coping strategies (strategies that reflect and attempt to avoid, deny or ignore the problem) when faced with stressors (Graue, Wentzel-Larsen, Bru, Hanestad & Søvik, 2004; Snow & Bruce, 2003; Young, Corley, Stallings, Rhee, Crawley & Hewitt, 2002). These include mental disengagement, which incorporates behaviours such as watching television and sleeping, behavioural disengagement, which refers to reducing efforts to deal with the situation such as giving up, and alcohol and drug disengagement which refers to using substances to cope with stressful situations. These behaviours have been shown to be

maladaptive and have been strongly associated with poorer well-being and an increased distressed mood (Costanzo, Lutgendorf, Rothrock & Anderson, 2005). It is, therefore, important to establish how adolescents manage stress in their lives in order to facilitate the development of adaptive coping strategies for adolescents to use when confronted with daily stressors such as schoolwork, duties at home, peer relationships and relationships with parents. This study then aims to establish what coping strategies South African coloured adolescents use when faced with daily stressors.

### **1.1 Background to the Study**

The South African socio-historical context has been influenced by several major historical periods. Of these periods, apartheid played an important role in the forming of the socio-historical context of the country. Apartheid policies justified the social, economic, political, cultural and sexual segregation of South Africans on the basis of a politically constructed race classification system (Sharp, 1988). Being coloured under this system meant being politically, socially, economically and geographically segregated from both the privileged white community as well as the oppressed black community (race classifications 'coloured', 'black' and 'white' are defined by the repealed Population Registration Act of 1950). Part of the apartheid policy was to segregate 'races' geographically from each other. This meant moving coloured people out of Cape Town and into areas known today as the Cape Flats (Cooper, 2005). As a result many of the racially segregated areas still exist. These areas constitute much of the lower-income areas in the Western Cape of South Africa (Ziervogel, in press) The effect of the forced removals was traumatic in that social groups and neighbourhoods were disintegrated, family groups were disorganised and the local economy was destroyed (Hendricks, 2005). Today people are still recovering from the emotional and economic affects of the forced removal policies. It is in this setting that the current study takes place.

Very little has been written on this community and that which has been written is heavily biased (Adhikari, 2004). While many studies on the coloured community focus on racial oppression (Cooper, 2005; Hendricks, 2005), few studies centre on the effects that the legacy of apartheid left on the psyche of the coloured people, such as how they

cope with their present situation. It has been acknowledged that coloured people presently occupy an ambivalent position of being neither white nor black (Hendricks, 2005). It is in this ambivalent group identity that coloured adolescents find themselves. The lack of a stable group identity may exacerbate stressors associated with socialisation and conforming to societal norms. It is, therefore, important to establish what coloured adolescents do to cope with demands placed on them by parents, schools and the broader community. Coloured adolescents are also exposed to high levels of violence. Many of the areas to which coloured communities were relocated due to the forced removal policies still exist. It is in these areas that high incidences of gangsterism and violence occur (Leggett, 2004). Research shows that the exposure of South African adolescents and children to high levels of violence in their neighbourhood may result in aggressive behaviour, anxiety and depression (Barbarin, Richter & de Wet, 2001). To implement interventions for these behaviours it is necessary to establish how these adolescents cope with these situations

## **1.2 Adolescence**

Adolescence is that period between childhood and adulthood when the individual encounters a range of developmental hurdles and challenges (Frydenberg, 1997). Firstly, the transition involves challenges associated with physiological changes and cognitive development. Secondly, it involves challenges such as normative tasks of development of identity, achieving independence from family while staying connected and fitting in with peers. It is also in this time that adolescents must observe social roles with friends, peers and romantic relationships, complete requirements of education and make career decisions. Elkind (1984) states that adolescence is marked by the 'shock' of moving from the culture of childhood to the culture of adolescence. Adolescents often face pressures of having to behave like an adult and in some instances have the responsibilities of adulthood (i.e. sexual activity, employment, and child headed homes). These pressures are not only exerted by parents and educators but also the media, peer groups and the community (Coleman, 1987).

Most writers agree that adolescence is a period of psychosocial development during the period between puberty and adulthood. What differentiates adolescence from other periods of life is the particular developmental changes that occur. Adolescence is not only marked by physiological changes but also psychological development, which is highlighted by the search and formation of identity (Erikson, 1985). Cognitive development is another area of significant change that occurs during adolescence (Piaget, 1969). During this time abstract thinking develops and it has been shown that adolescents' self-reported concerns and their use of coping strategies include a variety of cognitive styles that show differing levels of concrete or abstract thinking (Frydenberg, 1997). Part of this process is developing strategies to cope with the demands of life. During middle childhood, children develop more complex and metacognitive capacities such as cognitive reframing, using self-talk to calm negative emotions and generating alternative solutions to solve problems. During adolescence greater diversity and flexibility in this range of coping mechanisms develop. With increasing metacognitive skills, adolescents are able to match coping strategies to various characteristics of the stressor (Compas, Connor-Smith, Saltzman, Harding & Wadsworth, 2001). During adolescence moral-reasoning advances, which involve concerns about social order and social norms. Studies claim that this development is more pronounced in males while female moral development is characterised by greater emphasis on interpersonal relationships (Frydenberg, 1997). Such developments are often reflected in coping responses.

The ability to adapt to stressful situations is critical to human development. Successful adaptation to stress include the strategies individuals use to manage emotions, think constructively, direct their behaviour, control autonomic arousal and act on social and non-social environments to manage stress (Compas et al., 2001). The ways in which adolescents learn to cope with stressful situations are crucial mediators and moderators of the impact of stress on adjustment and the potential of psychopathology. The development of adaptive or maladaptive coping strategies may be a precursor to coping patterns during adulthood. It is, therefore, important to identify what coping strategies are employed and why adolescents gravitate to these choices.

### 1.3 Stress

Stress is difficult to define and operationalize but it is generally accepted that stress is an “aversive state in which the well-being of the organism is in jeopardy and demands outstrip or threaten to outstrip resources to cope” (Greeno & Wing, 1994, p.444). Stress is quite difficult to operationalize in the field as stressors are not generalisable to all individuals. Stressors are defined as “specific internal and/or external demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141). It has been found that stressors and attempts to cope with these experiences have a direct and observable impact on psychological, behavioural and physiological systems (Chapman & Mullis, 1999; Frydenberg & Lewis, 1996).

The stress concept has been made popular by the seminal work of Selye (1976) which demonstrates the pattern of physiological responses that occurs when an organism is exposed to a stressor. Selye’s work contributed greatly to the understanding of physiological reactions to noxious stimuli and served as a paradigm for later conceptions of stress. Individuals, however, do not only experience physiological reactions to stressors but also varied psychological reactions such as depression, substance abuse, anxiety disorders etc. The experience of stress directs individuals to employ a range of behavioural strategies to reduce the threat or to manage the resultant emotions.

Most stress research has centred on adult perceptions of stress. Lazarus and Folkman’s (1984) transactional model of stress is a framework for evaluating the processes of coping with stressful events and is used widely throughout stress and coping research. Stressful experiences are defined as person-environment relationships that are appraised by the person as taxing or exceeding their resources and endangering their well-being. This is mediated, firstly, by the individual’s appraisal of the stressor. Although the process of appraisal will not be examined in this study, it is nevertheless a key aspect of the conceptualisation of stress in this model. Lazarus and Folkman (1984) argued that stress consists of three processes, primary appraisal, secondary appraisal and tertiary appraisal. Primary appraisal refers to the process of perceiving a threat to oneself, secondary appraisal is the process of bringing to mind a potential response to the threat

and tertiary appraisal refers to the process of executing that response. Lazarus maintained that these processes are not always linear, rather the result of one process may reinvoke a preceding process.

Through appraising a stressful event individuals are able to establish the severity of the stressor. While stressors such as death of a family member, death of a close friend and pregnancy may be significant stressors in the lives of adolescents (Holmes & Rahe, 1967), more common are what Lazarus, DeLongis and Folkman (1985) termed daily hassles. These are generally small sources of stress that occur throughout daily life. Daily hassles include household hassles, time pressure hassles, inner concern hassles and environmental hassles. Coloured adolescents are particularly faced with a broad range of environmental hassles through which they have to navigate on a daily basis. These include living in gang-ridden areas, poverty and the prevalence of drugs and alcohol in their communities.

Stressful life experiences constitute a potential threat to the well-being and optimal development of adolescents. Increasing numbers of adolescents have concerns that may be both overwhelming and disabling. In extreme circumstances this may lead to depression and suicide (Frydenberg, 1997). The increase in adolescence suicide has been clearly documented (Blum & Nelson-Mmari, 2004; World Health Organisation, 2001). Worldwide between 100,000 and 200,000 young people commit suicide annually and the rates for this age group appear to be rising more quickly than those for all other age groups in both developed and developing countries (Barker, 2000). In a review of the prevalence of adolescent suicide, Ryland & Krusi (1992) found that in the past 40 years, there has been a four-fold increase in the rate of adolescent suicide. The problem is even greater when suicidal ideation and 'unsuccessful' suicide attempts are taken into account. Based on South African hospital statistics, the rate of non-fatal suicide attempts are estimated to be 50-100 times higher than fatal attempts (Flisher, Ziervogel, Chalton, Leger & Robertson, 1993). Research suggests that risk factors for suicidal behaviour amongst South Africans include substance use disorders, recent life stress, family dysfunction and insufficient social support (Flisher, 1999). These factors are present throughout the lives of coloured adolescents and without adequate skills and

resources to cope with these situations they are particularly vulnerable to suicidal behaviour.

Increasingly, young people, and coloured adolescents in particular, are faced with stressful experiences ranging from acute traumatic events to daily hassles (Grant, Compas, Stuhlmacher, Thurm, McMahon & Halport 2003). Acute traumatic events include natural and human disasters (Haggerty, Sherrod, Garmezy & Rutter, 1994) and physical and sexual abuse (Veltkamp, Miller & Silman, 1994), daily hassles include normative experiences such as transition from childhood to adolescence and non-normative events such as examinations, living in a violent neighbourhood and peer relationships. Research indicates that South African children and adolescents who are exposed to violence exhibited increased anxiety and depression. Furthermore, studies conducted with South African children showed that community violence was the most consistent predictor of adverse child outcomes such as poor psychological well-being and poor academic functioning (Barbarin, et al., 2001). Similar research is, however, lacking on the effects of violence on adolescents in South Africa and coloured adolescents in particular. Numerous conditions and problems pose threats to adolescents and this is reflected in the high rates of emotional and behavioural problems in young people (Achenbach, Dumenci & Rescorla, 2002). Current definitions on stress focus on environmental circumstances or conditions that threaten the psychological or biological capacity of the individual (Cohen, 1995). This may occur as social environments change, such as the transition from apartheid to a post-apartheid environment or in continuous environmental conditions that may present constant threat and challenges (i.e. poverty and violence). Coloured adolescents are especially vulnerable to these challenges and it is their appraisal of the environments in which they find themselves that make them particularly vulnerable to experiencing increased stress. Understanding the role of stressors and coping in the lives of these adolescents is not only of theoretical importance but also of practical significance.

#### **1.4 Coping**

Interest in adaptational processes date back to the 19<sup>th</sup> century when Freud (1894), popularised the concept of defence as a 'set of psychological mechanisms by which

individuals distort reality to manage distressing feelings' (Somerfield & McCrae, 2000, p. 620). It was believed that each form of psychopathology was associated with a particular defence mechanism (Freud, 1965). For example, hysterical neuroses were linked to repression and obsessive-compulsive disorders were the result of intellectualisation. However, since defensive processes are by nature unconscious, it proved difficult to assess reliably and validly. In the 1950's and 1960's the concepts of defence mechanisms and the unconscious became less popular and psychological researchers turned to the objective study of stress in the interest of enhancing the scientific credibility of psychology. However, with the emergence of cognitive psychology came the realisation that "intrapsychic processes can intervene between stimuli and responses" (Somerfield & McCrae, 2000, p.621) and a focus on deliberate and observable adaptational efforts evolved. That is, individuals' responses to stressors are a result of various experiences throughout life. Piaget (1969) in particular asserted that various cognitive processes occur before an individual responds to stimuli. Researchers initially saw coping as a hierarchical style where some defences were seen to be healthier than others (Lazarus, 1993). Haan (1969) proposed a tripartite hierarchy with coping being the healthiest, defence being a neurotic process and ego-failure as the most psychotic adaptive process.

In the late 1970's the hierarchical view of coping was abandoned in favour of a view which treated coping as a process. From this perspective coping changes over time and is dependent on the environmental context in which it occurs (Lazarus, 1993). Lazarus asserts that the individual and the environment are in a constant state of action and reaction in which the individual impacts on the environment, which in turn impacts on the individual. Lazarus further emphasises the central role that cognitions play in coping. He argues that when individuals' experience stressful situations, it is the meaning that they give to the situation and whether they appraise the situation as harmful that may have an impact on the coping reaction. This is currently the predominant approach to coping. It is in this time that research on stress and coping gained popularity and was greatly stimulated by the appearance of the Ways of Coping Checklist (Folkman & Lazarus, 1980). Most definitions of coping stem from the definition used by Lazarus and Folkman (1984) as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are

appraised as taxing or exceeding the resources of the person” (p. 141). Lazarus (1993) further proposed that coping is an intentional response geared towards resolving the cause of the stress (problem-focused coping) or towards diffusing negative emotions that are caused by the stressor (emotion-focused coping). He proceeded to distinguish between these two general types of coping. The first, problem-focused coping, aims to problem solve or do something to change the cause and origin of the stress. The second type of coping, namely emotion-focused coping aims to manage or reduce the emotional distress. Research has shown that people use either problem-focused or emotion-focused coping mechanisms depending on their appraisal (the process in which individuals evaluate the significance of what is happening for their personal well-being) of the situation. (Carver et al., 1989; Chapman & Mullis, 1999; Lazarus, 1993; Rothbaum, Weisz & Snyder 1982).

Adding to this theory of coping, Rothbaum, Weisz and Snyder (1982) hypothesized that strategies designed to assist individuals to accommodate threatening or difficult circumstances follow efforts to influence the source of the threat. A consequence of this ‘fallback hypothesis’ is that whereas problem-focused strategies are often used in the absence of emotion-focused coping, emotion-focused coping is seldom used unless problem-focused strategies have also been attempted (Tennen, Affleck, Armeli, Carney, 2000). The theoretical distinction between problem-focused and emotion-focused coping is useful in talking about various kinds of coping in broad terms and it is used throughout coping literature. Other theories and conceptualizations of coping often fit into these categories, with problem-focused coping and emotion-focused being overarching dimensions of coping. One such concept is put forward by Billings and Moos (1981) who proposed a three-factor conceptualization of coping, including Active Cognitive, Active Behavioural which fall into the problem-focused category and Avoidance, which falls into the emotion-focused category. Although most stressors demand both categories of coping, problem-focused coping is elicited when individuals perceive that the stressful situation can be resolved through concerted efforts, whereas emotion-focused coping have proved useful when the situation is perceived as beyond the individuals control.

Researchers have identified variations within problem-focused and emotion-focused coping (Carver, Scheier & Weintraub, 1989). Certain of these factors differ quite sharply from each other to the extent of being “inversely correlated” (Carver, et al., 1989, p.268). It was argued that the distinction between problem-focused and emotion-focused coping was too simple. Studies found that responses to the Ways of Coping scale formed several factors rather than just two (Scheier, Weintraub & Carver, 1986; Aldwin & Revenson, 1987). While remaining within the conceptual model of stress and coping put forth by Lazarus (1993), Carver et al. (1989) developed the COPE scale. It was argued that within emotion-focused coping some responses involve denial, other involve positive reinterpretation and growth and still other involve seeking social support. Since these responses are quite different from each other they could each produce different results in the individual’s success in coping. Problem-focused coping too has various responses within its broad scope. Activities that are involved in problem-focused are planning, taking direct action, seeking assistance, suppressing competing activities and restraint coping.

### **1.5 Adolescents and Coping**

It is important to note that much of the research on child and adolescent coping has been based on conceptualisations of adult coping (Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001). An important challenge in generating a definition of coping for adolescents is that it should reflect the nature of the developmental process. Lazarus and Folkman’s (1984) definition has been the basis for various conceptualisations of adolescent coping. Perspectives on coping that deal specifically with children and adolescents were developed by Weisz (Band & Weisz, 1988). The model that is proposed is similar to that of Lazarus and Folkman (1984) in that coping is viewed as goal-directed and motivational in nature. According to Weisz (1990), however, coping efforts during adolescence are specifically directed at maintaining, augmenting or altering control over the environment and the self, while coping in adults is mainly directed at the altering the stressor. These include primary control, secondary control and relinquished control. Primary control coping is aimed at influencing events or circumstances, while secondary control refers to coping aimed at increasing one’s fit

to current conditions and relinquished control is defined as the absence of any coping attempt (Weisz, 1990). Weisz (1990) went further to define coping responses and to distinguish between these responses and coping outcomes. Coping responses refer to 'intentional physical' or mental actions in reaction to a stressor and directed toward the environment or an internal state" (Compas et al., 2001, p. 88). Coping goals are seen as the objectives of coping strategy. Compas et al. (2001) however, view coping during adolescence as conscious efforts to regulate emotion, cognition, behaviour, physiology and the environment in response to stressful events or situations. These processes are regulated by the biological, cognitive, social and emotional developmental processes that individuals go through during adolescence. For the purposes of this study coping will be framed by this definition as it takes into account the critical developmental processes of adolescence.

Research on coping amongst "normal" adolescents is not as well documented as research done in various clinical populations such as disordered eating (Ball & Lee, 2000), binge eating (Heatherton & Baumeister, 1991), and adolescents with conduct and affective disorders (Frydenberg, Lewis, Bugalski, Cotta, McCarthy, Luscombe-Smity, & Poole, 2004; Recklitis & Noam, 1999). One study conducted by Chapman and Mullis (1999) with male and female adolescents in grades 7 through 12 found that the most frequently used coping strategies of adolescents' were diversions (mental disengagement), social support, self-reliance (active coping and planning) and venting of emotions. Similarly Bird and Harris (1990) reported that amongst early adolescents, self-reliance and the use of diversions were the most frequently used coping strategies used by urban Grade 8 adolescents, while female adolescents reported using social support as a coping mechanism significantly more than their male counterparts. Mates and Allison (1992) also found that high school students under stress utilize coping strategies of diversion (disengagement) and blaming others.

It has been argued that problem-focused coping in adolescents should become sophisticated with the onset of formal cognitive operations (Jorgensen & Dusek, 1990). Aldwin (1994) asserts that from middle childhood through adolescence coping repertoires increase and become increasingly more differentiated. This is as a result of a developmental shift that occurs from primarily behavioural actions to cognitive ones.

Developmental changes affecting emotion-focused coping have also emerged in literature. Bryant (1985) suggests that adolescents are more likely to turn to friends or siblings for support rather than their parents. This is consistent with a crystallizing group identity during this period. Adolescents would then be more likely to turn to those that seem more similar to themselves. While problem-focused coping and seeking social support are seen as more adaptive coping strategies, many adolescents take on more maladaptive coping strategies. These strategies include substance use (Wills, 1986), constrained dietary practices (Cartwright, Wardle, Steggle, Simon, Corker, & Jarvis, 2003; Grunberg & Straub, 1992; Heatherton & Baumeister, 1991), increase in conduct problems and aggression (Hastings, Anderson & Kelly, 1996) and substance use. International research therefore suggests that adolescents coping repertoire can be expected to include disengagement coping, social support, substance use and venting of emotions. An expanding body of literature suggests that these maladaptive coping strategies contribute to a range of psychosocial problems including poor academic performance, conduct problems, depression, suicide, eating disorders and violence (Kovacs, 1997; Frydenberg et al, 2004). It is important to make a distinction between maladaptive coping strategies and the consequences of these strategies. While adolescents may engage in maladaptive coping mechanisms, such as substance use, constrained eating practices and aggression, it does not necessarily indicate a psychological disorder. That is, some adolescents may use a variety of substances such as alcohol, cigarette smoking and drug use to alleviate negative emotions associated with stress occasionally, it however does not suggest that these adolescents are addicted to these substances but rather, are at risk for developing a reliance on these substances and other substance related disorders. Similarly, some adolescents may occasionally engage in unhealthy eating practices during times of increased stress such as overeating or restrained eating. While this may not indicate a psychological disorder, it increases the risk of developing eating disorders. It can, thus, be said that the use of maladaptive coping mechanisms increases the risk for maladaptive outcomes which generally occur in the form of psychological problems such as substance use disorders, conduct disorders, eating disorders and depression.

Research has shown that during adolescence the incidence of mental health problems and threats to physical health increase (Graber, 2004; Cartwright et al., 2003; Wills,

1986; Compas et al., 2001). Mental disorders such as depression, conduct disorders and eating disorders increase notably in prevalence during adolescence, while health is jeopardised through a dramatic increase in the incidence of smoking, substance abuse and unprotected sexual relations (Compas in Lerner & Steinberg, 2004). Compas asserts that the prediction of which individuals will traverse successfully through adolescence compared to those that may struggle during this time is vital for preventing psychopathology and promoting healthy lifestyles and successful development.

It has been identified that several risk factors contribute to the increase of maladaptive coping strategies (Compas, 2004). There is a large body of literature that links stress and negative coping strategies to adolescent risk factors such as poverty and violence (Cartwright et al, 2003; Compas et al, 2001; Frydenberg & Lewis, 2004; Wills, 1986; Magaya et al., 2005). Compas (2004) defined risk factors as “agents or characteristics of the individual or environment that is related to the increased probability of a negative outcome” (p. 264). During adolescence risk factors include poverty, unsafe environment, inadequate parental guidance, social environment, individual temperament and physical, sexual or emotional abuse. Compas adds that the occurrence of more than one risk factor (i.e. cumulative risk) further contributes to the increase in the decline of mental and physical health in adolescents. Negative outcomes then increase exponentially as the number of risk factors increase. For example, an individual that finds him or herself in a situation of poverty and in addition experiences physical abuse has a greater chance of developing mental health problems than an individual who has to deal with a singular risk factor. Adolescents who find themselves living in low-income areas such as the Cape Flats are susceptible to these risks. Adolescents in poverty live in poor environments and are therefore exposed to risks (Furstenberg, 2001). Research conducted with American adolescents has shown that there is a direct link between poverty and psychological problems in adolescents (McLoyd, 1998). Coloured adolescents in particular at risk as they are exposed to community violence, poor education and poverty. It is therefore important that we understand how these adolescents cope with daily life. Not only does poverty have a pronounced effect on educational outcomes and cognitive development but also presents an increased risk for physical health problems. Research on sources of risk during adolescence has identified various important contextual and individual factors. These factors are vital in

understanding the contexts in which adolescents have to cope with normative tasks and how it affects the coping strategies they choose.

Recent research on coping in adolescence has focused mainly on adolescents coping with specific situations such as diabetes (Graue et al., 2004), homelessness (Vatta & Manion, 2004), poverty (Wadsworth & Berger, 2006) and violence (Rasmussen, Aber & Bhana, 2004). These studies have shown that in these circumstances adolescents tend to rely on forms of disengagement coping. It has been found that disengagement coping is associated with suicidal ideation, depressive symptoms and other behavioural problems in adolescents (Vatta & Manion, 2004). Adolescents with a disengaging coping style have also reported higher levels of substance use, academic difficulties and conflicts with peers and elders (Lee, Chan & Yik, 1992). Interestingly Wadsworth and Compas (2002) found that disengagement coping was not associated with poverty-related family stress. Consequently there may be differences in how adolescents cope with various stressors. There is, however, a gap in the literature with regard to coping mechanisms adolescents use when dealing with daily hassles such as poor relationships, schoolwork, family stresses and so forth. This study will attempt to address these issues.

Studies concerned with coping in South African adolescents have focused primarily on coping with poverty and violence (Govender & Killian, 2001; Vogel, 2001). When investigating coping mechanisms used by South African adolescents when faced with chronic violence. Govender and Killian (2001) found that there was a definite difference between coping mechanisms used by female adolescents compared to those used by male adolescents. The female adolescents were more likely to use emotion-focused coping strategies such as wishful thinking and acceptance while male adolescents were prone to utilise more problem-focused coping strategies. Vogel (2001) focused on coping amongst street children and found that these children do not have the necessary social skills to cope with their situation. He suggested that a life skills training programme for these children should be implemented to guide them in conflict management and improved social skills. While very few other studies have centred on coping in South African adolescents, some researchers have suggested that the use of substances may be correlated with increased psychosocial stress (Flisher, Parry, Evans, Muller & Lombard, 2002). Despite these findings little is known about how South

African adolescents cope with daily stressors. Frydenberg (1997) asserts that adolescents do not only need skills to cope with critical situations in their lives but also daily stressors, which need to be dealt with on an ongoing basis. Without the necessary skills to cope with everyday stressful situations such as school peer relationships, family relationships and a range of responsibilities become great stressors in the lives of adolescents. If adolescents are unable to cope with such stress they may fail to develop in a healthy manner and may develop coping behaviours that are harmful to their physical and mental health (Fok & Wong, 2005). It is, therefore, necessary to establish what coping mechanisms are used by South African adolescents in order to provide guidance to use more adaptive strategies.

This study aims to establish how coloured adolescents manage their stress. Focus group sessions were held in which participants were encouraged to discuss the strategies they use. From these focus groups, themes were extracted compared to categories found in the COPE scale (Carver et al., 1989). The COPE scale incorporates fifteen scales namely mental disengagement, active coping, planning, social support for instrumental reasons, social support for emotional reasons, substance use, behavioural disengagement, suppression of competing activities, focusing on and venting of emotions, humour, restraint coping, religion, positive reinterpretation and growth, acceptance and denial. Of these fifteen scales, eleven emerged as themes during analysis. These themes were mental disengagement, active coping and planning, social support, alcohol and drug disengagement, behavioural disengagement, suppression of competing activities, focusing on and venting of emotions, humour, restraint coping and religion. Focus groups were most suitable to this study as it gave the learners an opportunity to discuss their views and feelings in a climate of group support. Using this format allowed the researcher to explore both the subjective and inter-subjective experience of participants with stress and coping. This study hopes to provide insight into the nature of coping mechanisms coloured adolescents use. Apart from literature reviewed in this chapter, there seems to be few other published studies that explore how adolescents cope with daily hassles. This study may therefore contribute to a severely deficient area of research.

## **1.6 Structure of the Dissertation**

Chapter one (the current chapter) outlines the background and motivation for the study as well as a literature review, which aims to provide contextual information and to introduce coping styles most commonly used by adolescents. Chapter three outlines the method of the study. Chapter four presents an analysis of the results and consists of a discussion thereof. Chapter five comprises of limitations and a conclusion of the study as well as recommendations for future research.

University of Cape Town

## **CHAPTER 2**

### **METHOD**

#### **2.1 Design**

This study is interested in exploring coping mechanisms used by coloured adolescents in South Africa. A suitable approach for a study of this nature is thus a qualitative approach which aims to discover and explain experience. Qualitative research relies largely on data in the form of words, sentences and paragraphs rather than numbers and statistics. Qualitative research involves an 'interpretive, naturalistic approach' (Denzin & Lincoln, 2005). This approach produces detailed and in-depth accounts of small groups rather than generalisable accounts of large groups. According to Terre Blanche and Kelly (1999), qualitative methods are especially interested in how individuals and groups observe and describe their lives. This is particularly significant in this study in that it is useful in attempting to understand coping mechanisms used by adolescents. This is in keeping with some of the goals of the qualitative approaches that are described by Terre Blanche and Kelly (1999).

All qualitative methods share certain core features. The main concern is to interpret the meanings that people bring to their own actions. These actions are then treated as part of a 'holistic social process and context' (Payne & Payne, 2004, p. 45) rather than something that can be taken out of its context and be studied in isolation. Qualitative methods also differ from quantitative methods in that the researched phenomena are studied as they naturally occur (Payne & Payne, 2004) rather than making it happen in a controlled environment and therefore makes it possible to study human life in detail. This is consistent with the characteristics of the interpretivist approach. This approach assumes that peoples subjective experiences are real and should be taken seriously, that we can understand others' experiences by interacting with them and listening to what they tell us (Terre Blanche & Kelly, 1999). This approach is most suitable as the study aims to listen to accounts of stress and coping as experienced by coloured adolescents. An interpretivist approach is necessary to obtain a deeper understanding of their coping responses and to make sense of their feelings, experiences and social situations as they occur in the lives of the participants.

Using an interpretivist approach requires that the research remain as neutral and objective to the study and participants as possible. While qualitative research, by its nature, does not purport to be an objective form of analysis, it is important to note that steps have been taken to arrive at the closest possible objective account. The researcher had no interactions with participants before and after focus groups sessions. This focused the researcher's interpretation of results solely on interaction during focus groups. Prior knowledge of participants and their circumstances would thus not interfere with focus group results. Furthermore, interpretivist approaches require that reflexivity is maintained throughout the research process. That is, that it should be continuously acknowledged that the researcher plays an integral part in the construction of knowledge in the study (Tindall, 1994). The researcher was consistently aware of her role in conducting the focus groups and interpreting the data. Detailed notes of each focus group session were kept, noting the participants' behaviour, interaction amongst themselves and interaction with the researcher as well as the researcher's interaction with participants, her intentions for probing certain questions and individuals. This aided in maintaining perspective on the aim of the research.

In addition, as the researcher was familiar with societal and cultural nuances and brought to the study preconceptions and assumptions about the groups it was critical that the researcher constantly evaluated and reflected on her questioning style and contributions to the focus groups. Payne and Payne (2004) state that reflexivity is the process whereby the researcher removes her/himself from the entire research process and reflects on it. The researcher has to be aware of his/her personal beliefs, values, personal effects and attitudes on the subject they have studied. This is to ensure that research findings can be enhanced or replicated. Banister, Burman, Parker, Taylor and Tindall (1994) mention that the researcher is central to how participants' experiences are understood and interpreted. It is, therefore, important that the researcher acknowledges his/her central position and that the researcher is part of the social enquiry (Du Bois, 1983 in Banister et al, 1994). Reflexivity in qualitative research is essential, however, as the researcher brings to the research their own beliefs, attitudes, preconceptions and experiences it is impossible for research of this nature to be completely 'value free'. Good research practice follows that the ideal can be

approximated to varying degrees. This involves the researcher being aware of himself/herself and the sensitivity to the connection between results, methodology and sound research practice (Payne & Payne, 2004). An advantage of the researcher being from the studied community is that questions were asked with body language and language inflections that were familiar to the participants. Somekh and Lewin (2005) suggest that the interviewer adopt the pose of the listener in a way that parallels the language and manners of the interviewee and does not impose or objectifies the person who is participating. Through using colloquial language and body language that participants were comfortable with, power, social status and knowledge that participants may have perceived as threatening were mitigated.

Data was collected through semi-structured focus group discussions. In this study focus groups were used to gain deeper insight of the nature of coping mechanisms adolescents use in their daily life. It has been argued that measuring coping with checklists result in an incomplete and distorted view of coping. Coyne and Gottlieb (1996) assert that the study of coping has become too narrowly method-bound in that standardised checklists are administered to diverse populations and situations with little regard for their appropriateness. Furthermore, the meaning, function and effectiveness of various coping mechanisms may differ dramatically between individuals and situations. When coping responses are taken in isolation of the context they are employed in it provides a very limited and potentially distorted picture of the individual's coping. The items in many checklists are often vaguely worded with little explanation of the character or context of the coping response. This leaves respondents with considerable ambiguity as to whether an item fits their coping efforts and style (Coyne & Gottlieb, 1996). Focus groups mitigate these problems by allowing participants to express and explain how they cope with various situations in their chosen manner. Focus groups are most suitable to this study as it gives the learners an opportunity to discuss their views and feelings in a climate of group support. (Terre Blanche & Durrheim, 1999). The group interaction encourages individuals to form an opinion. In addition, since the participants were of varying English literacy levels it was not suitable to use a self-report questionnaire. Miller and Brewer (2003) describe focus groups as a research approach in which groups of participants are selected to discuss a specific topic in a focused and moderated manner. Focus groups have gained popularity with researchers in recent

times. One of the reasons for this is the realisation that focus group discussions can access group norms and provides insight into the formation of views, which cannot be so readily achieved via individual interviews (Barbour & Schostak in Somekh & Lewin, 2005). Focus groups are often understood to be a form of group interview method in that the interview occurs in a group setting, however, it is crucial to distinguish between the two approaches. While group interviewing places emphasis on the interaction between researcher and participants, focus groups rely on the responses and interactions within the focus group itself and amongst the participants (Miller & Brewer, 2003). Rich data is often produced through this sharing of views, experiences and stories amongst individuals.

## **2.2 Participants**

The sample consisted of a group of South African coloured adolescents (N=52) varying between the ages 13 to 19 years. The ages in the grade 8 samples ranged from 13 to 15 (n=17), the grade 10 samples ranged from 15 to 17 (n=17) and the grade 12 samples from ages 17 to 19 (n=18). The participants were recruited from three schools in the Bellville area, part of the northern suburbs of Cape Town. The groups consisted of female (n=33) and male (n=19) learners. Four to seven participants from each grade took part in the focus group sessions.

There was a higher percentage of female participants (77.7%) than male participants (22.2%) in the grade 8 sample. In the grade 10 sample more females (62.5%) participated than males (37.5%) while in the grade 12 samples there was an approximate even distribution amongst female participants (52.9%) and male participants (47%).

## **2.3 Procedure**

An application was made to the Western Cape Department of Education to gain permission to carry out research in three schools. Once the application was approved, the principals of the three schools were approached and the research project was discussed. Once the principals had given their permission to approach their learners,

participants from grades eight, ten and twelve were told that seven learners from each grade were needed to take part in the study and those who were interested were asked to volunteer by giving their names to their guidance teachers. Due to the large number of learners who volunteered to participate, names were randomly drawn with the understanding that only seven names could be drawn. Volunteers were given a full briefing on what was expected of them and the nature of the research. In addition, each volunteer was given an informed consent form (See Appendix A) stating the nature and procedure of the study, to be signed by their parents or legal guardians. Once volunteers had their informed consent forms signed by a parent or legal guardian they were allowed to participate in the focus group sessions.

The focus group sessions were held after school for 40 to 50 minutes at each school. Barbour and Schostak (in Somekh & Lewin, 2005) suggest that it is generally better to get as close as possible to the 'natural' situation where people discuss and formulate their views. For this reason the school setting was chosen as a venue as this is where participants spend most of their time conversing with peers about their problems. Each participant attended two focus groups.

In order to facilitate an atmosphere of trust, the participants were briefed on the credentials of the researcher, the anonymity of their participation and were offered the opportunity for further discussion once the focus group sessions had ended. Somekh and Lewin (2005) highlight that questions in focus groups may require participants to cross boundaries which they do not normally do in the present company. This reiterates that the issue of confidentiality is crucially important and should be addressed at the start of the sessions. The importance of confidentiality was explained to the participants and they were assured that no identifying information would be used. In addition they were all asked to sign confidentiality forms (See Appendix B) stating that they would keep all information regarding the content of the focus group sessions and the participants strictly confidential. All participants were willing to comply.

Due to the exploratory nature of this study a broad questioning route was developed (See Appendix C). A questioning route was favoured over a broad topic schedule as the questioning route produces clearer analyses since it minimizes subtle differences in

questions that could alter the intent (Krueger, 1998). The questioning route is a sequence of questions in complete conversational sentences. Questions were developed to elicit the participants coping mechanisms in various situations such as stress at home, which would include parent and sibling relationships, stress at school, which would include schoolwork, relationships with teachers and peer relationships. Probing questions were used to elicit additional information on the coping mechanisms that were reported by the participants.

The first session commenced with a general question to identify themselves and share what they enjoyed doing at home to relax. It has been suggested that an icebreaker or opening question is asked at the start of the session (Krueger, 1998). This is done to encourage all participants to talk early in the group. The question is designed to make everyone feel comfortable by identifying common characteristics amongst the participants. The opening question is not meant to elicit useful information for the study. Once all participants had had an opportunity to identify themselves, participants were asked to talk about any stressful experiences they had encountered recently. Using these situations as a platform, the researcher enquired as to what the participants' reactions to these situations were as well as what they actively did to alleviate or cope with the situations. The focus group sessions were designed around a semi-structured format in which stressors were identified and the most salient coping mechanisms were discussed. Structured focus groups are facilitated more closely with the aim of gaining as much data as possible on the set of questions. In this study the first focus group was used to discuss issues such as perceived stressors, feelings when experiencing stress, behaviour when stressed and salient coping strategies and the use of alcohol, smoking and drugs to alleviate stressful feelings. The second focus group session was used for a more in-depth look at what participants do to cope with various stressors. In this session coping strategies that were reported on during the first focus groups session were looked at more closely as well as other coping mechanisms that were mentioned during second session. The researcher used probing questions to gain insight into participants use of coping mechanisms such as mental disengagement, active coping and planning, social support, substance use, behavioural disengagement, suppression of competing activities, focusing on and venting of emotions, humour, restraint coping, religion, positive reinterpretation and growth, acceptance and denial. Although the follow up

session had a standard set of questions, these questions were based on the participants' responses from the first session.

Although focus group content is usually recorded through note taking (Kelly 1999, in Terre Blanche and Durrheim, 1999), tape recording was the chosen mode of data recording in this study. According to Terre Blanche and Kelly (1999) audio recording allows you to keep a full record of the session without being distracted by note taking.

## **2.4 Data analysis**

Various themes emerged during analysis. These themes were compared to the scales in the COPE inventory (Carver, et al., 1989) which is a multi-dimensional coping inventory used to assess the strategies an individual may employ when faced with a situation. This was done to define and structure the emerging themes. These scales are based on the theoretical arguments about “functional properties” (Carver, et al., 1989) of coping strategies as well as possibly “dysfunctional properties”. Functional coping occurs when a problem is defined and alternative solutions are generated and carried out. Dysfunctional coping refers to the management and expression of feelings, which serve an important purpose when facing situations beyond a person's control. These properties of coping fall within the overarching dimensions of problem-focused and emotion-focused coping. Five scales in this inventory measure aspects of coping that can be viewed as problem-focused (active coping, planning, suppression of competing activities, restraint coping seeking of instrumental social support). Another five scales measure aspects of coping that could be categorised as emotion-focused coping (seeking of social support for emotional reasons, positive reinterpretation and growth, acceptance, denial and turning to religion) and three scales measuring coping responses that can be seen as less useful (focus on and venting of emotions, behavioural disengagement, mental disengagement and alcohol and drug disengagement. ).

- Active coping is the process of taking an active role in trying to remove the stressor, it is similar to Lazarus' problem-focused coping and usually occurs in the coping phase.
- Planning refers to thinking about how to deal with the problem and can be said to occur in the secondary appraisal stage.

- Suppression of competing activities means putting a hold on other activities to focus on the stressor or problem.
- Restraint coping involves waiting until an appropriate time to act on the problem.
- Seeking social support for instrumental or emotional reasons, while this may seem as an emotion-focused coping mechanisms seeking social support for instrumental reasons involves seeking advice, assistance or information, which aids and facilitates problem-focused coping.
- Seeking support for emotional reasons such as getting moral support, sympathy or understanding is seen as more emotion-focused and may not always be adaptive.
- Focusing on and venting of emotions refers to venting feelings and focusing on the distressing situation. This may be functional for limited periods but can be maladaptive if it persists over long periods of time.
- Behavioural disengagement refers to reducing effort to deal with the situation and can be seen as a state of helplessness.
- Mental disengagement occurs through a variety of behaviours and activities which serve to distract the person from thinking about the problem or stressful situation; this includes watching TV, sleeping, daydreaming etc.
- Positive reinterpretation and growth refers to looking at the situation or problem in positive terms.
- Denial is the refusal to believe that the situation is happening while conversely acceptance refers to acceptance of the reality of the situation.

Thematic analyses were used to analyse data collected from the focus groups. According to Terre Blanche and Durrheim (1999), thematic analysis is a research method that uses a set of procedures to identify recurring themes that emerge from the raw data. The exploratory nature of this study provides a rich source of data, which then needs to be analysed, therefore thematic analysis appears to be well suited to adequately analyse this data.

There are several steps that were followed in the data analysis process. The raw data was transcribed and entered into a database. The software used for this process was

NVIVO. This computer program allowed the researcher to enter all transcripts into a database. Once all the transcripts were entered, the program was used to categorise themes that emerged from the focus group sessions. The researcher used the programme to organise the reported coping mechanisms into relevant themes. The COPE scale was used to compare emerging themes from the focus group to its existing scales. Themes were then induced from the raw data using a top-down approach that used existing categories and looked for instances fitting those categories and were closely explored to capture nuances. Ten themes emerged from the data and were consistent with the COPE scale themes. However, not all scales found in the COPE inventory emerged from the focus group sessions. An eleventh theme emerged that was not indicated in the COPE scale.

## **2.5 Ethical considerations**

This study was presented and approved by an ethics committee of the Faculty of Humanities at the University of Cape Town. Since the proposed research used human subjects it was required that consent from participants should be voluntary and informed. This required that participants received a full explanation of what was expected of them so that they could make an informed choice to participate voluntarily (Terre Blanche & Durrheim, 1999). Participants were also given the freedom to withdraw from the research at any time. To adhere to these ethical principles participants received information on the study and focus groups. Since the participants were not of legal age they were required to have an informed consent declaration signed by a parent or legal guardian.

Participants took part in discussion groups on matters that they felt most comfortable with. It was therefore not envisaged that they would be subject to any social, mental, emotional or other forms of harm. However, if any participant felt any form of distress or discomfort the school guidance counsellor was available for immediate and further consultation.

The researcher offered to provide participating schools with the completed dissertation and feedback on the study. The study will be directly beneficial to all participants in terms of learning more about their coping styles, why they use them and will be able to identify stressors in their lives. In addition to directly benefiting the participants this study will add to the current body of research on coping mechanisms and stress in South Africa, while providing a basis for further exploration on the correlation between maladaptive coping mechanisms and economic and social resources.

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## CHAPTER 3

### RESULTS AND DISCUSSION

Several themes on coping mechanisms used by adolescents emerged through examining the transcripts of focus groups conducted with the participants. The themes that emerged were consistent with the scales found in the COPE scale, namely mental disengagement, active coping and planning, social support, alcohol and drug disengagement, behavioural disengagement, suppression of competing activities, focusing on and venting of emotions, humour, restraint coping and religion. These themes are discussed in order of significance. Significance was established by the frequency a particular coping mechanism was reported, which was determined by the number of participants who used a particular coping mechanism (see Appendix D). These categories are important in understanding coping in adolescence, as they provide insight into lifestyle enhancement and suicide prevention. In this chapter these themes will be discussed in order of significance and in relation to relevant literature.

#### 3.1 Mental disengagement

The majority of the participants reported engaging in activities that helped them forget or distracted them from their problems. Activities such as sleeping, listening to music and dancing, watching television, daydreaming, reading and self-injurious behaviour were reported.

##### 3.1.1 Sleeping

Participants that reported using forms of mental disengagement said that sleep during stressful times helped them forget about their problems. Sleep is used as a coping mechanism and is actively sought after to cope with stressful situations.

**Male Participant:** When I'm stressed out I just go sleep.

**Female Participant:** Miss, how I cope miss, I just go sleep.

Participants explained that when they sleep they see it as being cut off from everything and everyone and it gives them an opportunity to escape from reality.

**Female Participant:** I sleep more often just to cut off everything and forget about everything.

**Female Participant:** Like sleep, it works. You're cut off from everything. from everyone.

Other participants reported using sleeping as a means to escape into a dream world in which they create an alternative reality or think about their future.

**Female Participant:** I also like sleeping when I'm stressed because you go into a dream world, I become someone else. I create what I want to be. That's why I sleep.

**Female Participant:** Another reason why I think sleep could be a stress reliever because when I sleep that's my time to dream as in literally, but before you sleep there's that time to think about that you want to be and what you want your life to so for me it's nice.

It is evident that participants use sleeping as way to escape and forget about their problems.

### 3.1.2 Listening to music and dancing

Listening to music and dancing was the second most common form of mental disengagement amongst the participants. Participants reported using music to calm themselves and forget about the situation.

**Female Participant:** I try to get away from that situation that's stressing me, like listening to music or something.

**Male Participant:** ...you just listen to the music, you forget about everything.

In addition to listening to music some participants added that dancing also aids in relaxation and provides a means of escape from their present situation.

**Female Participant:** Miss, the way of keeping me calm miss is by dancing.

**Female Participant:** I just dance and forget about everything around me.

### 3.1.3 Watching Television

Participants reported that watching television helped them forget about the present situation. TV is used as a means to focus on something else other than the stressful situation

**Male Participant:** I think TV because it helps me think of other stuff, especially a very stressful day and I'll be so tired I just want to sleep, but I don't I'd rather watch TV and try and forget my situation or school or whatever.

**Female Participant:** I watch TV often because when I watch TV, I don't concentrate on the thing I just concentrate on the program that's playing on TV.

### 3.1.4 Daydreaming

A few of the participants reported daydreaming as a means of escape from stress. However, daydreaming is not actively sought after as a coping mechanism. Participants reported that they found themselves daydreaming without intending to.

**Female Participant:** I always find that I'm looking at the wall when I've got stuff to do.

**Female Participant:** When I'm really stressed and I have homework then I just sit there and daydream the whole time.

### 3.1.5 Self Injurious Behaviour

Some of the participants who reported using mental disengagement as a means to cope report harming themselves physically to find relief from stress. The majority of participants shared that they cut themselves to relieve feelings of stress, anger and emotional pain.

**Female Participant:** ...sometimes I cut myself here on my shoulder and I will like abuse myself just to get that stress out.

**Female Participant:** Actually if you see your blood it calms you down, like you feel better. Like you're this new person you forgot all about this what just happened now and stuff.

**Female Participant:** I feel that's the way my pain would drain out. I won't even feel myself getting hurt I would be so dead.

Participants expressed a great need to keep information about their self-injurious behaviour confidential. It became evident that they felt ashamed of their actions and became increasingly distressed during the discussion as many of them cried as they shared their experience during the focus groups. Participants were very descriptive of their self-injurious behaviour. It was surprising that, despite remarking that they feel ashamed about their behaviour, they were willing to talk about their experiences openly. However, participants did express gratitude and relief at being able to talk about their experiences. Many expressed that talking about their self-injurious behaviour was a cathartic experience. It was clear this behaviour was ongoing and there was no intention of stopping. Many of the adolescents who reported self-injurious behaviour as a way of coping stated that often they felt alone in the situation and felt as though self-injurious behaviour would be the only solution. This is congruent with current literature that shows that adolescents with a history of self-injurious behaviour reported higher incidences of hopelessness and loneliness (Messer & Freemouw, in press).

Injuring themselves through cutting their arms, legs and shoulders was reported to alleviate feelings of stress and bring about a sense of relaxation and calm and especially to forget about their situation. Studies have shown that self-injury helps the adolescent escape, manage or regulate emotions. It has been demonstrated that the most common reason reported by participants for engaging in self injurious behaviour was to obtain emotional relief and escape (Brown, Macinyre & Karim, 2002). According to Chapman, Grate and Brown (2006) this behaviour is maintained and strengthened through escape conditioning and negative reinforcement. Essentially the individual experiences an emotionally aversive event, which leads to an urge to escape. At this point the individual engages in self-injurious behaviour, which reduces emotional arousal and thus reinforcing the behaviour. This is similar to the function of other forms of mental disengagement, which has been shown to lead to increased levels of depression and anxiety (Thomsen, Compas, Colletti, Stanger, Bayer & Konik, 2002).

### 3.1.6 Discussion of Mental Disengagement.

Mental disengagement emerged from this study as a coping mechanism and was used most often. Results from the Grade 8 sample indicate that this age group use mental disengagement more than any other age group. This may be due to adolescents of this age not yet having the cognitive skills to confront the problem directly but rather tend to disengage from the situations. Participants across age groups reported taking steps to forget about their problems and to reduce emotional distress. According to Carver et al. (1989), mental disengagement occurs through a variety of activities that serve to distract the person from thinking about the problem or event that the stressor is associated with. During the focus group sessions participants were encouraged to talk about activities that they have used to manage their stress. The majority of these participants reported engaging in activities that helped them forget about the situation or distract them from the problem. Participants expressed a great need to forget about their stress. This was generally the preferred way of dealing with problems.

Although mental disengagement may be an adaptive response when used as a short term response to stress, Costanzo, Lutgendorf, Rothrock and Anderson (2005) argue that avoidant coping strategies such as mental disengagement are strongly associated with poorer well-being and an increased distressed mood when used over longer periods. Throughout the discussions participants reported that mentally disengaging from problems or stressful situations was not a long-term solution to managing stress. Rather, it seemed to provide a false sense of calm before it was realised that they still need to deal with the situation. Mentally disengaging from the problem assists with relaxation and diminishing emotional distress. However, all participants agreed that once they had completed the activity i.e. sleeping, watching television etc. they realised that the problem still had to be dealt with.

**Male Participant:** Even if you do these things, like watch T.V. or sleep or whatever, you know there at the back of your mind you must still do all those things like your homework and clean your room. So it only helps for now while you try to avoid it,

This suggests that they delay having to face their situation and may experience increased distress as it becomes inevitable that the situation will need to be dealt with. This form of coping has been argued to protect the 'self' from potential negativity (Lazarus, 1984) but offers only a temporary solution to feelings of distress. Knee and Zuckermann (1998) assert that full awareness of experiences, both sensory and emotional, is necessary for optimal psychological development. By denying and ignoring the negative event optimal growth is hindered preventing self-actualisation. That is, when using mental disengagement coping strategies adolescents are not able to engage fully in dealing with their problems or with stressful situations. Through managing stress and problems effectively adolescents are able to learn and grow from experiencing various situations. Furthermore, coping mechanisms acquired during adolescence have been shown to be used throughout adult life (Compas et al., 2001).

### 3.2 Active coping and planning

During the focus group session participants were given a vignette (see Appendix E) describing a very stressful day, which included homework assignments, test, relationship stress and household chores. They were then asked how they would cope with that day. The majority of these participants stated that they would actively pursue a solution to the problem. Participants found that reasoning with parents about their household chores and their schoolwork was the best place to start in alleviating this stressful situation. They expressed that often a lot is expected of them both at home and at schools. As household chores are seen as less of a priority they are better able to negotiate this with their parents. It was found that for a majority of the learners explaining to their parents about their workload was a first step in alleviating the problem.

**Female Participant:** Like when my mother scold at me miss I will tell her why I didn't do it miss because I have too much homework.

Some participants felt that focusing solely on what they perceived to be most important was the best way to deal with the situation. In these cases participants often delegated household work to siblings or parents or recruited parents in doing parts of their

schoolwork. Throughout the group sessions participants frequently expressed the feeling that the amount of schoolwork expected of them was too much. By delegating some of this work to parents or siblings their load would seem lighter.

**Female Participant:** I would tell my mommy I will do my room and I will explain to them the stuff I have to do and I give the project to my Daddy and my homework for my Mommy, I myself will do the studying.

Grade 12 participants reported using active coping and planning strategies as coping mechanisms more than other age groups. This may show that throughout this developmental period, adolescents accumulate and learn ways to deal with stressful situations directly. All participants who actively tried to alleviate the stressful situation agreed that once they sat down with their schoolwork there was a definite order in which they would engage with their tasks. Although the organisation of their work schedule varied greatly it was evident that a lot of thought and reasoning went into their decision.

**Male Participant:** I'd do it one by one but I would do the least work first and then do the rest later.

**Male Participant:** I also make a very big list. I think first projects and it's just trying to get everything in order before you start.

Through this planning it becomes clear that each participant sets out to complete tasks in a methodical order. Participants stated that when it came to their schoolwork they had to plan and schedule the order of the tasks. Most of them expressed the need to complete the most urgent tasks first. The urgency of the task was determined by the due date of the task, the perceived difficulty of the task and perceived importance to their career aspirations.

**Female Participant:** What I usually do, I first look at the due dates and things like that, stuff that needs to be handed in like right now that's what I'll do. The things for later I do in time that it's due.

**Female Participant:** I'll take it step-by-step miss. Like my languages first miss, like English, like Mathematics. That subjects that's most important miss.

**Male Participant:** I'll first do the difficult then the easy because if I do the difficult last then I will stay up whole night.

After having read the vignette, personal relationships were discussed in relation to various other daily stressors such as schoolwork and household chores. The participants expressed that solving any problems with parents would be a priority. They stated that 'sorting things out' with their parents significantly diminishes their stress. They seemed to feel that with less external pressure and stress associated with their parents they were better able to cope with their schoolwork.

**Female Participant:** I will try to sort the thing with my mother first about the bedroom and then I'll just go on because I feel that it's better for that to be sorted out.

**Male Participant:** When I have a problem at home, um, the first thing I do is, I want to talk about it.

**Female Participant:** But also, I think I will try to sort out the thing with my parents and cleaning the room so that is also out of the way and doesn't put much pressure on me

Throughout the focus group sessions it was evident that planning and active coping work in conjunction with each other. When working to resolve stress actively with schoolwork in particular, participants often drew up a plan or schedule to manage the situation.

The participants reported carrying out tasks in a methodical and well-thought through manner to alleviate problems. This is consistent with observations made by Jorgensen and Dusek (1990) that problem-focused coping in adolescence becomes more sophisticated with the onset of formal cognitive operations during adolescence. As schoolwork was reported to be a significant stressor in the lives of adolescents they generally put schoolwork as a priority. Other stressors in their lives were then either ignored as they were seen to be less important or dealt with first in order to "get it out of the way". The use of active coping mechanisms to cope with schoolwork is congruent to research findings by Compas et al. (1988) which found that academic stressors were

appraised as more controllable than interpersonal stressors and therefore problem-focused strategies were employed.

It seemed that planning active coping strategies was often integral to coping with stressful situations. This was especially true when having to cope with large amounts of schoolwork. Planning is also considered to be a subcategory of problem-focused coping (Carver et al., 1989) and is considered to be an adaptive coping mechanism. Through planning strategies and steps in coping with the problem, adolescents are able to prioritise areas of the problem and systematically think through solutions to various problems. It is, however, unclear as to whether this is a taught behaviour. The participants reported that during life orientation classes at school they were taught about time management and drawing up work schedules. It is therefore possible that participants learnt this behaviour as part of their homework and studying task and not necessarily use it as a coping mechanism. Furthermore, it is possible that participants reported planning as they may have felt that it was an acceptable activity to report during the focus group sessions. Since planning and scheduling work and prioritising duties are taught at schools, participants may have felt that reporting on this aspect of dealing with stress was socially desirable. That is, they may have given information that would create a good impression.

### **3.3 Alcohol and drug disengagement**

During the sessions participants talked about the use of various substances to alleviate the emotions associated with stress. Some of the participants reported using substances to cope with stress. The use of substances was spoken about readily and openly. It seemed that using various drugs, alcohol and smoking was a normal aspect of their lives and did not seem to surprise anyone. All the participants were very comfortable talking about their experiences.

**Female Participant:** Like in my class it's like more than 70% of people that do drugs.

**Male Participant:** Ja, it's also my whole class.

**Female Participant:** Most of the people I know drinks, like the whole rugby team.

**Female Participant:** Like I think 30% or my of my class do tik.

Despite the increase in the adaptive active coping and planning coping strategies amongst the Grade 12 participants there was a noticeable increase in substance use amongst this age group. It was found that that the participants engaged in three categories of substance use namely, alcohol use, drugs and smoking cigarettes.

### 3.3.1 Alcohol use

Of the participants who reported using substances to manage stress, most used alcohol to manage the way they feel. This is consistent with the findings of studies conducted in the Cape Town area that indicate that high levels of alcohol misuse are common amongst high school students in Cape Town (Parry et al., 2004). The users expressed that drinking and getting drunk is a social act, something that is done with friends so that they can enjoy themselves. However, during the course of the discussion it became clear that alcohol was an aid in relaxation. Many of the participants reported that when they need to relax they would turn to 'having a few drinks'.

**Male Participant:** I just take a beer then I just fantasise. I just meditate on life then I feel relaxed after that.

**Female Participant:** ...on a Friday you go to your friends that will invite you for some drinks and whatever or you ... I mean it's whole weeks work and you ... that's the best stress relief that you're going to get, to have a drink.

These findings are consistent with research that has found that adolescents use alcohol for less social reasons than is popularly believed (Windle & Windle, 1996). While studies have shown that adolescents use alcohol to socialise and because of peer pressure (Baumann & Ennett, 1996), participants in this study expressed that for many of them alcohol was used initially to socialise with friends but after a time they found that it helped them to relax and forget about their stressors. A distinction should be made here between adolescents who drink socially and those who drink to cope with stress. Adolescents who drink socially do so only around friends and in social situations while adolescents who drink to cope actively seek out alcohol to help them relax and cope with stressful situations. Owing to the complexity of human social behaviour it is difficult to differentiate between social drinking and drinking to relieve stress. Research

has shown that while some adolescents drink solely for social reasons, others develop a dependence on alcohol to alleviate stress (Zimmerman, Blaymeyer, Laucht & Mann, 2007). Flisher, Parry, Evans, Miller and Lombard (2002) found that coloured adolescents were particularly at risk of increased alcohol used when faced with psychosocial stress. Further research is required to establish what internal and external risk factors contribute to using alcohol as a coping mechanism. Using alcohol to forget or escape from problems and stress was common amongst the participants in this study. Participants reported the need to forget about their problems in order to feel like themselves. Furthermore the need to escape stressful situations and ‘run away’ from problems were common in the discussion.

**Male Participant:** And what we’ll also do is just drink to get away from that thing.

**Female Participant:** You tend to ... at that moment you forget about all your problems, you’re just concentrating on this nice glass.

It was also reported that drinking alcohol with friends helped them have fun, make jokes and laugh. In addition to this, participants felt that it was easier to open up and talk to friends about their problems and feelings.

**Facilitator:** How often do you find that you talk to people about how you’re feeling?

**Male Participant:** When you have a drink. Because the wine is always the truth. It makes the truth come out.

**Male Participant:** ...when you drinking, it’s not that you forget about everything, you’re more willing to speak about your problems.

Although many of the participants were aware of the risk associated with alcohol abuse, there seemed to be a sense of despair as they spoke about the consequences of using alcohol. Despite this awareness they did not seem to think that there was another option. When talking about stressors in their lives, one participant spoke about dealing with her parent’s divorce and how overwhelmed she felt. She mentioned that she would use alcohol to help her forget about the problem.

**Female Participant:** I know that it is still wrong for a 14 year old to drink alcohol and stuff like that but I have no other way of dealing with my stress.

Alcohol use was found to be the most commonly used substance in managing emotions related to stress. This form of avoidant behaviour is seen as a maladaptive coping mechanism as are other forms of disengagement coping. Adolescents do not actively engage in problem solving or working towards finding a solution to the problem, rather they find ways to avoid having to face the problem by finding activities that will distract them and diminish negative affect. This study shows that alcohol is the most common substance used by adolescents to cope. This is congruent with other studies that have shown alcohol to be the predominant substance used by adolescents to cope with stress (Young et al., 2002, Parry et al., 2004).

### 3.3.2 Drugs

Some participants reported that they have used some form of drug to distract from emotional reactions to stress. A distinction was made between participants who used drugs socially and for experimental reasons and those who reported using drugs to cope with stress. A variety of narcotics have been used by the participants. When discussing drugs that they use one participant shared what he used to cope when he was feeling very stressed.

**Male Participant:** The best thing that I'd do to relieve stress is tik mos also.

While the participants acknowledged the use of methaqualone (locally referred to as tik), it was surprising that only few reported using this drug given the current statistics on the substance in the Western Cape (Parry et al., 2004). This may be the result of under reporting by the participants who may have been aware of the social consequences as well as the consequences of reporting it to someone they perceive to be in a position of authority. Cannabis, however, was reported to be the most common drug used by the participants as it was thought that it was 'safe'. This is consistent with findings by Parry et al. (2004) that cannabis is a popular drug amongst South African adolescents as it is seen as a 'harmless' option.

Although many participants reported that using drugs 'relieve stress'. This 'relief' seemed mainly to refer to forgetting about the problem and bring about a relaxed state. Although some participants use drugs as a means to forget about their situation and bring about moments of euphoria, they acknowledge that while they use it to forget as soon as the effects of the drugs wears off they still have to face their problem.

**Male Participant:** When you smoke dagga it like puts you on a level and you forget about all ... you just want to be happy and whatever and when you come down then you you're going to forget about it but when you come down again you realise it's all still there.

When asked what role peer pressure plays in using drugs it was found that often using drugs initially stems from curiosity and peer pressure. But once it had used some found that it helped them cope with stress.

**Female Participant:** When you try it out, when you test it out, the drugs and alcohol, you find that it is actually numbing this whole stressful thing and you just carrying on drinking and stuff because it's fun, it releases your stress.

The participants' readiness to talk about using drugs is in itself significant. Despite being wary initially about talking about their drug use, participants were willing to talk about their experiences. This indicates that the conversations about drugs and related experiences are common amongst themselves. Participants who did not use drugs were comfortable with the topic and shared information that they knew of other people in their social groups who used drugs. According to Parry et al. (2004) an increasing proportion of South African adolescents use alcohol and other drugs such as cannabis, methaqualone, cocaine and heroine. This was reflected in the discussions as it became evident that talking about drugs and experiences were a common phenomenon amongst these adolescents.

### 3.3.3 Smoking Cigarettes

Some participants stated that they use cigarettes to calm themselves. The ability to be calm and relax is the main reason for continuing amongst adolescents in this study. A

study conducted by King, Flisher, Mallet, Graham, Lombard, Rawson, Morojele and Muller (2003) indicated that coloured students in Cape Town had the highest proportion of smokers compared to other population groups.

**Female Participant:** ...to me, personally, I feel... not much much better after that but I'm calm after that (smoking). Seriously calmed.

In addition smoking has been described as a way to release their negative emotions and feelings of stress. One participant likened exhaling smoke to breathing out the stress or visualizing the cigarette as a vehicle for their situation.

**Female Participant:** I chain smoke. That's like very stress relieving for me even though I know it's so bad. And I know it's still going to kill me one day but I just can't help it, it's like I take out all my stress on that poor cigarette. And I'll pull it in so deep it's like I'm dying.

This is consistent with reports that cigarette smoking decreases negative affect and increases positive affect (Mitic, McGuire & Neumann, 1985). When discussing smoking participants seemed hesitant to report on it. This was surprising as they readily reported using marijuana. Throughout the discussion participants continually reiterated that they were aware of the health risks associated with smoking and that they knew it was a bad habit. This may have had an effect on their reluctance to talk about their smoking habits while the long-term health affects of using marijuana did not seem to be understood. The use of marijuana was also seen as something that was done occasionally to help them cope while those who smoked cigarettes admitted to being addicted.

#### 3.3.4 Discussion of Substance Use

Despite many of the participants' willingness to talk about substance use, it is possible that substance use is under-reported in this sample, as it is not consistent with literature that indicates that the majority of adolescents use substances to regulate emotions. Participants may have perceived the researcher to be in a position of authority and not have felt comfortable talking about their substance use. Furthermore, it is possible that the individuals who volunteered to take part in this study were more aware of stress and

lifestyle choices and may therefore be less inclined to use substances to cope with stress.

The reason for using substances, in this sample, have been reported to mainly facilitate relaxation and forgetting about their problems. There was no difference in the circumstances in which particular substances were used. During the conversations it became evident that participants would use whatever was available to them and it is also important to note that participants rarely used only one type of substance to cope but rather in combination with other substances. The use of all substances including alcohol, nicotine, marijuana and methamphetamines are a consequence of poor coping mechanisms (Wills et al., 2001). Furthermore, it has been shown that the use of substances to cope is not only is a maladaptive coping mechanism but also increases the use of other inadequate coping mechanisms (Snow & Bruce, 2003).

The increased use of substances in the Grade 12 sample are consistent with recent findings (Brook, Morojele, Pahl & Brook, 2006; Getz & Bray, 2005, Visser & Routledge, 2007) that show that older adolescents (16-18 years) are more inclined to use substances. Previous American epidemiological research has shown that all categories of substance use increase during adolescence (Young, Corley, Stallings, Rhee, Crowley & Hewitt, 2002). The current findings reflect this trend. In addition, this study found that male adolescents engaged more in using substances to cope with demands. This too is consistent with previous findings that adolescent males are more inclined to use various substances to decrease negative affect than female adolescents. This may be the result of socialisation amongst male adolescents as to what constitutes being a man and being strong in their community (Frydenberg, 1997). Adolescent males reported the use of substances was initially to prove themselves to friends and then increasing found that it helped them cope with stressful situations.

### **3.4 Behavioural disengagement**

Participants reported many instances in which they felt like giving up or not working toward a solution to a problem. Behavioural disengagement differs from mental

disengagement in that the individual reduces their effort to deal with the stressor actively while mental disengagement occurs when conditions prevent the occurrence of behavioural disengagement and serve to distract the person from thinking about the stressor. Behavioural disengagement was demonstrated in three ways: avoidance, giving up, and suicide attempts.

### 3.4.1 Avoidance

Throughout the sessions, participants reported that avoiding situations and problems helped in diminishing stress. Participants rationalised that they feel less stressed if they made no or little attempt at a problem than if they started on the process of solving it. One participant highlighted how she felt when she could not cope with her workload.

**Female Participant:** Because you're so stressed out you don't want to start it. You think, so I must start now and it's a whole thing, ag, it's just you don't want to stress you more.

Many of the participants stated that it was simply easier and less stressful to not do any work than to start and engage with it. This was always in reference to schoolwork and examinations.

**Female Participant:** I can watch TV from the morning to the night. Especially if I have a lot of work. It's like I'm avoiding it. I'm even avoiding going into my room because if I go there then I reminding myself about the books and all the work.

Participants also reported a tendency to escape or 'run away' from their stressful situation. This was usually reported to be a result of feeling overwhelmed by the situation.

**Female Participant:** ... I'll sit down with my books and I'll sit there and I'll say ok I'm hungry now and then I'll spend an hour making myself something to eat and then cooling down and watching something on TV, like watching two hours of TV and you just ... so you kind of run away from it.

**Female Participant:** ... I was so scared of writing math and every time it's like I'm going to study at six o'clock, six o'clock comes and

then it's ok something comes up then I have to do that and then ok seven o'clock you're going to study ... I was so scared of facing that problem that I sort of run away from it.

It is evident that when problems are perceived as insurmountable or too much to deal with participants often exerted less effort towards working at the situation by either refusing to address the problem or ignoring the situation.

### 3.4.2 Giving up

Fewer participants reported giving up on problems. Those that did report giving up on problems referred to schoolwork. When they feel that they have too much schoolwork they decrease the amount of effort directed at resolving the problem. One participant expressed that it becomes too much for her it is easier to disengage from the task.

**Female Participant:** I just leave everything. I just it's a flow and it goes down and I leave it.

**Female Participant:** It's too much you just won't have time to do anything.

During the sessions participants expressed that they often had thought about dropping out of school. However, none of the participants had ever dropped out of school or knew of anyone who had. It was however clear that to them leaving school was a possible solution to decreasing their stress.

**Male Participant:** ...sometimes when all these things happen to a person you just feel like giving up and not caring anymore, it's sometimes too much. Like dropping out of school..

**Female Participant:** ... there's just too much school work and you think maybe I should just drop out of school then I won't have to do this or that and I won't have to hand in assignments ...

### 3.4.3 Suicide Attempts

In this sample there was a high prevalence of suicidal thoughts and some of the participants reported having attempted suicide at least once. It became evident during

the discussions that suicide was usually a resort for not being able to cope with family and relationship problems as well as problems in peer groups.

**Male Participant:** Miss, my father hit me. My brother took his wallet, but it wasn't me so he started to blame me so my father hit me and so I went to take all my mothers tablets so I drank. So I went to hospital.

**Female Participant:** ... I cut myself on my left hand over here (shows wrist) with a scissor. So I just made so because I felt that the whole world is changing because people say I look like this and so and I just felt like killing myself ...

**Female Participant:** My problem is at home because every time my mother skells then I feel like drinking tablets. This one time, I did that but I never went to hospital.

Participants seemed particularly overwhelmed and distressed by family problems and parental confrontation in particular. It became evident that they did not know how to resolve conflict with parents nor how to cope with the resultant anger. One female participant described what she would do after an argument with her mother.

**Female Participant:** ...I'll go to the park and then I'll just look at the people and I'll just, then my anger will like go to them or I will skel them out...or I just want to kill myself on the park I've tried lots of times.

The most common reported method in attempting suicide was the use of medication in tablet form that was found around the house. The participants were not knowledgeable about the types of medication they used nor did they express a preference. The most important aspect seemed to be getting hold any available tablets.

**Female Participant:** I remember the one time I took I don't know what it was, a tube of capsules. I can't remember what it was I think it was back pains or panados or something like that and I took a whole, like a whole thing. I took everything down and I woke up the next morning expecting to be dead.

Second to using medication was cutting their wrists with knives or scissors.

**Female Participant:** And one day I also slit my wrist but I didn't slit it where my pulse is.

This was, however, a deliberately ineffective method of suicide as some participants reported not doing it in the correct place intentionally. It is possible that participants did not want to commit suicide but rather used it to draw attention to their distress and seek help. Many participants expressed that they wanted to attempt suicide as a means to alert their parents to the extent of their stress. Throughout the discussion all participants, including those who did not report attempting suicide, did not react to accounts of attempted suicide. This may indicate that they were familiar with reports of this nature. The inability to communicate with and resolve difficulties with parents were the main reasons for attempting suicide. Similarly Schlebusch's (1986) sample of suicidal adolescents reported that they struggled to resolve conflicts constructively with their parents, which left them feeling unsupported and alienated.

#### 3.4.4 Discussion of behavioural disengagement

Results from the Grade 8 sample show that as with mental disengagement, behavioural disengagement occurs more often in this group. The use of behavioural disengagement decreases exponentially from Grade 8 through to Grade 12. Male participants also exhibited a higher tendency to engage in behavioural disengagement. This is congruent with studies that show that males perceive the coping strategies of resignation and distraction as more effective than do females. Carver et al. (1989) state that behavioural disengagement refers to exerting less effort to deal with a stressor. In the cases of these adolescents, avoidance and giving up was used mainly with stressors associated with schoolwork. When presented with schoolwork that was perceived as too challenging it was reported that avoidance was the easiest way to cope with the situation. This type of avoidance coping has been consistently found to be associated with poorer adjustment (Compas, et al., 2001) and is typically found in children and adolescents who feel that they have no control over daily stressors (Hardy, Power & Jædicke, 1993). The degree of difficulty of schoolwork along with the amount of schoolwork given is beyond the control of an adolescent. This is exacerbated by the power relations between student and teacher. As a result, adolescents would resolve to using disengagement coping strategies in these situations. These strategies are aimed at containing stressful emotions and the accompanying physiological arousal. By avoiding stressors as well as to disengage from

the stressor adolescents avoid the negative affect associated with the stressor. The effect of stressful life events on adolescents' development is in part dependent on the ways they cope with stress.

Behavioural disengagement is broadly accepted to be a maladaptive coping mechanism (Lutgendorf, 2005). Adolescents with a disengaging coping style are at greater risk for depression, poor physical health and substance use (Compas et al., 1993). Disengagement coping has been associated with suicide ideation and suicide attempts (Vatta & Manion, 2004). Adolescents reported attempting suicide because of no other way to deal with the situation. In addition, some cases reported talking about suicide or attempting suicide to alert parents to their situation and feelings of stress. While suicide attempts have been linked as a consequence of behavioural disengagement, many adolescents reported that attempting suicide and making suicidal threats was a means in itself of coping with the situation. Suicide ideation is characterised by a total sense of despair and feelings of extreme futility (Frydenberg, 1997). In this study suicidal threats seemed to be used as a means to express despair and stress to those around them including parents and teachers. Participants reported telling parents how they would commit suicide in order for parents to understand the extent of their stress and anxiety. These adolescents expressed that they were unable to cope adequately with interpersonal problems and suicide attempts seemed to be the only way to bring about relief.

### **3.5 Suppression of competing activities**

Some participants found that when they were stressed they tend to neglect or suppress various areas of their life while focusing on the problem or situation. When the participants reported on dealing with stressors at school they found that it was their relationships with family and friends that would be put aside as well as any work that was expected of them outside of school.

**Male Participant:** Everything gets put on hold; you must carry on with your schoolwork.

**Female Participant:** You start to put things aside, like especially home things like your family.

Throughout the discussion it became clear that schoolwork often took precedence over other areas. Despite having to cope with stressful situations at home or with personal relationships, schoolwork was always given priority, however when participants had to cope with stressful situations at home or with personal relationships, schoolwork was seldom neglected. In these cases participants reported neglecting themselves and other not involved in the situation. When talking about coping with stressful situations participants reported suppressing competing activities and focusing on the stressful situation at hand.

**Female Participant:** Me again, I neglect everything and everyone. Even myself at times.

**Female Participant:** Ja and it's like you actually start to neglect certain parts of your life. Things like your hair.

**Female Participant:** Things get neglected because ... you first want to sort out the stressful situation then you don't care about anything else, sometimes not even yourself. You just want to sort out that situation.

Schoolwork was reported to be a constant stressor in their lives and in realising that academic achievement might improve future prospects many participants would rarely neglect schoolwork during stressful times. Areas that do get put on hold are family and peer relationships, personal care and household duties.

Suppressing competing activities is largely seen as an adaptive coping mechanism. Carver et al. (1989) argue that this form of problem-focused is used to constrict the individuals' range of external demands. The individual may suppress involvement in competing activities in order to concentrate more fully on the demand at hand. Adolescents in this study reported that schoolwork always took priority when having to deal with multiple demands and as a result peer and family relationships as well as any other work that is in competition with the main goal is suppressed while the priority demand is focused on. Suppressing competing activities has been argued to be an adaptive form of coping as all tasks are put aside for the individuals to engage in active

coping strategies to deal with the stressor. Participants reported that once a solution had been found for the priority problem, they then needed to deal with all other activities that they had put on hold. Participants found that while being able to focus solely on the one particular problem was useful, they often experienced greater stress in realising that they had to make up for lost time in those areas. In addition, neglecting peer relationships was also reported to cause greater anxiety as this often lead to arguments and disagreements between peers. Setting priorities in dealing with stressors remains an adaptive way of coping. However, if used in isolation over prolonged periods of time it may cause increased stress as competing activities are continuously suppressed.

### **3.6 Focus on and venting of emotion**

During the session participants expressed various ways in which they vent their feelings to cope with stress. Participants reported venting their emotions and frustrations verbally, through violence and writing to cope with their emotional reactions to stress.

#### **3.6.1 Violence**

The most frequently reported way of venting was through the use of violence. Most participants who reported venting emotions stated that they often became physically abusive with peers and siblings. It was often expressed that ‘taking out the stress’ on someone else was a way of dealing with pent up feelings.

**Male Participant:** When I’m stressed I can’t keep quiet about it I must ... I will also fight with someone or look for nonsense somewhere. Just to like throw a few punches.

**Female Participant:** No one could control me because that day I took all my stress out on her so she had to take her to hospital because of what I did to her.

Some participants reported using others as a target for the way they feel and their stressful situation. One male participant in particular shared how shooting birds helped him to deal with his stress.

**Male Participant:** It's like I take my stress out on the birds. I make the birds my problems it's like I just want to kill the birds ...Now after this I like killed a bird or something then I'll feel relieved like there I killed my stress.

It is possible that during the focus group discussions participants may have felt compelled to refer to their actions as reactions to stress as the discussions were structured around the topic. It was, however, clear that violence was used as a way to cope with frustrations and anger. Participants reported acts of violence and abuse without any probing from the researcher.

### 3.6.2 Verbal

Some of the participants stated that they would verbally abuse others through using profanities or shouting at them in order to vent.

**Female Participant:** I scream and I shout and I swear and then just because I'm swearing I'm fine after that.

**Female Participant:** If someone does make me angry and I say stuff that I don't mean then it feels like I'm getting revenge for some of my stress.

During discussions it became evident that venting verbally in this manner was usually an expression of anger and frustration. In talking about it, participants tried to express the kind of anger and frustration that would invoke this type of anger and then resort to shouting and using profanities to express themselves. It seemed that they struggled to find adaptive ways of expressing their emotions such as talking and writing about their thoughts and feelings. Instead they found that they could express their emotions and frustrations by becoming physically and verbally violent towards others. These findings are consistent with research that shows that aggressive behaviour is a maladaptive coping mechanism used to release tension and stress (Fernandes, Bouthillette, Raboud, Bullock, Moor, Christenson, Grafstein, Rae, Ouellet & Gillrie, 1999). Each stressor can be seen as a disruption to the balance of the individual and the response to this stressor is an attempt to maintain the equilibrium. Selye (1991) points out that there are physiological indicators of an individual's response to stress that culminates in the fight/flight response. With ineffective coping mechanisms adolescents may experience escalating feelings of frustration and stress. This frustration is then expressed through

physical and verbal abuse as they attempt to bring about physiological and psychological equilibrium. Although venting emotions in this manner may provide temporary relief for adolescents on a long-term basis it may postpone dealing with stressors directly and may potentially add to the demand load. Focusing on emotions over time may amplify stress and frustrations. Adolescents may focus on how they're feeling too closely and may be distracted from engaging in active coping efforts to find a solution to their demands as well as adaptive strategies to manage their emotional response to stressful situations.

### 3.6.3 Writing

Some participants used diary entries and writing about feelings and experiences as a way to express how they felt. They expressed that it was a cathartic experience and often a way to express feelings without being judged.

**Female Participant:** Writing is like I'm in another world.

**Male Participant:** I write a lot of my feelings and stuff, I get everything out. And that's my way ... another way of dealing with it.

While focusing on and venting of emotions may not always be maladaptive, such responses may at times be functional if it is followed by active coping strategies. Adolescents in this study reported that writing poetry or keeping personal diaries helped in venting and expressing their feelings in an unrestricted manner and served as a means to reflect on the problem and find a suitable solution. Research suggests that many adolescents lack the experience of directly addressing stressful situations (Frydenberg, 1997). It is, however, not clear as to why some adolescents vent through aggressive behaviour and other adolescents engage in more adaptive ways of venting and expressing their emotions such as writing, sport and talking to peers or elders about their situations.

## **3.7 Social support**

Social support is increasingly being regarded as a determinant of well-being (Frydenberg, 1997). The majority of participants reported seeking social support to help them cope with stressful situations. While participants reported seeking social support for instrumental reasons (seeking advice, assistance or information) and emotional reasons (getting moral support, sympathy or understanding), a third category emerged showing that often there was a need to receive both emotional and instrumental support.

### 3.7.1 Social Support for Emotional Reasons

Some participants who seek social support do it for emotional reasons. These participants expressed a need to talk about their problems and have someone listen to them.

**Female Participant:** I think I want them to just listen to me and to hear how I feel about the stuff miss.

**Female Participant:** I just want my friends to listen to me and to know I have problems. I just want to talk about it, they must just keep quiet.

Someone listening to them was reported as being cathartic and necessary in expressing their emotions.

**Male Participant:** The best thing that actually helped me cope with stress is actually talking about it and I feel that it helped because I'm expressing my emotions more.

**Female Participant:** When you're going through something and you feel like you can handle it then they must just listen and hear you out. Ja, when you just need to let go of something.

During the discussion many participants expressed that if given a choice they would prefer having someone listen while they talk about what they are going through. They recognised that talking about their problems was a necessary coping mechanism.

**Female Participant:** I think when you talk about things you work things out at the same time in your head. So it's better to just talk about things than just keep it all bottled up and explode.

**Female Participant:** I just want my parents to listen because I just feel like sometimes I just need to get some things off my shoulders.

Surprisingly male participants in this reported seeking social support for emotional reasons more than the female participants. This is unusual in that it is widely accepted that female adolescents are more inclined to seek social support for emotional reasons. The male participants, however, found that they were inclined to talk to friends about problems while they were either drinking alcohol or using drugs.

Seeking social support for emotional reasons is seen as emotion-focused coping. Although there is not substantial evidence as to whether emotion-focused coping is adaptive or maladaptive it is agreed that its functionality is dependent on the situation. The adolescents in this sample sought social support to talk about problems and to be heard and understood by peers and parents. They expressed that talking about their stress was a cathartic experience. The use of social support in this manner has been shown to be beneficial to the individual. Evidence has shown that individuals who seek emotional social support are less likely to suffer from depression and other harmful effects of stress (Pretorius, 1993, Pretorius & Diedericks, 1994).

### 3.7.2 Combination of Instrumental and Emotional Support

Some of the participants expressed that they do not have a preference for either instrumental or social support. Rather they expressed a distinct need to receive advice as well as having someone listening to how they feel. They felt that while they would prefer to have someone listen to their problems and how they feel they would also like to receive advice and guidance from those whom they choose to talk to.

**Male Participant:** I'm looking for a combination because when I tell somebody my problems I'd like advice or their opinion on the situation.

**Male Participant:** I want them to listen to me now but also act upon what I just said and give me also an answer

Some participants however did express that they only wanted advice is asked for it.

**Female Participant:** I think a little of both, listen and then I want advice I'll probably ask.

By using social support for both instrumental and emotional reasons adolescents are able to engage with finding a solution to their problem whilst also catering to their emotional needs as well. It is important to note that adolescents have identified their need for both instrumental and emotional social support as it shows that their need is not only to find a solution to their problem but also to be connected to and be understood by others.

### 3.7.3 Social Support for Instrumental Reasons

Very few participants who seek social support do it for instrumental reasons such as advice. The participants reported wanting to receive advice in times when they do not know what to do. Participants did not necessarily want to know how to deal with the their feelings of stress but rather how to solve the problem that caused stress in their lives.

**Female Participant:** No, I want someone to tell me like what must I do when I'm stressed.

**Female Participant:** Like when you're stuck in a situation and you don't know which way to go and what to do and how to handle it then you would ask for advice.

One participant expressed that seeking advice was not only limited to specific problems but broader circumstances as well. She added that advice was needed on how to cope with life and to add confidence and motivation

**Female Participant:** Almost like they must give us more confidence to stay alive and not to do bad things like to kill yourself or drink tablets or whatever. You know, give you confidence and faith that all of this is just a one thing and that it won't happen again.

It was also added that advice from an older person was preferred as it was thought that they would be better equipped to provide a solution.

**Male Participant:** ...you need an older person's advice because a younger person doesn't actually know what's lying ahead of you so I really appreciate like the older person to give me advice and to help me.

Seeking social support for instrumental reasons includes seeking advice, assistance or information and is viewed as problem-focused coping. Adolescents who seek advice are actively engaged in solving the problem (Carver et al., 1989). Problem-focused coping has long been recognised to be an adaptive form of coping. Through talking about problems and stressors and eliciting information and advice, adolescents are able to draw on experience of others. In addition, adolescents are exposed to ways of coping that they are not familiar with and are thus able to make a better informed decision on how to cope with the stressor.

The findings in this study are congruent with research that has shown that seeking social support as a coping strategy is consistently being used somewhat more by female than by male adolescents. Females use social support readily and are more inclined to talk to friends, parents and family members about problems and to seek advice from others. Relational skills, which are important in the use of social support, have been traditionally reinforced and valued in females (Greenglass, 1993). This does not imply that female adolescents are better copers but rather that they may have different coping styles to male adolescents. The fact that these adolescents tend to turn more to friends for social support, especially if there are family problems, is consistent with an emerging group identity during this phase of their lives (Bryant, 1985).

### **3.8 Less frequently reported coping mechanisms**

#### **3.8.1 Humour**

Results show that very few of the participants use humour to cope with stressful situations. Participants who have used humour as a coping mechanism have reported using it to forget about the stressor. It was also reported that joking about stressful situations helped them gain perspective on their situation and made them realise that their problem was manageable.

**Male Participant:** It makes me forget that I am stressed. I laugh at anything even it's not funny.

**Male Participant:** You take a serious situation and you turn it into a joke and you laugh about it. It makes you feel better, it makes you think ja it's that bad because if you can make a joke out of it, it obviously can't be that bad.

Participants also claimed that joking and laughing with friends provided a release from their stress and they could then feel, what they refer to as, 'themselves' and 'normal'.

**Male Participant:** It's like nothing happened, like you can go back to being normal and not have to now deal with that thing.

Although this coping strategy was not reported frequently, it cannot be concluded that it is not prevalent. Participants may not realise the extent to which use humour to cope with stress.

Humour has been described as producing a cognitive shift in how the individual perceives stressful situations so that it is less threatening (Abel, 2002). When joking about specific problems or sources of stress those problems were reported to seem more manageable. When humour is used to target specific stressors it may provide an opportunity for exploring alternative responses to the perceived threat and reducing negative affect. According to Lazarus and Folkman's (1984) transactional model of stress, stress is dependant on ones cognitive appraisal of the situation and their ability to cope. The use of humour allows for a cognitive shift in the individual's appraisal of the situation. It is through this cognitive shift that individuals are able to re-assess their situation and their chosen way of solving the problem. Some participants expressed that laughing and joking during times of stress improved their mood. Numerous studies have supported the view that humour and laughter are therapeutic for relieving tension and anxiety (Abel, 2002; Kuiper & Martin, 1993). Furthermore, research has shown that having a good sense of humour is related to muscle relaxation, positive mood states and a health self concept. Accounts from participants reinforce these research findings that suggest using humour elevates their mood and appraisal of the stressful situation.

Although humour can be used as an adaptive coping mechanism, there are instances in which it is seen as maladaptive. Many participants reported using humour to forget about their stress and problems. Van den Akker (2005) suggests that this use of humour is not directed at the stressful situation but rather away from it in order to create a distraction from the current situation. Disengagement coping is generally seen as maladaptive and has been associated with distressed mood, behavioural problems and poorer health outcomes (Costanza et al., 2005; van den Akker, 2005). It has been argued that this type of coping may serve to defend the 'self' from personal awareness (Knee & Zuckerman, 1998). Through doing this the individual avoids having to confront the problem at hand and, therefore, does not engage dealing with the problem. Participants admitted that although they use humour to distract themselves from their problems they are still aware that they need to eventually face the problem. This procrastination then leads to increased anxiety and stress. However, when humour is used a temporary relief from anxiety and as an aid to active coping mechanisms it has been shown to be associated with lower loneliness, lower depression and higher self-esteem (Overholser, 1992).

### 3.8.2 Restraint Coping

Restraint coping has been reported to be an adaptive coping mechanism (Carver et al., 1989, Iwasaki, 2001). Very few participants reported using it in stressful situations. Participants reported using restraint as a coping mechanism while talking about conflict in personal relationships. Participants expressed a preference to restrain themselves and wait for an appropriate time to act on the situation.

**Female Participant:** Sometimes you have to wait for the appropriate moment, like if you're fighting with someone.

**Male Participant:** Because you got to think about what happened, it's not something that you come here again and it's all gone because you'll walk into it again. So I'll first think about it, what I'm going to say and what I'll do.

Participants struggled to identify this as a way of coping but saw it rather as a personality characteristic which resulted in them either confronting the problem directly or waiting before trying to resolve it.

**Female Participant:** I won't ... no. Ek is baie taai. If I for instance had an argument with someone, I'll first go home and think about it.

These results are consistent with research that has indicated that restraint coping not to be a common coping mechanism amongst adolescents (Israelashvili, Gilad-Osovitzki, & Asherov, 2006; Lee, Chan & Yik, 1992). During adolescence it becomes imperative that adolescents learn and develop effective coping mechanisms. The lack of use of restraint coping may be an indication that adolescents have not yet developed this response to stressful situations. Restraint coping has been shown to emerge during adulthood (Rothmann et al., 2001) this suggests that restraint coping is developed throughout adolescence. It is important to note that most of the participants who reported using restraint coping were from the Grade 12 sample. Furthermore, adolescents tend to be more impulsive than any other age group (Steinberg & Cauffman, 1996). This impulsivity may be what leads adolescents to act immediately on a problem rather than waiting until an appropriate moment to act. This is evident in the participants' assertions that restraining oneself when facing problems, particularly regarding interpersonal problems, are a result of personality traits and not because of using it as a coping mechanisms.

### 3.8.3 Turning to religion

Very few participants reported turning to religion in times of stress. Those that identified religion as a tool in the coping process expressed that it helped them gain perspective on their problem. One participant shared how reading a book titled 'The Life of Jesus Christ' helped her cope with stress.

**Female Participant:** ...I just think that by reading something like that it's going to open my mind and it's going to allow me to see the bigger perspective and not now only, not to concentrate on now ...

Other participants felt that praying and reading the Bible helped them think about their problems and find solutions. During the discussion it became evident that they turned to religion when their problems seemed insurmountable or when they had no control over the situation. This was done through either waiting for a 'sign' or an 'answer' or as a cathartic process.

**Male Participant:** I first pray and read the bible and the bible gives me a sign, then I'll know how to deal with it.

**Female Participant:** But sometimes I like go pray also just to takeaway some of the ...like the big stress...

**Female Participant:** My grandma was very ill like 2 nights ago and it was very stressful and then I realised I could do nothing about it, just pray to God to be here.

Throughout the discussion on religion participants seemed to hold back on their opinion of turning to religion. This could be because not everyone was comfortable talking about topics such as religion. Participants were not very forthcoming in this area except for those who reported being active members of their church. According to Folkman and Moskowitz (2004), people who use religion specifically to help them cope with the demands of stressful situations do it to find the strength to endure and to find meaning and purpose in challenging circumstances. Religious involvement, however, is not synonymous with religious coping. Being involved with religion can occur without being used as a coping mechanism. Two methods of using religion as a coping mechanism were found in this sample; a self-directing approach and a deferring approach. Adolescents who used the self-directing approach used religions as a guide to working out their problems. The self-directing approach is based on the belief that God will provide the skills necessary for successful coping (Fabricatore, Handal, Rubio & Gilner, 2004). The individual takes full responsibility of actively solving the problem. This approach has an active coping orientation that emphasizes personal agency and has been shown to be a generally effective coping mechanism (Nooney, 2005). Adolescents who use the deferring style wait for a solution from God. They defer the responsibility of the problem-solving process to God rather than solve problems actively. From this perspective God is the source of solutions rather than the individual (Nooney, 2005). Research has shown that greater use of the deferring style is harmful to an individual's

positive affect and life satisfaction. (Fabricatore et al., 2004). This may be because people who engage in this style may see themselves as powerless in avoiding negative situations as well as producing positive outcomes and finding solutions on their own. It has been suggested that people who regularly engage in this deferring style have strong external locus of control and as a result may feel that finding a solution to their problem is beyond their ability.

Adolescents also expressed using religion to gain perspective in their situation and using books on spirituality and religion to gain deeper understanding of their relationship to God and life. Pargament (1997) suggests that taking part in spiritually-based activities is a form of religious coping. Spiritually based activities are grounded in the personal relationship with God and are expressed through the development of new religious understanding. Providing an explanation and interpretation through religion may serve to reassure the individual on their place in the world. Understanding the problem in the context of the 'bigger picture' may decrease negative affect, as problems may seem more manageable and less significant. It has also been shown that religion buffers the impact of life stress and adolescent substance use (Wills et al., 2001).

## CHAPTER 4

### CONCLUSION

This study aimed to explore the coping mechanisms used by South African coloured adolescents. Using focus groups, participants' experiences with stress and the coping mechanisms they used were explored. It was found that the themes that emerged from the focus groups were consistent with categories found in the COPE scale: mental disengagement, active coping and planning, social support, alcohol and drug disengagement, behavioural disengagement, suppression of competing activities, focusing on and venting of emotions, humour, restraint coping and religion. However, the categories of acceptance, denial and positive reinterpretation and growth, which occur in the COPE scale, did not emerge from the focus groups. It was suggested that the participants may not have been aware of these behaviours as coping mechanisms and therefore did not report them.

The results indicated that adolescents use a range of adaptive and maladaptive coping mechanisms. It was found that maladaptive coping mechanisms such as mental disengagement, focus on and venting of emotions, behavioural disengagement and alcohol and drug disengagement were more commonly reported than adaptive coping mechanisms such as seeking social support, humour, restraint coping and religion. It was suggested that many adolescents may lack the experience of directly addressing perceived demands. This is consistent with findings that indicate that adolescents lack the resources and knowledge to cope with stressful situations (Frydenberg, 1997). The adaptive coping mechanism of active coping and planning was also frequently reported.

It was found that, in general, disengagement coping styles, including mental disengagement, behavioural disengagement and alcohol and drug disengagement were the most commonly used coping strategies amongst the participants. It was most commonly used by both male and female adolescents as well as adolescents for the grade 8 and grade 10 groups. Participants reported using mental disengagement and alcohol and drug disengagement to forget about their problems and to reduce emotional distress. While behavioural disengagement was used when they felt overwhelmed with the demand load and resulted in diminishing efforts to find solutions to their problems.

Disengaging from the problems aids relaxation and diminishing emotional distress, however, previous studies have shown that it offers only a temporary solution to alleviating stress. Furthermore, literature suggests that disengagement coping is strongly associated with poorer well-being and an increased distressed mood when used over longer periods (Costanzo, et al, 2005).

Active coping and planning was found to be the second most reported form of coping amongst both male and female participants as well as the grade 8 and grade 10 samples and was the most predominantly reported coping mechanism amongst the Grade 12 participants. The participants reported carrying out tasks in a methodical and carefully-considered manner to alleviate stressors. This was particularly evident when discussing schoolwork. These findings were consistent with literature that indicates that as academic stressors tend to be seen as more controllable than interpersonal stressors, problem-focused strategies are employed. Furthermore it was argued that the grade 12 participants showed the highest incidence of using active coping and planning because their repertoire of coping skills would be greater than that of the grade 8 and grade 10 participants.

The use of focus on and venting of emotions as a coping mechanism was used to lesser extent. Participants reported using physical confrontations and verbal abuse to express and vent anger and emotions associated with stress. It was suggested that although venting of emotions may provide temporary physiological and psychological relief, adolescents might focus too closely on how they're feeling and neglect engaging directly with adaptive coping mechanisms to find a solutions to their problem.

Adaptive coping mechanisms of suppression of competing activities, social support, humour, restraint coping and turning to religion were used to a much lesser extent in comparison to the maladaptive coping strategies. These findings suggest that adolescents may not have the experience, skills or resources available to engage in theses adaptive coping mechanisms.

It was further found that there is a lack of South African research that addresses coping in adolescents. Further research is needed to explore coping mechanisms of other

adolescent population groups in South Africa. While this study has provided a review of literature that highlights the scope of research that has been completed to date, it has been identified that there are a lack of studies that explore how adolescents cope with daily hassles. In addition, further research is needed to establish the internal and external risk factors that lead to maladaptive coping mechanisms. This study, therefore, not only contributes to a deficient area of research but also provides a basis for further research in the area.

This study explored the coping mechanisms used by coloured adolescents through the use of focus groups. The use of focus groups provided depth and breadth to the study by providing a detailed account of the coping mechanisms adolescents used and the circumstances they use them in. Previous studies in which information was elicited from checklists provide a less in-depth look at how adolescents cope with various demands and stressors. While focus groups were able to enhance the understanding of these coping mechanisms it is possible that reports by participants were biased by a number of factors i.e. truthfulness or social desirability, specifically since the discussion took place amongst peers. Participants may also have perceived the researcher to be in a position of authority and may have responded in a manner they may have felt was more acceptable. It is important to bear in mind that participation in this study was voluntary and possible differences may exist between participants and those who chose not to participate. Additionally, adolescents who struggle to cope with demanding situations may not have volunteered to participate for reasons associated with stress (re: overload).

Findings showed that adolescents do not receive adequate social support from family or teachers and primarily receive both instrumental and emotional support from peers. It is felt that it is necessary that not only should families, schools and community organisations work together to provide support and guidance to adolescents, but community programmes should also be implemented to provide guidance to parents as how to encourage a positive and open relationship with their children. This would provide a stable and reliable source of social support for many adolescents.

This sample of coloured adolescents do not seem to have the necessary skills or resources needed to cope with daily stressors in an adaptive manner. Their predominant

use of disengagement coping strategies make them particularly vulnerable to developing various psychosocial problems. Implications of this study are that coloured adolescents may need to acquire a larger repertoire of adaptive coping skills. By providing adequate life skills programmes one can hopefully minimize the use of maladaptive coping mechanisms and increase the use of adaptive coping. Life skills programmes should educate and guide adolescents in coping skills and lifestyle management, including the ability to manage conflict peacefully.

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## References

- Abel, M. (2002). Humour stress and coping strategies. *Humour, 15* (4), 365-381.
- Achenbach, T. M., Dumenci, L. & Rescorla, L. A. (2002). Ten-year comparisons of problems and competencies for national samples of youth: Self, parent, and teacher reports. *Journal of Emotional and Behavioral Disorders, 10* (4), 194–203.
- Adhikari, M. (2004). 'Not black enough': Changing expressions in post-apartheid South Africa. *South African Historical Journal, 51*, 167-178.
- Aldwin, C.M. (1994). *Stress, coping and development: an integrative perspective*. New York: The Guilford Press.
- Aldwin, C. & Revenson, T.A. (1987). Does coping help? A re-examination of the relation between coping and mental health. *Journal of Personality and Social Psychology, 55*, 337-348.
- Ball, K. & Lee, C. (2000). Relationships between psychological stress, coping and disordered eating: A review. *Psychology and health, 14*, 1007-1035.
- Band, E.B. & Weisz, J. (1988). How to feel better when it feels bad: Children's perspectives on coping with everyday stress. *Developmental Psychology, 24*, 247-253
- Barbour, R.S. & Schostak, J. (2005). Interviewing and focus groups. In B. Somekh & L. Lewin (Eds.), *Research methods in the social sciences*. London: SAGE Publications.
- Banister, P., Burman, E., Parker, I., Taylor M. & Tindall, C. (Eds.). (1994). *Qualitative methods in psychology*. Buckingham: Open University Press.

- Barbarin, O.A., Richter, L. & de Wet, T. (2001). Exposure to violence, coping resources and psychological adjustment of South African children. *American Journal of Orthopsychiatry*, 71 (1), 16-25.
- Barker, G. (2000). *What about boys? A literature review on the health and development of adolescent boys*. Switzerland: Department of child and adolescent health and development. World Health Organisation.
- Baumann, K.E. & Ennett, S.T. (1996). On the importance of peer influence for adolescent drug use: commonly neglected considerations. *Addiction*, 91 (2), 185-198.
- Billings, A.G. & Moos, R.L. (1981). The role of coping responses and social resources in attenuating stress of life events. *Journal of Behavioural Medicine*, 4, 157-189.
- Bird, G.W. & Harris, R.L. (1990). A comparison of role strain and coping strategies by gender and family structure among early adolescents. *Journal of Early Adolescence*, 10 (2), 141-158.
- Blum, R. W. & Nelson-Mmari, K. (2004). Adolescence health from an international perspective. In *Handbook of adolescent psychology 2<sup>nd</sup> ed.* R. M. Lerner & L. Steinberg (Eds.), John Wiley & Sons Inc.
- Brook, J.S., Morojele, N.K., Pahl, K. & Brook, D.W. (2006). Predictors of drug use among South African adolescents. *Journal of Adolescent Health*, 38 (1), 26-34.
- Brown, L., Macinyre, K. & Karim, A. (2002). *Reaching secondary school students with life skills: principals report dramatic expansion*. Retrieved February, 24, 2007 from <http://www.popcouncil.org/pdfs//horizons/fsklprinru.pdf>

- Bryant, B.K. (1985). The neighbourhood walk: sources of support in middle childhood. *Monographs of the society for research in child development*, 50 (3), 25-272.
- Cartwright, M. Wardle, J., Steggle, N. Simon, A.E., Corker, H. & Jarvis, M.J. (2003). Stress and dietary practices in adolescents. *Health Psychology*, 22 (4), 362-369.
- Carver, C. S., Scheier, M. F. & Weintraub, J. K. (1989). Assessing coping strategies : A theoretically based approach. *Journal of Personality and Social Psychology*, 2, 267-283.
- Chapman, P. I. & Mullis, R. I. (1999). Adolescent coping strategies and self-esteem. *Child Study Journal*, 29 (1), 69-78.
- Chapman, A.L., Grate, K.L. & Brown, M.Z. (2006). Solving the problem of deliberate self-harm: The experiential avoidance model. *Behaviour Research and Therapy*, 44 (3), 371-394.
- Cohen, S. (1995). Measurement of coping. In S. V. Kasl & C.L. Cooper (Eds.), *Research methods in stress and health psychology*. New York: Wiley.
- Coleman, J.(1987) Adolescence and schooling. In D. Marsland (Ed.), *Education and Youth* London: The Falmer Press.
- Compas, B.E. (1988) Coping with stressful events in older children and young adolescents. *Journal of Consulting and Clinical Psychology*, 56 (3), 405-411.
- Compas, B. E. (2004). Processes of risk and resilience during adolescence. In Lerner, R. M. & Steinberg L. (Eds.). *Handbook of Adolescent Psychology (2<sup>nd</sup> ed.)*. John Wiley & Sons Inc.

Compas, B. E., Connor-Smith, J. K., Saltzman, H., Harding-Thomsen, A., Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: problems, progress and potential in theory and research. *Psychological Bulletin*, 127 (1), 87 – 127.

Compas, B.E. (2004) Processes of risk and resilience during adolescence. In R.M. Lerner & L. Steinberg. *Handbook of Adolescent Psychology* 2<sup>nd</sup> ed. (Eds.) John Wiley & Sons Inc.

Cooper, F. (2005). *Colonialism in question: theory, knowledge, history*. University of California Press.

Costanzo, E. R., Lutgendorf, S.K., Rothrock, N.E. & Anderson, B. (2005). Coping and quality of life among women extensively treated for gynaecologic cancer. *Psycho-Oncology*, 15 (2), 132-142.

Coyne, J.C. & Gottlieb, B.H. (1996). The mismeasure of coping by checklist. *Journal of Personality*, 64 (4), 959-991.

Denzin, N. K. & Lincoln, Y.S. (Eds.). (2005). *The SAGE handbook of qualitative research*. SAGE Publications. New York.

Elkind, D. (1984) *All Grown Up and No Place to Go: Teenagers in crisis?* Reading: Addison-Wesley.

Erikson, E.H. (1985). *The life cycle completed*. New York: Norton.

Fabricatore, A. N., Handal, P.J., Rubio, D.M. & Gilner, F.H. (2004). Stress, religion and mental health: religious coping in mediating and moderating roles. *The International Journal for the Psychology of Religion*, 74 (2), 91-108.

Fernandes, C. M. B., Bouthillette, F., Raboud, J. M., Bullock, L., Moore, C.F., Christenson, J. M., Grafstein, E., Rae, S., Ouellet, R. L., Gillrie, C. & Way, M.

- (1999). Violence in the emergency department: a survey of healthcare workers. *Canadian Medical Association Journal*, 161, 1245-1248.
- Flisher, A.J., Ziervogel, C.F., Chalton, D.O. & Robertson, B.A. (1993). Risk-taking behaviour of Cape Peninsula high-school students: Part II. Suicidal Behaviour. *South African Medical Journal*, 83, 474-476.
- Flisher, A. J., (1999). Annotation: Mood disorder in suicidal children and adolescents: Recent developments. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40, 315-324.
- Flisher, A. J., Parry, C. D. H., Evans, J., Muller, M. & Lombard, C. (2002). Substance use by adolescents in Cape Town: prevalence and correlates. *Journal of Adolescent Health*, 32, 58-65.
- Fok, M. S. & Wong. D. Y. (2005). A pilot study on enhancing positive coping behaviour in early adolescence using a school-based project. *Journal of Child Health Care*, 9 (4), 301-313.
- Folkman, S. & Lazarus, R.S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behaviour*, 21, 219-239.
- Folkman, S. & Moskowitz, J. T. (2004) Coping: pitfalls and promise *Annual Review of Psychology*, 55, 745 – 747.
- Freud, S. (1894) Obsessions and phobias. The standard edition of the complete psychological works of Sigmund Freud. Vol. 3 (1893-1899) *Early psycho-analytic publications*, 69-82.
- Freud, S. (1965). *Psychopathology of everyday life*. New York: W.W. Norton.
- Frydendberg, E. & Lewis, R. (2004) Adolescents least able to cope: How do they respond to their stresses? *British Journal of Guidance and Counselling*, 32, 25-37

- Frydenberg, E. & Lewis, R. (1996). Social issues: what concerns young people and how they cope? *Journal of Peace Psychology*, 2 (3), 271 –283.
- Frydenberg, E., Lewis, R., Bugalski, K.; Cotta, A., McCarthy, C., Luscombe-Smity, N. & Poole, C. (2004). Prevention is better than cure: Coping skills training for adolescents at school. *Educational Psychology in Practice*, 20 (2), 117-134.
- Frydenberg, E. (1997). *Adolescent coping: Theoretical and research perspectives*. London: Routledge
- Furstenberg, F. F. (2001). Managing to make it. *Journal of Family Issues* 22, 133-141.
- Getz, J.G. & Bray, J.H. (2005). Predicting heavy alcohol use among adolescents. *American Journal of Orthopsychiatry*. 75 (1), 102-116.
- Govender, K. & Killian, B. J. (2001). The psychological effects of chronic violence on children living in South African townships. *South African Journal of Psychology*, 31 (2), 1-11.
- Graber, J. A. (2004). Internalizing problems during adolescence. In Lerner, R. M. & Steinberg, L. (Eds.). *Handbook of Adolescent Psychology*. (2<sup>nd</sup> ed.). John Wiley & Sons Inc.
- Grant, K. E., Compas, B.E., Stuhlmacher, A.F., Thurm, A.E., McMahon, S.D. & Halport, J. A. (2003). Stressors and child and adolescent psychopathology: Moving from markers to mechanisms of risk. *Psychological Bulletin*, 129 (3), 447-466.
- Graue, M., Wentzel-Larsen, T., Bru, E., Hanestad, B.R. & Søvik, O. (2004). The coping styles of adolescents with Type 1 diabetes are associated with degree of metabolic change. *Diabetes Care*, 27, 1313-1317.

- Greenglass, E. (1993). The contribution of social support to coping strategies. *Applied Psychology: An International Review*, 42 (4), 323-340.
- Greeno, C. G. & Wing, R.R. (1994). Stress-induced eating. *Psychological Bulletin*, 115, 444-464.
- Grunberg, N.E. & Straub, R.O. (1992). The role of gender and taste class in the effects of stress on eating. *Health Psychology*, 11, 97-100.
- Haan, N. (1969). A tripartite model of ego functioning: values and clinical research applications. *Journal of Nervous and Mental Disorders*, 148, 14-30.
- Haggerty, R.J., Sherrod, L.R., Garmezy, N. & Rutter, M. (Eds.). (1994). *Stress, risk and resilience in children and adolescents: Processes, mechanisms & intervention*. New York: Cambridge University Press.
- Hardy, D. F. Power, T.A. & Jædicke, S. (1993). Examining the relation of parenting to children's coping with everyday stress. *Child Development*, 64 (6), 1829-1841.
- Hastings, T.L., Anderson, S.J. & Kelley, M.L. (1996). Gender differences in coping and daily stress in conduct-disordered and non-conduct-disordered adolescents. *Journal of Psychopathology and Behavioral Assessment*, 18 (3), 213-226.
- Heatherton, T.F. & Baumeister, R.F. (1991). Binge eating as escape from self-awareness. *Psychological Bulletin*, 110, 86-108.
- Hendricks, C. (2005). Debating coloured identity in the Western Cape: commentary. *African Security Review*, 14(4), 117-119.

- Holmes, T.H. & Rahe, R.H. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research*, 11, 213-218.
- Israelashvili, M., Gilad-Osovitzki, S. & Asherov, J. (2006). Female adolescents' suicidal behaviour and mothers' ways of coping. *Journal of Mental Health*, 15 (5), 533-542.
- Iwasaki, Y. (2001). Contributions of leisure to coping with daily hassles in university students lives. *Canadian Journal of Behavioural Science*, 33 (2), 128-141.
- Jorgensen, R.S. & Dusek, J.B. (1990). Adolescent adjustment and coping strategies. *Journal of Personality*, 58, 503-513.
- Kelly, K. (1999). Hermeneutics in action: empathy and interpretation in qualitative research. In M. Terre Blanche & K. Durrheim (Eds.). *Research in Practice*. Cape Town: University of Cape Town Press (Pty) Ltd.
- King, G., Flisher, A.J., Mallet, R., Graham, J., Lombard, C., Rawson, T., Morojele, N.K. & Muller, M. (2003). Smoking in Cape Town: Community influences on adolescent tobacco use. *Preventative Medicine*, 36, 114-123.
- Knee, C.R. & Zuckerman, M. (1998). A non-defensive personality: Autonomy and control as moderators of defensive coping and self-handicapping. *Journal of Research on Personality*, 32, 115-130.
- Kovacs, M. (1997). Depressive disorders in childhood: an impressionistic landscape. *Journal of Child Psychology and Psychiatry*, 38, 287-298.
- Krueger, R.A. (1998). Developing questions for focus groups. In R. A. Krueger (Ed.). *Focus Group Kit*. London: SAGE Publications.

- Kuiper, N.A. & Martin, R.A. (1993). Humour and self-concept. *International Journal of Humour Research*, 6 (4), 251-270.
- Lazarus, R.S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology*, 44, 1-21.
- Lazarus, R.S., DeLongis, A. & Folkman, S. (1985). Stress and adaptational outcomes: The problem of confounded measures. *American Psychologist*, 40, 770-779.
- Lazarus, R.S. & Folkman, S. (1984). *Stress, appraisal & coping*. New York: Springer.
- Lee, H. B., Chan, D. W., Yik, M. S. M. (1992). Coping styles and psychological distress among Chinese adolescents in Hong Kong. *Journal of Adolescent Research*, 7 (4) 494-506.
- Leggett, T. (2004). Crime in the coloured community: still marginal. *South Africa Crime Quarterly*, 7, 21-26.
- Lerner, R.M. & Steinberg, L. (Eds.). (2004). *Handbook of adolescent psychology*. 2<sup>nd</sup> Edition. John Wiley & Sons Inc.
- Lutgendorf, S.K. (2005). Stress, spirituality & cytokines in aging and cancer, *Gynecologic oncology*, 99, (3) 139-140.
- Mates, D. & Allison, K.R. (1992). Sources of stress and coping of high school students. *Adolescence*, 27, 461-474.
- Magaya, L. Asner-Self, K. K. Schreiber, J. B. (2005). Stress and coping strategies among Zimbabwean adolescents. *British Journal of Educational Psychology*, 75. 661-667.
- McLoyd, V. (1998). *Handbook of Child Psychology*. New York: Wiley.

- Messer, J.M. & Freemouw, W. J. (in press). A critical review of explanatory models for self-mutilating behaviours in adolescents.[Electronic version] *Clinical Psychology Review*.
- Miller, R.L. & Brewer, J.D. (2003). *The AZ of social research: A dictionary of key social science research*. London: SAGE Publications.
- Mitic, W.R., McGuire, D.F. & Neumann, B. (1985). Perceived stress and adolescents' cigarette use. *Psychological Reports*, 57, 1043-1048.
- Nooney, J.G. (2005). Religion, stress and mental health in adolescence: Findings from ADD health. *Review of Religious Research*, 46 (4), 341-354.
- Overholser, J.C. (1992). Sense of humour when coping with life stress. *Personality and Individual Differences*, 13, 799-804.
- Pargament, K. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford.
- Parry, C.D. H., Myers, B., Morojele, N.K., Flisher, A. J. Bhana, A., Donson, H. & Plüddemann, A. (2004). Trends in adolescent alcohol and other drug use: findings from three sentinel sites in South Africa (1997-2001). *Journal of Adolescence*, 27, 58-65.
- Payne, G. & Payne, J.(Eds.). (2004). *Key concepts in social research*. London: SAGE Publications.
- Piaget, J. (1969). The intellectual development of adolescents. In Kaplan. G. & Lebovici, S. (Eds). *Adolescence: Psychological Perspectives*. New York: Basic Books
- Pretorius, T.B. (1993). Assessing the problem-solving appraisal of black South African students. *International Journal of Psychology*, 28, 861-870.

- Pretrious, T.B. & Diedericks, M. (1994). Problem-solving appraisal, social support and the stress-depression relationship. *South African Journal of Psychology*, 24 (2), 86-90.
- Rasmussen, A., Aber, M.S. & Bhana, A. (2004). Adolescent coping and neighbourhood violence: Perceptions, exposure and urban youths' efforts to deal with danger. *American Journal of Community Psychology*, 33 (1), 61-75
- Recklitis, C. J. & Noam, G. G. (1999). Clinical development perspectives on adolescent coping. *Child Psychiatry and Human Development*, 30 (2), 87- 101.
- Rothbaum, F., Weisz, J., & Snyder, S. (1982). Changing the world and changing the self: A two process model of perceived control. *Journal of Personality and Social Psychology*, 42, 5-37.
- Rothmann, S, Malan, A.M. Rothmann, J.C. (2001). *Sense of coherence, coping and burnout in a corporate pharmacy group*. Paper presented at Annual PSYSSA conference.
- Ryland, D. & Kruiis, M, (1992). Suicide among adolescents. *International Review of Psychiatry* 4, 185-193.
- Scheier, M.F., Wientraub, J.K. & Carver C.S. (1986). Coping with stress: Divergent strategies of optimists and pessimists. *Journal of Personality and Social Psychology*, 51, 1257-1264.
- Schlebusch, L. (1986). Short-term precipitants of parasuicide in adolescents. *South African Medical Journal*, 70 (3), 165-167.
- Selye, H. (1976). *The stress of life*. New York: McGraw-Hill.

- Selye, H. (1991). History and present status of the stress concept. In A. Monat & R. Lazarus (Eds.). *Stress and Coping* New York: Columbia University Press.
- Sharp, J. (1988). Ethnic group and nation: the apartheid vision in South Africa. In E. Boonzaier, & J. Sharp (Eds.) *South African Keywords: The uses and abuses of 'political concepts*. Cape Town: David Phillip
- Snow, P.C. & Bruce, D.D. (2003). Cigarette smoking in teenage girls: exploring the role of peer reputations, self-concept and coping. *Health Education Research*, 18 (4), 439-452.
- Somekh, B. & Lewin, C. (Eds.). (2005). *Research methods in the social sciences*. SAGE publications. New York.
- Somerfield, M. R. & McCrae, R. R. (2000). Stress and coping research: methodological challenges, theoretical advances and clinical applications. *American Psychologist*, 55 (6), 620-625.
- Steinberg, L. & Cauffman, E. (1996). Maturity of judgment in adolescence: Psychosocial factors in adolescent decision-making. *Law and Human Behaviour*, 20 (3), 249-272.
- Tennen, H. Affleck, G. Armeli, S. & Carney, M. A. (2000). A daily process approach to coping: Linking theory, research and practice. *American Psychologist*, 55 (6), 626-636.
- Terre Blanche, M. and Kelly, K. (1999). Interpretive methods. In M. Terre Blanche & K. Durrheim (Eds.). *Research in Practice* Cape Town: University of Cape Town Press (Pty) Ltd.
- Tindall, C. (1994 ). Issues of evaluation. In P. Banister, E. Burman, I. Parker, M. Taylor & C. Tindall (Eds.). *Qualitative Methods in Psychology*. Buckingham: Open University Press.

- Thomsen, A.H., Compas, B.E., Colletti, R.B., Stanger, C., Bayer, M.C. & Konik, B.S. (2002). Parents reports of coping stress responses in children with recurrent abdominal pain. *Journal of Paediatric Psychology*, 27(3), 215-226.
- Van den Akker, O. B. A, (2005). Coping, quality of life and psychological symptoms of sub-fertile women. *Patient Education and Counselling*, 57 (2), 183-189.
- Veltkamp, L.J., Miller, T.N., & Silman, M. (1994). Adult non-survivors: The failure to cope of victims of child abuse. *Child Psychiatry and Human Development*, 24 (4), 231-243.
- Vatta, E. & Manion, I. (2004). Suicide, high-risk behaviours, and coping style in homeless adolescent males adjustment. *Journal of Adolescent Health*, 34 (3), 237-243.
- Visser M. & Routledge, L. (2007). Substance abuse and psychological well-being of South African adolescents *South African Journal of Psychology*, 37 (3), 595-615.
- Vogel, H.M (2001). Coping skills for street children. *Educare*, 30 (1), 229-248.
- Wadsworth, M.E. & Berger, L.E. (2006). Adolescents coping with poverty related family stress: Prospective Predictors of Coping and Psychological Symptoms. *Journal of Youth and Adolescence*, 35 (1), 57-70.
- Wadsworth, M.E. & Compas, B.E. (2002). Coping with family conflict and economic strain: The adolescent perspective. *Journal of Research on Adolescence*, 12 (2), 243-274.
- Ward, C.L., Martin, E., Theron, C. & Distiller, G.B. (2007). Factors affecting resilience in children exposed to violence. *South African Journal of Psychology*, 37 (1), 165-187.

- Weisz, J.R. (1990). Development of control-related beliefs, goals and styles in childhood and adolescence: A clinical perspective. In J. Roding, C. Schooler & K. Warner Schaie (Eds.). *Self-directedness: Cause and effects throughout the life course*. Hillsdale, NJ: Erlbaum.
- Wild, L.C., Flisher, A.J. & Lombard, C. (2004). Suicidal ideation & attempts in adolescence: associations with depression and six domains of self-esteem. *Journal of Drug Education*, 34 (1), 1-17.
- Wills, T.A. (1986). Stress and coping in early adolescence: Relationships to substance use in urban school samples. *Health Psychology*, 5 (6), 503-529.
- Wills, T.A., Sandy, J.M., Yaeger, A.M., Cleary, S.D. & Shinar, O. (2001). Coping dimensions, life stress and adolescent substance use: a latent growth analysis. *Journal of Abnormal Psychology*, 110 (2), 309-323.
- Windle, M. & Windle, R. (1996). Coping strategies, drinking motives and stressful life events among middle adolescents: Associations with emotional and behavioural problems and with academic functioning. *Journal of Abnormal Psychology*, 105, 551-560.
- World Health Organisation (1993). *The health of young people: a challenge and a promise*. Geneva, Switzerland.
- World Health Organisation (2001). *World report on violence and health*. Geneva, Switzerland.
- Young, S.E., Corley, R.P., Stallings, S.H., Rhee, Crowley, T.J. & Hewitt, J.K (2002). Genetic and environmental links between tobacco, alcohol and marijuana problem use in adolescents. *Drug and Alcohol Dependence*, 8 (3), 309-322.

Ziervogel, C. & Crankshaw, O. (In press). Intergenerational occupational mobility amongst Coloureds and Africans in the Mitchell's Plain Magisterial District, Cape Town. *Social Dynamics*.

Zimmerman, U.S., Blaymeyer, D., Laucht, M. & Mann, K.F. (2007). How gene-stress behaviour interactions can promote adolescent alcohol use: The roles of pre-drinking allostatic load and childhood behaviour disorders. *Pharmacology, Biochemistry and Behaviour*, 86 (2), 246-262.

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**APPENDIX A**  
**INFORMED CONSENT FORM**

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STUDY ON STRESS AND COPING MECHANISMS USED BY ADOLESCENTS

*Conducted as part of a Masters research project in the*  
DEPARTMENT OF PSYCHOLOGY  
UNIVERSITY OF CAPE TOWN

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Dear Learner and Parents

Thank you for showing an interest in participating in this study. You are invited to participate in this study which aims to determine what high school students experience as stress and what they do to cope. This research is vital in understanding adolescents and their needs.

You (the learner) will be requested to take part in two (2) discussion groups of approx. 1 hour each at school during the third term. The discussion groups will take place during the life orientation/guidance periods. We will discuss what you find stressful, how you feel about stress and what you do to deal with stress in your life. Not only will you be contributing to research knowledge but you will also have an opportunity to talk about how you feel about problems that you encounter and hear how others cope in similar situations.

Your participation in this study is completely voluntary and you are free to discontinue participation at any time. All records associated with your participation in the study will be completely confidential and in the event of any publication resulting from the research no personally identifiable information will be disclosed.

Thanking you

\_\_\_\_\_  
Nadia Wesso (researcher)



**Informed Consent Form**

I \_\_\_\_\_ (parent/legal guardian) and \_\_\_\_\_ (learner) hereby consent to participate in this research study with full knowledge and understanding of the nature of the research project and what is expected of me.

Date: \_\_\_\_\_

Signature: Parent /Legal Guardian \_\_\_\_\_ Learner \_\_\_\_\_  
Phone number \_\_\_\_\_

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**APPENDIX B**

**CONFIDENTIALITY FORM**

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STUDY ON STRESS AND COPING MECHANISMS USED BY ADOLESCENTS

*Conducted as part of a Masters research project in the*  
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UNIVERSITY OF CAPE TOWN

CONFIDENTIALITY FORM

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I \_\_\_\_\_ understand that everything said in these focus groups are confidential. I will not repeat to others what has been said during the discussions nor will I name the individuals who have participated in the study.

I understand that my own identity and contribution will remain strictly confidential and that in any publication my identity will not be disclosed

Students name: \_\_\_\_\_

Signature: \_\_\_\_\_

Researcher: \_\_\_\_\_

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## APPENDIX C

### FOCUS GROUP QUESTIONS

#### Questioning route – Session 1

- *Welcome*
  - *Warm-up* – Introduction and sharing what they enjoy doing to relax.
1. List three things that cause you a lot of stress. (Discussion)
  2. When you were stressed in the past how did you feel about your situation?
  3. When you're feeling stressed how do you tend to act?
  4. Think back to a time when you were stressed, what did you do then to cope with your situation?
  5. When you think of dealing with stress, what are the most important factors?
  6. When you think of things you've tried in the past to cope, did they help?
    - For how long did it help?
    - Were they enough to overcome the feeling of stress?
  7. What do you do that's helpful in relieving stress?
  8. If your stressful situation lasts a long time? What do you do about it? How do you feel about it?
  9. When you're really upset about someone or something, what do you do?
  10. For how long do you focus on the problem before you think of doing something about it?
  11. During a stressful period. Do you ever feel like giving up? Why? How does it leave you feeling? Tell me about them.

## Questioning route – Session 2

- *Welcome*
- *Review of previous session*
- Follow up questions varied depending on the group's responses from the previous session that the researcher felt needed further exploring.

### Social Support

- If you're feeling down or stressed how does your family respond/react/ to you/your feelings/your situation?
- When your parents/teachers ask you about why you're feeling down/stressed how do you respond?
- How does turning to your friends/family/teachers help you deal with stress?

### Suppression of competing activities

- If you are feeling stressed or overwhelmed about your situation, what happens the different aspects of your life like your school work, sports, relationships with friends and family? Why do you think this happens?

### Planning

- How do you go about deciding on how you're going to handle a situation?

### Restraint Coping

- How long does it take you to act on a situation?

### Mental Disengagement

- What role does TV/Sleeping/Daydreaming play in your daily life?

### Alcohol and drug disengagement

- Tell me about drinking alcohol, smoking and using drugs. Is it something you use? Which situations do you use them in? Why?

### Vignette

- I'd like you read this carefully and imagine you were in this situation, what would you do? (Vignette)

### Religion

- Last time some of you mentioned that praying and reading the Bible helps. Would like to expand on this?

## APPENDIX D

### RESULTS

Table 1. General distribution of coping mechanisms used by adolescents

<b>Theme Category</b>	<b>Frequency %</b>
Mental disengagement	73
Active coping and planning	69
Focus on and venting of emotions	45
Behavioural disengagement	43
Suppression of competing activities	41
Alcohol and drug disengagement	37
Seeking social support for emotional reasons	33
Seeking social support for both emotional and instrumental reasons	24
Humour	24
Restraint Coping	18
Seeking social support for instrumental reasons	17
Religion	17

Table 2: Distribution of coping mechanisms according to age.

	<b>Grade 8 Frequency %</b>	<b>Grade 10 % Frequency %</b>	<b>Grade 12% Frequency %</b>
<b>Theme Category</b>			
Mental disengagement	79	65	53
Active coping and planning	63	59	65
Focus on and venting of emotions	26	47	45
Behavioural disengagement	47	41	30
Suppression of competing activities	42	29	30
Alcohol and drug disengagement	26	24	20
Seeking social support for emotional reasons	5	47	10
Seeking social support for both emotional and instrumental reasons	5	41	20
Humour	5	29	20
Restraint Coping	16	12	20
Seeking social support for instrumental reasons	32	6	5
Religion	21	24	0

Table 3. Distribution of coping mechanisms according to gender

	<b>Female Frequency %</b>	<b>Male Frequency %</b>
Theme Category		
Mental disengagement	67	89
Active coping and planning	67	72
Focus on and venting of emotions	48	22
Behavioural disengagement	39	50
Suppression of competing activities	42	39
Alcohol and drug disengagement	30	39
Seeking social support for emotional reasons	30	39
Seeking social support for both emotional and instrumental reasons	30	11
Humour	24	22
Restraint Coping	21	11
Seeking social support for instrumental reasons	18	11
Religion	15	17

## APPENDIX E

### VIGNETTE USED DURING FOCUS GROUP SESSIONS

As you are getting ready for school, your parent comes in and starts scolding you because your room is untidy and you haven't done your chores. You leave for school and during the day you find out that you have a maths test and a biology test next week, an English oral and homework for every subject at the beginning of next week. What do you do in this situation?

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