FURTHER EDUCATION AND TRAINING BAND LEARNERS' STRESS COPING STRATEGIES

by

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DECLARATION

I Thenga Ngwakwana Emily declare that this dissertation is my original work and tha
has not been previously submitted at this or any other University and that all sour
have been acknowledged.

.....Thenga.....E.N..... 05.09.2014....

Thenga N.E Date

Signature.....Thenga.....

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To God, be the Glory, He led me when I was confused and gave me strength when I was weary throughout my studies. He was always by my side.

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DEDICATION

This study is dedicated to the following important people.

My three sons Mulalo, Andani and Takalani.

My two daughters, Munzhedzi and Aluwani.

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Abstract

Stress can have a significant effect on learners' long-term physical and mental well-being. There were various strategies that learners use to cope with stress. Some of these strategies were adaptive and others were mal-adaptive. It was difficult to ascertain the types of stress-coping strategies used by learners in various schools in the Further Education and Training (FET) band. This was a multi-method research in which both quantitative and qualitative research strategies were used to study the stress-coping strategies among FET band learners. The study used a stratified random sampling of 48 Grades 10, 11 and 12 learners whose ages were between 15 and 21 years from eight rural schools in Vhembe District of the Limpopo Province. The questionnaire and interview methods were used in data generation during the study. Quantitative data was processed using Statistical Package for Social Sciences (SPSS) to generate descriptive statistics. Qualitative data was processed through thematic and narrative methods. Academic related problems were the major stressor among the learners. The most frequent coping strategies used by the learners were both negative and positive coping strategies, adaptive and maladaptive in nature.

KEY WORDS: *Stress, Further Education and Training (FET), Leaners, Coping strategies and Band/Phase*

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CHAPTER 1

1.1 BACKGROUND OF THE STUDY

Learner stress has become a major topic of concern worldwide (Centre for Stress Management, 2001). In agreement Smith (1996) claims that stress is a global problem that requires a study that includes physical, psychological and social variables. The learners are also affected as occupational stress affects the quality of educational services, as educators are less task-oriented, deliver less positive reinforcement and are ineffective in managing disciplinary problems which cause distress on to both learners and educators (Beck & Garguilo, 2001; Wisniewski & Garguilo, 1997). It is also believed that learners can inherit stress from their educators since they are in the same educational environment. Learners develop within systems as argued by Lohman and Jarvis (1998) and their functioning and coping mechanisms may be influenced by their attributes as well as by relationships with their peers and educators.

Adolescence is a time that is characterised by change in almost every aspect of life. Physical development in itself is a major change that the learners has to deal with, but these changes are accompanied by new feelings about the self, parents, educators, school and peers. Research done worldwide indicate that learner stress is becoming endemic, which could have serious implications for physical and mental health of learners (Van Wyk, 1993). As such stress is inevitable, unavoidable and universal part of life that can be contained and be directed through the use of correct coping strategies. Stress may be pleasant or unpleasant and can cause some wear and tear, positives or negatives (Schafer, 1992). Seaward (1994) argues that stress serves as a positive motivation and is therefore beneficial.

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On the contrary too much pressure can be harmful and distressing among school learners. When stress is beyond its optimal point, it does more harm than good. As a result it is important for learners to develop different strategies in order to manage stressful situations. A number of researches were conducted to identify the prevalence of stress among learners in the teaching and learning environment and its coping styles (Smith, 1993). World Book Encyclopedia (2009) highlighted the problem of learner's stress as presenting itself throughout the world rapidly. Learners from different schools either in private or public, rural or urban experience stress in their day-to-day lives. The learners are also affected as occupational stress affects the quality of educational services, as educators are less task-oriented, deliver less positive reinforcement and are ineffective in managing disciplinary problems which cause them distress (Beck & Garguilo, 2001; Wisniewski & Garguilo, 1997).

If there is too little force, nothing will be achieved, but if there is too much pressure or force something may be damaged, but all these need to be managed through the correct development and implementation of coping strategies to keep the roller coaster on the move every day. If the right amount of pressure is applied, the job is done quickly and efficiently achieved. As such, a certain amount of stress is normal and not always bad because it can push learners on to greater achievements (Brobeck, 2007). Exposure to high level of stressful events will alter the chances of successful performance in key social roles in that period especially schooling and will also affect the educational attainments of the learner (Avison & Gotlib, 1994). Learners suffer from stress just as much as adults do, but since they cannot express their feelings as well, educators sometimes think that learners are just naughty, sensitive and would like to be irresponsible (Smith, 1993). Learners feel stress from time to time and experience stress from multiple sources (Kochenderfer, 2002).

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Researchers note that multiple stressors such as peer pressure, tests and examinations interact with one another and can have cumulative effects like being easily destructed, have difficulty following or completing assignments or have trouble concentrating in the classroom (Stansbury & Harris, 2000). Learners in South Africa are frequently exposed to high levels of violence, bullying and crime in their schools that erode their sense of security and increase their vulnerability to stress (Louw, Louw & Ferns, 2007).

Due to high levels of poor parental support and guidance many South African learners are exposed to severe distress (UNICEF, 2005). Recent curriculum changes in education were introduced and implemented in a classroom setting causing distress that is to do with academic pressures, demands and obtaining higher grades. As such stress seems to be an inescapable part of going to school. Changes in curriculum, higher expectations and over learning also lead to fierce competition for passing grades with better symbols among adolescents and often result in high levels of distress and anxiety about the future. These incessant stressors all contribute to increased levels of stress, feeling of hopelessness and feeling of severe distress (Bawens, Jeanne & Jack, 1992).

Such exposure might have negative consequences on learners' social, psychological, physical and emotional well-being and ultimately lead to risk taking behaviours and maladaptive application of coping strategies. These stressful events may lead to poor problem solving skills and maladaptive coping skills. These rising numbers of learners who are distress both internationally and South Africa and necessitate the urgent identification of coping mechanisms that may help reduce distressed learners to use the adaptive strategies to deal with their stressors. Eustress is a positive stress and it is motivating among learners. Learners would feel happy if they write a test and pass it, but distress is a negative stress which occurs when they write a test and fail it (Aherne, 2001).

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Learning is not a stress free environment hence schooling and learning come with educational and learning challenges that learners should face and adapt to and cope with during learning at school. A clear identification of the sources of learning stress can allow learners to maintain a balance and effective use of strategies to manage such stress. This attitude may allow learners to understand that the concerns that they encounter in the classroom environment are perceived as challenges and not as threats (Arnold, 1990). In light of the above, it appears that stress among learners has become an acute daily problem in the learning environment that might affect their future progress. It is for this reason that the researcher conducted a research study on Further Education and Training (FET) band learners' stress coping strategies from Mvudi Circuit in Vhembe District of the Limpopo Province.

1.2 STATEMENT OF THE PROBLEM

Studies have shown that learners are not separated from harmful stress as they learn in environments that are laced with stress and are taught by teachers who have reported experiencing stress (Aherne, 2001). It is the intention of this study to find out the coping strategies that learners in the FET Band employ to cope with stress. It is the intention of this study to find out whether FET band learners use coping strategies that effectively reduce their experienced stress (Wisniewski & Garguilo, 1997).

1.3 AIMS OF THE STUDY

The primary aim of this study is:

- To find out the coping strategies that FET band learners use to cope with learning stress.

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The secondary aims of the study are:

- To identify the effectiveness of the coping strategies that FET band learners use to manage learning stress.
- To make recommendations on the coping strategies that FET band learners could use for their health well- being.

1.4 RESEARCH QUESTIONS

The main research question to be posed is:

- What coping strategies do FET band learners use to cope with teaching and learning stress?
- How effective are the copping strategies that FET band learners use to cope with stress?

1.5 PRELIMINARY REVIEW OF THE LITERATURE

Leedy and Ormrod (2010) indicated that review of literature is a way used to describe theoretical perspective and previous research findings regarding the problem at hand by means of "looking again" (review) at what others have done in areas that are similar, though not necessarily identical to one's own area of investigation.

1.5.1 Theoretical Perspective

This study was informed by the Transactional Model of Coping by Lazarus and Folkman (1984), the Evolutionary Perspective or the Biological Model and the General Adaptation Syndrome Model which dealt more with the two main forms of coping: emotion - focused coping and problem - focused coping.

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1.5.1.1 The Transactional Model of Coping

The Transactional Model was developed by Lazarus and Folkman (1984) who claim that stress results from an imbalance between demands and resources or when pressure exceeds one's perceived ability to cope. This model focuses on the transaction between people and their external environment. It contends that stress may not be a stressor if the person does not perceive the stressor as a threat but rather as positive or challenges. The model proposes that people can be taught to manage their stress and cope with their stressors. This model view stress as a two way process where the environment produces stressors and the individual finds ways to deal or cope with them (Lazarus,1991). Lazarus and Folkman (1984) identified: emotion-focused coping and problem- focused coping as stress reduction strategies.

1.5.1.2 Evolutionary Perspective: Fight or Flight response

Cannon (1914) cited in Schafer (1992) and Coffey, Cook and Hunsaker (1994) conducted a study about stress arising from human experiences and the environmental challenges. The Evolutionary Perspective, they viewed stress as functional because it enabled our ancestors to survive by either fighting or fleeing the threats in the environments. Stress was viewed as a natural bodily change that prepares a person to cope with a threatening environmental condition either by dealing with it (fight) or by avoiding it (flight) (Coffey, Cook & Hunsaker, 1994).

1.5.1.3 The General Adaptation Syndrome Model.

Selye (1974) cited in Schafer, 1992), studied the physiological adaptations that occurred as a result of frequent exposure to stress. From Selye's study on rats, stress – induced changes occurred. Those collective changes were called General Adaptation Syndrome (GAS) which was equated to a local bruise or

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infection. The body will undergo a series of specific adaptations at the site and this is called "local stress response". Coffey et. al. added that the G.A.S is a defensive reaction to a stressor which is an environmental demand that could be perceived as a threat causing stress. A stressor could be a test, activity overload or peer pressure.

1.6 CLARIFICATION OF CONCEPTS

The key concepts in this research project are: Stress, Coping, Coping strategies, Learners, FET band and Stressors.

1.6.1 Stress

The word stress is derived from a Latin word *stringere* which means "to tighten" (Smith, 1993). According to Coffey, Cook and Hunsaker (1994) stress is the body's psychological emotional and physiological responses to any demand that seems threatening. Selye and Lazarus cited in Seaward (1994) views stress as the inability to cope with a perceived or real threat to one's mental, physical, emotional and spiritual wellbeing which results in a series of physiological responses and adaptations. For the purpose of this study stress was defined as an event or situation or any environmental stimulus that causes a person to feel tense or aroused.

1.6.2 Coping strategies

Coping strategies refer to efforts used to alleviate stress by either focusing on solving the problem (problem -focused strategies) or to regulate emotional responses brought on by the stressors (emotion - focused strategies) (Judge, 1998).

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Supe, (1998) reiterated that coping strategies are the persons' constantly changing cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the persons coping resources. For the purpose of this study coping was viewed as ways or means that FET band learners use to manage or cope with stressful conditions.

1.6.3 Stressors

A stressor refers to any event or object that is subjectively perceived as stressful by an individual (Folkman & Lazarus, 1984). For the purpose of this study a stressor was defined as stress provoking stimuli.

1.6.4 FET Band

Further Education and Training Band (FET Band) refers to the phase or band in a secondary school that is comprised of grades 10, 11 and 12.

1.7 Research Design and Methodology

This is the system of collecting data for research projects in social sciences known as research methodology. Research Methodology is a science of studying how research is done scientifically, in such a way to systematically solve the research problem by logically adopting various steps. Methodology helps to understand not only the products of scientific inquiry but the process itself. The aim of this item is to discuss the research design and methodology used in this study. For the purpose of this study, both the Positivist paradigm and the Interpretive paradigm were used.

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1.7.1 Research design

Babbie and Mouton (1998) and Huysamen (1994) regard a research design as a plan or blueprint of how the research will be conducted. It is an overall approach used to investigate the problem.

1.7.2 Research Methods

Leedy and Ormrod (2010) state that research methodology refers to the general approach the researcher takes in carrying out the research project. To some extent this approach dictates the particular tools the researcher selects. For the purpose of this study, the researcher used the multi-methods strategy or mixed methods in which both qualitative and quantitative approaches were integrated in the collection of data. This is called data triangulation.

Leedy and Ormrod (2010) define triangulation as multiple sources of data collected with the hope that they will all converge to support a particular hypothesis or theory. The strategy is common in mixed–method designs in which both quantitative and qualitative data are integrated to answer a single research question.

1.7.2.1 Quantitative part of the study

Walsh (2001) views quantitative data as information in numerical items. This view is also supported by Leedy and Ormrod (2010) who claim that quantitative research involves looking at amounts, or quantities, of one or more variables of interest. For the purpose of this study the researcher used self - designed questionnaires as a tool for collecting data.

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Quantitative study seems to be the suitable approach for this study because:

- They allow for collection of factual data.
- Usually highly detailed and structural and results can be easily collected and presented statistically
- Provides precise, quantitative , numerical data
- Data analysis is relatively less time consuming
- Useful for obtaining data that allow quantitative prediction to be made
- More objective than qualitative, more structure and has high validity and reliability (Cresswell, 2003).
- For the purpose of this study, quantitative empirical investigation was preferred because positivist aims at solving the stated problem by analyzing and interpreting data statistically.

1.7.2.2 Qualitative part of the study

Leedy and Ormrod (2010) regard qualitative research as involving looking at characteristics or qualities that cannot be easily reduced to numerical values. The researcher aims at examining the complexities of the phenomenon. This method can use interviews, observations and case study as data collection tools. Teddlie and Tashakkori (2009) added that qualitative research are techniques associated with the gathering, analysis, interpretation and presentation of narrative information including data stored in audio, video and other formats. In this study, the researcher used structured focus group interview schedule as tools for collecting qualitative data. Interviews were carried out with learners in a stratified focus group on the coping strategies that FET Band learners use to cope with their learning stressors.

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1.7.2.3 The structure of the questionnaire

A questionnaire is a paper and a pencil instrument that the respondent completes (Trochim, 2006). Questionnaire structures that were used are closed ended types of questions. The questionnaires were comprised of three sections.

Section A requested for biographical information of learners. Information focused on the following variables: gender, grade, age and location.

Section B listed potential coping strategies that FET band learners frequently use in reducing the stress that they experience daily.

Section C measured learners' perception about the usefulness and effectiveness of the different types of coping strategies that FET Band learners use to cope with stress. A five-point Likert type scale of questionnaires was used to record the responses. The degree of the effectiveness and usefulness of the coping strategies were scored from 1(strongly agreed) to 5 (strongly disagreed).

1.8. Population

According to Babbie and Mouton (2006) a population is regarded as the theoretically specified aggregation of study elements from which the sample is actually selected. In the same vein Walsh (2001) stated that a population is the whole class of people or things that the researchers wish to investigate. For the purpose of this study my population is comprise of both boys and girls from grades ten, eleven and twelve currently in the FET band from eight (8) rural secondary schools from Mvudi Circuit.

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1.8.1 Sample

A sample is a process whereby we select some of the elements with the intention of finding out something about the population from which they are taken (O'Leary, 2004; Lohr, 2010). In this study, the sample was eight rural secondary schools drawn from Mvudi circuit with learners currently in FET Band in grades ten (10), eleven (11) and twelve (12) as participants.

The researcher used probability stratified random sampling technique to select my sample where each member of the population has an equal chance of being selected. It was stratified random sampling because the researcher considered the learners' gender, grade and age. Each grade was represented by learners organised in strata based on their grade, age and gender. From each school only six learners' both boys and three girls participated in the study. A total of 54 participants were studied. Each grade was represented by both boys and girls. This means that the study was comprised of eight grade ten girls and eight grade ten boys, eight grade eleven boys and eight) grade eleven girls, and eight grade twelve boys and eight grade twelve girls which makes a total sample of forty eight (48) participants from eight rural secondary schools.

1.8.2 Defining the characteristics of the sample

The sample of 54 learners comprised of both males and females in the FET band formed part of the study. Learners from grades 10, 11 and 12 from eight (8) different rural schools participated in the study. From the eight (8) sampled rural secondary schools, six or seven learners selected from each school.

The mean age ranged from 15 years to 21 years. From the same schools, educators from the sampled schools were interviewed to collect qualitative data. The sample was mostly comprised of participants from mostly rural background.

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English was used as the primary means of communication of this survey even though most of them use Tshivenda as their home language.

1.8.3 Instrumentation

These are data collection instruments or tools that the researcher used to gather data. For the purpose of this study, the researcher used both the questionnaire and an interview schedule as tools for data collection.

1.8.3.1 The questionnaire

The researcher intends to use both the self - designed questionnaires with closed – ended question type. The researcher personally distributes the self-designed questionnaire to the respondents for completion.

1.8.3.2 An interview schedule

In this section a focus group interview schedule as tools for collecting data was used. Participants were interviewed on a natural setting, the school premises.

1.8.3.3 Data collection procedure

The self - designed questionnaires were handed and distributed to the different respondents for completion. Time frame and the date were set for the collection of completed questionnaires and for the sake of interviews; a date for an interview was sought since it was a face-to-face type of interview in order to gather data through a focus group.

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1.9 Data analysis

This can be regarded as a presentation about data collected in a more accurate and credible manner, and thereby data is put together in a chronological order (Rubin & Rubin, 2005). The statistical tools used were a T-test to measure comparisons and ANOVA for evaluating the differences.

1.9.1 Quantitative data analysis

For the sake of this study, data that was collected by means of self-administered questionnaires was analysed by a computer package SPSS version 17.1 where in a variety of numeric data using a variety of statistical techniques were used. For the quantitative part of data analysis, data was analysed and results appear numbers.

1.9.2 Qualitative data analysis.

For the purpose of this study, data collected by means of combination structures of focus group interviews schedule, data were analysed through interpretations and categorising of data into themes.

1.9.3 Piloting of instruments

The researcher sought to organise a group of FET Band learners to answer the questionnaire in order to identify flaws. Learners, who were used for piloting in this study, do not form part of the real sample of the study because they were chosen from non–sampled schools even though they had the same characteristics as for those that were participating in the main study.

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1.10 SIGNIFICANCE OF THE STUDY

The importance of this study was to add value to the body of knowledge in research and to fill in the gaps left out by other researchers in the field of stress. The findings of this study might assist and guide FET band learners to identify their stressors and use effective stress coping strategies to manage stress in their daily live to live good quality of life.

1.11 DELIMITATION

The study was conducted in public secondary rural schools in Mvudi circuit within Vhembe District in the Limpopo Province.

1.12 ETHICAL CONSIDERATIONS

Hornby (1974) indicated that ethics are rules of conduct. Ethics are the rules that bind the researcher as he/ she conducts his/ her research and they are moral principles that tell the researcher what is good or bad, wrong or right. In this study, the researcher adhered to the following research ethics.

- Permission to conduct research

Permission to carry out the research in the schools were sought from Vhembe District Department of Education and principals of schools.

- Informed Consent

According to Breakwell, Hammond and Fife-Schaw (1997) wherever possible, researchers should inform participants in the research of all aspect of that

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research which might reasonably be expected to influence their willingness to participate in the research. In this study participants were informed about the research. Respondents were given enough information about the research. Nothing will be hidden to them as long as it entails the research.

- Protection from harm

Leedy and Ormrod (2010) stated that when a study involves human beings, the general rule of thumb is that the risk involved in participating in a study should not be appreciably greater than the normal risks of day – to – day living. For the purpose of this study no respondents were subjected to unusual stress, embarrassment or any amount of psychological discomfort. Respondents were protected from possible harms and risks.

- Right to Privacy

Leedy and Ormrod (2010) stated that any research study involving human beings should respect respondents' right to privacy. In this study, respondents' responses were treated confidentially and remained anonymous. In this study respondents participated anonymously.

- Deception of respondents and / or subjects

According to De Vos Fouché and Delport (2005) no form of deception was ever practiced on respondents. The researcher did not withhold information or offer incorrect information to induce participation of respondents because it was considered unethical. The researcher did not deceive respondents as this is unethical practice.

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1.13 STRUCTURE OF THE REPORT

The format of my research will be as follows:-

Chapters	Contents/ Period
Chapter 1	Chapter one includes background of the study, statement of the problem, research questions, preliminary literature review, theoretical perspectives, and definition of key terms, research design and methodology, limitations, delimitations, ethical considerations, significance of the study.
Chapter 2	This chapter focuses on literature review,
Chapter 3	This chapter covers research design and methodology.
Chapter 4	This chapter focuses on data analysis and interpretation.
Chapter 5	This chapter covers the findings, recommendations, summary and conclusion.

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CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter presents an overview of the concept of stress, stress coping strategies and stress coping models. It is therefore the aim of this study to investigate the stress coping strategies used by Further Education and Training (FET)Band learners' to minimise their stress levels.

2.2. THE CONCEPTUALISATION OF STRESS

In order to adequately conceptualise stress, a brief historical overview of the phenomenon stress and stress coping models will be discussed. Researchers agree that stress is an inevitable and unavoidable part of life and has many definitions. Due to these varied definitions, many theories and models have been developed in order to provide efficient explanation of the phenomenon stress, its aetiology, and its subsequent negative psychological (anxiety and depression) and physical (heart disease and hypertension) effects (Mates & Allison,1992).

Due to numerous pressures of the 21st century, learners in adolescence stage have difficulty in copingand are requesting educational programs in schools to help teach them how to cope with such stressors (Compas, Orosan & Grant, 1993). Being able to manage responsibilities, problems, or difficulties in a calm and thoughtful manner is one way of coping. Stress is the feeling of mental, physical, or emotional strain or tension. Students are being pressured frequently by a variety of factors which cause them to have stress in one or more ways (Frydenberg, 1997). Educational programs emphasizing positive coping strategies may not only help promote healthy lifestyle for adolescents, but also encourage a healthy and productive future.

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Because of the current stress level of learners, there have been many adolescents who have requested ideas for dealing with stress in positive ways in their everyday lives. A major stressor that some learners are faced with on a daily basis is bullying. According to a Bullying Statistics website containing bullying statistics, 23% of elementary students have reported being bullied ranging from one to three times a month. Not only are parents worried about their child's safety and wellbeing while at school, but learners themselves are also reporting that violence in their schools has increased.

There have been numerous occasions in the past years where learners have even taken their own lives because the bullying which had become so severe in schools. If the bullied victims knew how to speak up, react in a positive manner, and have the skills to cope with the stress caused by bullying, then maybe the school communities could help decrease the frequency and severity of bullying (Bullying Statistics, 2007). The different stress models will provide insight and guide this study and on how learners conceptualise stress and what intervention and coping strategies to adapt and utilise.

It is therefore the primary aim of this study to examine the coping strategies that FET band learners employ to reduce learning stress. For learners in adolescence stage, dealing with developmental changes, effective coping is especially important and has been conceptualised as a key mediator between negative life events and psychological well-being (Herman-Stahl, Stemmler, & Petersen, 1995). Effective coping may actually help decrease the effects of stress, while ineffective coping may exacerbate the effects of stress on how to cope better. Currently, the two most popular models of coping include the models based oncoming styles and the models based on coping processes (Aldwin, 1994). These two models represent the relative importance of dispositional versus situational contributions in the choice of coping mechanisms (McCrae, 1992).

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Coping process approach (Folkman & Lazarus, 1984) assumes that coping is flexible, involves active planning, and is responsive to environmental demands and personal preferences. It is therefore assumed that coping should be conceptualised as a dynamic and constantly changing process of person - environmental transaction in a stressful situation. Both cognitions (e.g., the individual's appraisal of the situation) and behaviours (e.g., what a person actually does) from a situation-specific perspective are reported (Ayers, Sandler, West, & Roosa, 1996). While the coping efforts may focus on altering one's environment (i.e., problem-focused coping) or emotions (i.e., emotion -focused coping), the majority of individuals including learners utilise both types of strategies and adapt these strategies to fit specific stressful situations and achieve successful resolutions (Aldwin & Brustrom, 1997).

2.3. THE CONCEPT OF STRESS

Stress encompass a number of facets in general, however, stress falls into a limited number of broad categories. One major category of stress is conceptualised as the occurrence of significant life events that are interpreted by the person as undesirable (Lazarus & Folkman, 1984; Luthar & Zigler, 1991; Monroe & Peterman, 1988; Monroe & Simons, 1991).

The term *stress* is frequently defined as a process involving perception, interpretation, response and adaptation to harmful, threatening, or challenging events (Lazarus & Folkman, 1984).This conceptualisation permits separate consideration of events that cause stress (stressors or stressful life events), biological , behavioral and cognitive response to the stressful events (coping). Burn's (1988) description of stress follows the classical definition by Lazarus and Folkman (1984), which is the one adopted here. Stress is defined as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her

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well-being (Lazarus & Folkman, 1984). Stress has been defined as "a negative emotional experience accompanied by predictable physiological, biochemical and behavioral changes that are designed to reduce or adapt to the stressor, either by manipulating the situation to alter the stressor or by accommodating its effects" (Taylor, Peplau & Sears, 1997). A stressor refers to a stress-inducing factor acting on the individual, emanating from the self or the environment, to which a positive or negative meaning is ascribed by the person, and which he or she experiences as a threat or a challenge (Bester & Swanepoel, 2000).

Similarly, stress has been defined as a tension experienced when an event is perceived as being harmful, threatening or challenging to one's feelings of well-being (Sanderson, 2004). Furthermore, Straub (2002) indicated that stress results from an imbalance between existing resources and perceived demand. However, it has been argued that not everyone perceives the same events as being stressful (Straub, 2002). Events are stressful when they are regarded as stressful, and not otherwise (Lazarus & Folkman, 1984).

The above definition portrays stress as having a negative inference, however, when stress is perceived as a challenge, it is often associated with positive, energizing emotions (Brannon & Feist, 2000). Snyder's (1998) further supported this statement by reiterating out that a certain degree of stress is necessary to survive, as it motivates a person to perform constructively and achieve things, and to adapt to a particular situation. Some theories of motivation and arousal proposed that individuals function best, and feel best, at what is, for them, an optimum level of arousal (Sarafino, 2002). The various ways of understanding the term stress have been portrayed by theorists as models of stress. In the following section, the various stress models will be presented.

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2.4. STRESS MODELS

A number of stress models exist to define the terms stress. These include: the stimulus-based model, the response-based model, the appraisal / transactional model, and the conservation of resources model. These models will be discussed in detail below.

2.4.1 The Stimulus-Based Model

Under the stimulus-based approach, stress is viewed as an external force or factor impinging on an organism in a disruptive way (Louw & Edwards, 1993). Stress is seen as a force being exerted on an individual (stimulus event) that results in difficult demands, causing distortion. Experiences under this model are deemed stressful on the basis of whether they usually lead to stress responses (Hobfoll, 1989). Researchers who follow the approach often study the impact of a wide variety of stimuli (or stressors), which include catastrophic events, chronic negative living conditions and major life events (Sarafino, 2002). Bishop (1994) postulated that the stimulus - based model assumes that different individuals respond similarly to events.

However, Sutherland and Cooper (1990) contended that "purely objective measures of environmental conditions are inadequate". This can be explained by the fact that two individuals exposed to exactly the same situation might react in completely different ways, because of individual differences and variability in tolerance levels and expectations (Sutherland & Cooper, 1990). Furthermore, Burns (1988) suggested that a major factor in determining the severity of the stress is an individual's confidence in his/her ability to handle a stressful situation.

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2.4.2 The Response-Based Model

According to this model, stress is portrayed as an individual's response to demands made by the environment (Sarafino, 2002). Various authors share a similar description of the response - based model. Selye (1976) conceptualised stress as a non-specific physiological response of the body, caused by any of a number of environmental stressors. Bishop (1994) indicated that such a response could include a psychological component as well. The physiological component refers to heightened bodily arousal, changes in heart rate, respiration rate and an increase in the release of certain hormones (Bishop, 1994). The psychological component involves behaviour, thought patterns and emotions (Sarafino, 2002).

Selye believed that a wide variety of different situations could prompt the stress response, but that the response would always remain the same. However, some researchers have noted several weaknesses associated with this response based definition. Brannon and Feist (2000) indicated that Selye largely ignored to include psychological factors into his approach. McGrath (1970) argued that following this type of definition, any stimulus that produces the particular stress response must be viewed as a stressor. Furthermore, he argued that the same response may be evoked by several different situations, again some of which may not be regarded as stressful (McGrath, 1970), heart rate, for instance, may increase for many reasons: with heavy smoking, after exercise, with fear, and during pregnancy (Cox, 1978).

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2.4.3 The Appraisal/Transactional Model

This model portrays stress as not only being a stimulus or a response, but rather a process in which the person is an active agent who can influence the impact of a stressor through behavioural, cognitive, and emotional strategies (Sarafino, 2002).For the transactional model, physical or physiological stressors will only produce stress responses after they have been appraised as threatening by human beings (Crossley, 2000).

According to this explanation, it is not the life event or stimulus that produces stress, but rather one's view of the situation that causes an event to become stressful. The key issue in this model is an assessment process called cognitive appraisal, which may occur repeatedly following the introduction of a stressor (Crossley, 2000). Lazarus and Folkman (1984) explained that individuals make use of two sets of appraisals, namely, primary appraisal and secondary appraisal.

Primary appraisal is concerned with evaluating an event as being irrelevant to the individual's well-being, relevant but not threatening, or stressful (Lazarus & Folkman, 1984).

Secondary appraisal comes into play if the event is primarily appraised as stressful, and refers to one's ongoing assessment of the resources available for coping with the stressor (Bishop, 1994).

Sarafino (2002) suggested that the condition of stress that we experience often depends on the outcome of the appraisals we make in our transactions with the environment. When we evaluate the fit between demands and resources to correlate, we may experience little or no stress. However, when our appraisals indicate a discrepancy, particularly if we evaluate greater demands than

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resources, we may experience an immense amount of stress. Hobfoll (1989) criticised the transactional model of stress as being "tautological, overly complex, and not given to rejection". His criticism of tautologism' arises from the fact that demand and coping capacity are not defined separately in the transactional model of stress (Brown, 2002).

Hobfoll (1989) postulated that whether an event is demanding or not depends on coping capacity, and whether coping capacity is adequate or not is dependent on demand. As a substitute for the appraisal/transactional model of stress, Hobfoll (1989) suggested the conservation of resources model, which will be discussed in the subsequent section.

2.4.4 The Conservation of Resources Model

In the discussion of the appraisal/transactional model of stress, it was highlighted that individuals experience stress when they possess insufficient resources to meet perceived demands. Hence, coping resources can be seen as forming an integral part of the coping process. Coping resources can be defined as "those objects, personal characteristics, conditions or energies that are valued by the individual or that serve as a means for attainment of these objects, personal characteristics, conditions or energies" (Hobfoll, 1989). This model suggests that people possess resources that are valuable to them, which they constantly strive to protect and conserve (Hobfoll, 1989).

These resources include physical assets such as health, energy and stamina; psychological assets such as beliefs, values, self-esteem and problem-solving skills; social assets such as social networks and support systems; and material assets such as money, equipment and tools (Hobfoll, 1989). Resources are of critical importance to individuals, as available resources influence coping outcomes (Sanderson, 2004).

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Individuals who possess sufficient resources to meet perceived demands are able to cope more effectively than those individuals who are faced with demands that exceed resources and who experience stress as a result of this discrepancy.

2.5. THE CONCEPT OF COPING

Coping has been conceptualised as a complex, multidimensional process that includes a variety of intrapersonal and interpersonal strategies for managing problems and regulating emotions (Cummings, Green & Karraker, 1991). According to Bishop (1994); the coping process includes all of a person's efforts to deal with perceived threats whether covert or overt, positive or negative, adaptive or maladaptive in nature.

Lazarus (1966); Lazarus and Folkman (1984); Carver ,Sheier and Weintraub, (1989) identified three classes of coping, they are : problem – focused coping which involves cognitive and behavioural strategies, such as cognitive restructuring, planning and preparation for recurrence of the event, consideration of alternate options, and behavioural coping involving direct actions aimed at altering the sources of stress or ones' relationship to it, emotion – focused coping which is aimed at the management of one's' emotional distress associated with the stressful event rather than the cause of the stress, and lastly the avoidance coping which is aimed at avoiding any acknowledgement that the event has occurred or giving up the attempt to do anything about the event.

2.5.1 Definitions of stress coping

Coping encapsulates the notion of attempting to restore equilibrium in response to stress (Weismann & Worden, 1976; Pearlin & Schooler, 1978; Monat & Lazarus, 1985). This definition equates coping with adaptations. As such, coping is considered a stabilising factor that helps maintain psychological adjustment

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during stressful periods accordingly; coping efforts should be most helpful when there is a high level of stressors (Moosa & Holahan, 2003). That is why coping is viewed as a process through which the individual manages the demands of the environment that are appraised as stressful and the emotions they generate (McHaffie, 1992). Coping is a response to specific stressful situations (Moosa & Holahan, 2003). Coping is a dynamic process that fluctuates over time in response to changing demands and appraisals of the situations. The way in which an individual copes is influenced by his or her resources, which include both health and energy (Lazarus & Folkman, 1984).

Lazarus and Launier (1978) reiterated that coping is an effort, both action-orientated and intrapsychic, to manage environmental and internal demands and conflicts among them which tax or exceed a person's resources. Coping is not static, rather it changes according to situational demands and how a person perceives the situation and can be considered in relation to the concept of stress. Learners in adolescence generally employ more emotions focused coping strategies when confronted with a problem. It is therefore difficult for them to differentiate among stressful events and defining those that require the use of problem-focused coping approach and those which need emotion-focused coping approach. Therefore, one may assume that social support and other coping strategies such as belief in God may influence constructive coping strategy (Seiffge-Krenke & Schulman, 1993).

It is therefore coping that makes the big difference in adaptation outcomes Mostert and Joubert (2005). Coping can be described as the persons' attempts to prevent, reduce, or eliminate negative experiences. As such coping resources that are inadequate and inefficient can strongly dispose a learner to burnout (Brill, 1984). Coping processes have been divided into two groups, including those that are maladaptive or with limited value and those that are constructive or adaptive (Houston, 1987; Weiten & Lloyd, 2003).

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2.5.1.1 Coping strategies

A strategy is a scheme a person adopts in order to cope with some specific stressful event. Supe, (1998) stated that coping strategies are defined as the persons' constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the persons' resources. As a result it is important for the learner to develop and utilize different strategies in order to manage stressful situations. Specific coping strategies are not inherently good or bad in terms of coping because strategies that seem effective in one situation can be quite ineffective in another. Furthermore, not all types of coping strategies are good for the person. As such, substances such as alcohol and tobacco may reduce stress but will also harbour health risks to the user in the long run, which will cause some wear and tear on the body (Selye, 1976).

Adaptation to stressful conditions takes place when the individual employ coping responses in order to develop a sense of mastery regarding their stressful life situation (Meyer, Pecks & Brown, 1991). It has to be considered that the developmental tasks of learners such as physical development and peer pressure and peer confrontation may be a stressful encounter for learners and they cope with stress in various ways (Newman & Newman, 1997).

2.6. STRESS COPING MODELS

Different stress coping models have been developed to address and provide valid explanation of coping. For the purpose of this study, only stress coping models viewed relevant to the study will be discussed.

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2.6.1. Transactional Model of Stress Coping

Lazarus and Folkman (1984) described coping as "constantly changing cognitive and behavioral efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resources of a person". These cognitive and behavioral efforts are directed at mastering, tolerating, reducing and or minimising environmental and internal demands and conflicts that strain an individual's resources (Schafer, 2000).

Furthermore, it has been emphasised that although coping efforts can, and should, be aimed at correcting or mastering the problem, it may also simply help an individual to alter his or her perception of a discrepancy, tolerate or accept the harm or threat, and escape or avoid the situation (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) described the process through which an individual copes according to two phases, namely appraisal and coping. The appraisal phase can be subdivided into primary and secondary appraisal.

Primary appraisal, as defined above, in the appraisal / transactional model, is concerned with evaluating an event as being irrelevant, relevant but not threatening, or stressful (Lazarus & Folkman, 1984). Once the event has been evaluated, an impression is formed of one's ability to control or cope with harm, threat, or challenge, which also includes the evaluation of one's coping resources (Lazarus & Folkman, 1984). Coping is the second phase and could include actions, a change in thinking, redefining the situation, or any other appropriate subjective solution (Lazarus & Folkman, 1984). The activities or efforts chosen in this final phase depend on the variety of personal and environmental resources that the individual has at his or her disposal to minimize or cope with the challenge (Schafer, 2000). A further distinction of coping, namely problem-focused coping and emotion-focused coping were developed by Lazarus and Folkman (1984).

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Problem-focused coping involves the individual's efforts to deal with the sources of stress through the modification of environmental conditions (Schafer, 2000). Relevant skills in problem - focused coping include problem - solving skills, decision-making skills, communication skills and social skills (Straub, 2002).

Emotion-focused coping involves coping efforts directed toward modifying environmental distress and maintaining a moderate level of arousal or internal state that is necessary for effective information processing and action (Schafer, 2000). It includes strategies such as physical exercise, meditation, relaxation and skills for cognitive restructuring (Straub, 2002).

2.6.2. The Integrated stress and coping model

Moos and Schaefer (1993) developed the integrated stress and coping model, which is used as a guiding theoretical model for this study to explore the coping strategies that Further Education and Training Band learners use to cope with learning stress. This model contends that personal and environmental stressors and resources, as well as life crises, curriculum challenges and transitions of the learner may combine with each other to induce and shape coping responses, which in turn determine the health and well-being of the learners. This model is explained by using five interrelated panels each representing personal or external stressors or resources, and how they influence the health and well-being of learners.

Panel 1 of the model comprises of the external life stressors and social resources, or lack thereof, which influence the levels of stress of the learner. In this study, the focus of the empirical study will be mainly on one of these stressors, tests and examinations experienced by FET band learners. The importance of social resources, especially social support with educators and

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peers, family and friends, in relation to stress coping strategies will be focused on.

Panel 2 represents the learner's personal system and consists of demographic characteristics, and internal stressors or resources that might contribute to maladaptive destructive coping responses such as suicide and self-mutilation.

Panel 3 represents life crises and transitions. Adolescence is the stage between childhood and adulthood, where the developmental changes, and, or physiological changes to other age groups, are usually high (Seiffge-Krenke, 2006). This is also a period of rapid physical, emotional, cognitive and social change that demand acquiring and implementing constructive adaptive coping strategies and resources (Rathus, 2003).

Adolescents endure several transitions, including the transition to puberty, and transitions involving family relationships, school, peers and the development of cognitive and emotional abilities (Ben-Zur, 2003). South African adolescents are also exposed to additional life crises which influence them directly or indirectly and require effective use of effective and adaptive coping strategies.

Panel 4 represents cognitive appraisal and coping styles that FET Band learners may use individually. Gutierrez (2006) believes that the ambivalence witnessed in maladaptive behaviours originates from dissonance between the learner's protective factors (coping resources and use of strategies) and exposure to stress factors, that is, anxiety and depression. This implies that the learner either leans towards stressors or coping, depending on which factor perceived to have more weight.

Panel 5 focuses on health-related outcome of the stress and coping process and includes both positive and negative outcomes.

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In the current study, the criterion variable will be the employment and effective use of adaptive stress coping strategies, but if maladaptive coping strategies are used, then it will be considered a negative - destructive coping process.

2.6.3. Antonovsky's Model of coping

Antonovsky (1987) expanded on Lazarus and Folkman's (1984) description of the coping process. He offered a further distinction between primary appraisals I, II, III, secondary appraisal and tertiary appraisal.

- **Primary appraisal I,** similar to Lazarus and Folkman's (1984) description of primary appraisal, refers to the definition of an event as either a stressor or non-stressor.

- **Primary appraisal II** refers to the judgment of the nature of the stimulus as benign, threatening, or positive.

- At this stage the individual with a strong sense of coherence, having considerable experience of stressors which soon turn out to be non-problematic, will be more likely to define a stressor as benign or irrelevant and confident that the tension will quickly subside (Antonovsky, 1987).

- **Primary appraisal III** refers to the emotional component, and involves the extent to which one is cognitively and emotionally capable of dealing with the stressor (Antonovsky, 1987).

- **Secondary appraisal** pertains to the selection of the most appropriate coping strategy to deal with the stressor being confronted. This means that the learner with a strong sense of coherence chooses from the repertoire of generalized and specific resistance resources at his or her

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disposal, what seems to be the most appropriate combination (Antonovsky, 1987).

- **Tertiary appraisal** refers to the further assessment of the availability of resources if the first option fails or turns out to be unavailable. Antonovsky (1987) explained that it may involve role modification, use of defense mechanisms, information seeking about the stressor and shifting of perceptions.

2.6.4 The Behavioural Model of coping

The behavioural model of coping is based on the principle of behaviourism; social learning theory .This model posits that coping is learned through the interaction between individuals (internal mental events), and overt behaviour. This is referred to as reciprocal determinism. Stress is viewed as a stimulus event that presents difficult demands (Holmes & Rahe, 1967; Holmes, 1989). The way in which one copes depends on previous learning.

Both classical and operant conditioning can take place vicariously when one person observes another's conditioning. Observational learning occurs when an individual's response is influenced by the observation of others, called models. For instance, alcohol abuse (drinking to cope) is explained by this model as a response that has been learned through social interaction.

2.7. COPING STRATEGIES USED BY FET BAND LEARNERS

Studies of coping strategies of adolescents have found that they use both adaptive and maladaptive coping strategies, diversion and distraction (including watching television, listening to music, and reading) have been found to be common coping strategies for dealing with stress (de Anda ,Baroni, Gold &

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Weiss, 2000; Kurdek, 1987; Mates & Allison, 1992; Patterson & McCubbin, 1987). Adolescents have also been found to seek interpersonal support (de Anda, Darroch, Davidson, Gilly, Javidi, Jefford, Komorowski & Morejon, 1992) from both parents (Greenberg, Siegel, & Leitch, 1983) and peers (Cauce, Felner, & Primavera, 1982; Hirsch, 1985). Maladaptive coping strategies used by adolescents have included substance abuse (Bruns & Geist, 1984; de Anda et.al.,1992; Gad & Johnson, 1980; Labouvie, 1980) self- mutilation ,suicide and "yelling" (de Anda,Darroch, Davidson, Gilly, Javidi, Jefford, Komorowski& Morejon, 1992; Patterson & McCubbin, 1987).

Further Education and Training (FET) band learners use varied strategies to deal with their stressful situations. Strelau's Transactional model (1984) of temperament assumes that psychological effects of school stresses are associated with maladaptive - destructive coping strategies.

2.7.1. Learners' ways of coping strategies

The following section looks at the different theorist view coping among learners.

Freud's (1926) Classic Defense Mechanism identified the following coping strategies:

- Repression
- Denial
- Displacement
- Vigilant coping
- Avoidance
- Reaction formation and sublimation

Beerhr and McGrath (1996) distinguished the (5) five frequently used coping strategies such as:

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- Preventative coping (e.g. Quit smoking to avoid risks of lung cancer)
- Anticipatory coping (e.g. Awaiting an exam question paper)
- Dynamic coping (e.g. Trying to think before answering a question)
- Reactive coping (e.g. Read and do school work after failing a grade)
- Residual coping (e.g. Repeating the same grade but positive about progress)

Klauer and Filipp (1995) identified (5) five coping strategies that were frequently used:

- Seeking social integration
- Rumination
- Threat minimization
- Turning to religion
- Seeking information

Lazarus' and Folkman's (1991) study identified the following strategies to cope with stress:

- Confrontational coping
- Distancing of oneself
- Self-control
- Seeking social support
- Accepting responsibility
- Escape avoidance
- Planful problem- solving
- Positive appraisal

Miller, Mullen and Suls' (1980) study indicate the coping strategies frequently used by learners which include:

- Repression

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- Sensitization
- Monitoring
- Blunting
- Distraction
- Denial or Reinterpretation
- Seeking information about the stressor

The research results of Scheier, Weintraub and Carvers' (1986) study identified the following stress coping strategies:

- denial/aloofness;
- centre of the problem;
- self-accusation;
- acceptance/abandonment;
- active re-interpretation;
- evasion through delusions; and
- social support

2.7.2. Avoidance, withdrawal and the need to escape

This is another way that FET band leaner's use to cope with stress. Piekarska's (1991) study that investigated the relationship between learners and educators indicated that educators controlled learners by using threats or bad grades while learners were constantly concentrated on avoiding them. This shows that avoidance was used as the most effective coping strategy. Bach-olasik's (1991) study yielded the same results as it indicated that coping behaviours such as avoidance of confrontation with teacher and withdrawal were frequently used by stressed learners as coping strategies. Sosnowski and Iwaniszczuk (1990) conducted a study of 271 learners from Polish schools and found out that learners engaged themselves into coping behaviours that were either

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constructive-adaptive coping behaviours or destructive-survival coping behaviours depending on how stress is perceived by the learner. Learners' constructive-adaptive coping strategies were viewed as generalised mobilisation of energy, efforts, skills, and competency to efficiently perform various tasks or to deal with stressful situations or confrontation, need to escape, or defend themselves or threatened goods. In the tested sample of this study only 30.6% of learners used constructive-adaptive coping strategies and 69.4% used forms of destructive-survival coping strategies with the domination of behaviours such as:

- Self-destruction (e.g. smoking cigarettes, using alcohol, using drugs, inflicting various forms of self-harm or self-mutilation as to stimulate illness and thus to stay home, attempts of suicide as a cry for help).
- Aggression and violence against teachers, peers and parents (e.g. peer bullying)
- Avoiding and escaping (e.g. running away from school or home, truancy and simulation of illness).

2.7.3. Physical exercise

Dzewaltowskis' (1989) study of 328 students was conducted for exercise behaviour which found physical exercise as the most useful strategy that learners use to reduce stress. Most learners engage themselves in Life Orientation Physical Education Training (PET) exercises to reduce tests and examinations stress. They may play soccer, walk, run, stretch and it is reported that they do these activities to recharge physically and cognitively for the next challenge. Such motivated learners do regular physical exercise to reduce stress and have positive self-efficacy. It was found that motivated learners engaged themselves in regular physical exercise due to their enhanced perceived efficacy (Holman & Lorig, 1992).

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2.7.4. Social support coping

Sarafino (2002) defines social support as the perceived caring, esteem or help an individual can receives from another person or group. There is a consistent finding by (Sarason, Sarason & Pierce, 1990; Schwarzer & Leppin, 1989, 1991; Veiel & Baumann, 1992) that social support plays a major role in helping learners to cope with stressful situations. Social support can assist in coping and exert beneficial effects on various health outcomes (Rodin & Salovey, 1989). Social support is viewed as a coping response and coping resource because it includes the availability of tangible help, guidance at emotional support from peers, family members and educators. Social support can be informational support from educators who may give advice to learners, emotional support like providing reassurance about their education progress (Schumaker & Brownell, 1984).

According to Sarafino (2002) there are five basic types of social support. They are:

- **Emotional support**

  This is the expression of empathy, caring and concern toward another person

- **Esteem support**

  This support includes people's expressions of positive regard, encouragement, or agreement with the person's ideas or feelings as well as positive comparison of the person with others

- **Tangible or Instrumental support**

  This type of support takes place when the person is assisted with direct assistance such as providing material goods or services.

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- **Informational support**

  This is the type of support where an individual is given advice, directions, suggestions or feedback on how the person is doing or performing.

- **Network support**

  This type of support provides people with feeling of membership in a group of people who share common interests and social activities. The extent to which learners are well integrated with their educators and peers to which their social support and relationships are strong and supportive, is associated with the use of constructive - adaptive coping strategies (Kulik & Mahler, 1993). Maintaining close personal relationships to others can be understood as a social resource factor that can, to a certain degree, protect against indulging into risk behaviours and use of maladaptive coping strategies (Fontana, Kerns, Rosenberg & Colonese, 1989).There is a large body of empirical evidence that indicates such a beneficial influence of social integration on stress coping.

The most socially isolated learners are at risk of using maladaptive coping strategies (Schwarzer & Leppin, 1989). A sense of belonging can facilitate the coping in one way or the other. There is a very close link between social integration and social support and physical exercise (McAuley, 1993). Perceived support by educators and peers can help develop the intention to conduct exercise (Salis, Hovell, & Hofslette, 1992; Wankel, Mummery, Stephens & Craig, 1994). Long term participation in exercise programs is probably more strongly determined by actual, instrumental support than by perceived and informational support (Fuchs, 1996). Duncan and McAuley (1993) have found that social support does influence exercise behaviours directly by improving one's self-efficacy.

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Greenglass (2007) in Denhere (2010) indicated that social support is seen as an exchange of information and a provision of emotional help. It has found to be positively related to physical and psychological health. Social support has been found to assist individuals with high stress cope better (Greenglass, 2007 cited in Denhere 2010). Social support is either a meditational or causative factor in stressful encounters. More social networks are associated with better personal wellbeing. Learners who have supportive social networks have positive attitudes and adapt to adaptive coping strategies (Dunst, Trivette & Cross, 1986). Learners seem to be positive in decision making. Female learners tend to rely more on social resources in coping with stressful events and are therefore more receptive than their male counterparts to interpersonal influence, whether it is from educators or family or peers (Seiffge-Krenke & Shulman, 1993).

Inadequate social support from family and friends has been linked to hopelessness and distress (Choquet & Kovess, 1993; Ker, Preuss & King, 2006). Sun and Hui (2006) found that adolescents who do not feel connected to their family have a higher likeliness to develop low self-esteem, which in turn promotes depressive symptoms, and could eventually lead to distress which is a bad stress and may result in poor performance at school (Ker, Preuss & King, 2006). Bridge, Goldstein and Brent, (2006) highlight the fact that older learners have more autonomy and less supervision and social support from parents, which may lead to disconnection. The stress that learners may experience when a lack of familial support is present can significantly reduce their self-esteem, leading to an even further increase in stress and possible self - destructive, a maladaptive coping strategy (Wilburn & Smith, 2005).

Turner, Kaplan, Zayas and Ross (2002) also found that learners in adolescence perceived their family to be uncaring, distant, and controlling, had a higher tendency to lack a sense of worth.

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However, familial support can also play an important role as a stress-buffering factor. Wagman-Borowsky, Ireland and Resnick, (2001) identified parent-family connectedness as a protective factor against maladaptive coping strategies, irrespective of ethnicity or gender differences. Moosa, Jeenah, Pillay, Vorster and Liebenberg (2005) also state that family, school and peer support could be helpful resources in decreasing feelings of worthlessness, anxiety and distress. Problems with peer relations as well as school changes or difficulties have been found to play a contributory role in adolescent distress (Beautrais, Joyce & Mulder, 1997; Johnson, Cohen, Gould, Kasen, Brown & Brook, 2002). In studying factors contributing to stress attempts by adolescents, Pillay and Wassenaar (1997) determined that conflict with siblings, peers, relatives, teachers or boyfriends or girlfriends increases adolescents' vulnerability to engage in maladaptive coping strategies.

In a New Zealand study on adolescent learners who behave in a risky way, Beautrais, Joyce and Mulder (1997) found that more than half the participants reported relationship breakdowns, interpersonal problems, and difficulties with peers or friends or educators as the reason to employ maladaptive coping strategies. Similarly, two of the most common precipitating factors leading to adolescent distress were found to be interpersonal conflict and loss, particularly when combined with substance abuse (Beautrais, Joyce & Mulder, 1997; Brent, Baugher, Bridge, Chen & Chiappetta, 1999; Gould, Fisher, Parides, Flory, Shaffer, 1996).Apart from familial and peer relationships, the relationship between teachers and learners also seems to be an important social resource.

Paulson and Everall (2001) found that teachers' positive reaction to learners' feelings of chronic stress helped them ease the pain of their distress, while negative reactions made it more difficult for them to cope. The same findings were similar to those of Kern, GFroerer, Summers, Curlette and Matheny (1996) who found that social support and belonging was the most useful coping

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strategies used among learners. It is therefore logical that feeling connected to others and having a sense of social support would buffer feelings of stress. Social support mainly include relationships with family, friends, peers, educators and other significant others. Rutter and Behrendt (2004) found that social support is related to less feelings of isolation, higher levels of resilience, and healthier learner functioning. Similarly, Delongis and Holtzman (2005) found that the learners used a greater variety of coping strategies when they felt supported by significant others. Social resources can be further subdivided into relationships with family, peers, and the greater social environment.

2.7.4.1. Family and peer relationships coping

Several studies have confirmed that family relationships are the most central source of support for adolescents (Anderson, 2002;Fergusson, Woodward & Horwood, 2000; and Morano & Cisler, 1993) also found that family support can act as a buffer against serious vulnerability, however with family structures changing because of divorce, single parenting and separation, many adolescents lack sufficient supportive relationships that are available when they need it most at school. Family disruptions, including death, divorce, separation, and unstable relationship have been a common occurrence in adolescents who have attempted or committed suicides (Hawton, 1986).

Curriculum overload, higher expectations classroom bullying and over learning can be considered as some of the main contributing factors among learners as a source of stress.When parents' divorce, a parent leaves, or a parent loses his or her job, the adolescent may feel guilty and can resort to self-destructive behaviour as a form of punishment (Fergusson, Woodward & Horwood, 2000; Krug, Dahlberg, Mercy, Zwi & Lozano, 2002; Pillay & Wassenaar, 1997). Morano and Cisler, (1993) found that adolescents who engaged in self-destructive behaviour commonly grew up in discipline problems characterised by greater

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conflict and turmoil. Effective skills and abilities to solve conflict successfully, thus efficient problem-solving and conflict resolution skills are vital for good family functioning. Loss of a parent to death or divorce, or living apart from both biological parents, was also found to increase the risk for maladaptive coping strategies (Agerbo, Nordentoft & Mortensen, 2002; Davidson & Linnoila, 1991; Morano & Cisler, 1993).

When faced with such turmoil and conflict in the family setting, adolescents feel a sense of powerlessness and hopelessness, resorting to hardiness as a means of temporarily escaping the prevailing stress and at the same time communicating their emotional distress (Pillay & Wassenaar, 1997). Apart from changing family systems that might create conflict in relationships, a lack of perceived familial support also seems to influence adolescents' susceptibility to engage in maladaptive coping strategies (Lewinsohn Rohde & Seely 1994; Morano & Cisler, 1993; Pillay & Wassenaar, 1997). Simons and Murphy (1985) found emotional problems to be a strong cause of distress, and parental support has a considerable impact on the extent of emotional problems.

Social support, a salient part of religious involvement, also emerges as a protective factor in the form of connectedness to family and school community. Resnick, Bearman, Blum, Bauman, Harries, Jones, Tabor, Beuhring, Sieving, Shew, Ireland, Bearinger and Udry (1997) reported that family connectedness and perceived school connectedness were associated with lower levels of indulging into risky behaviours.

2.7.5. Social Interest

Social interest is at the heart of Adlerian Psychology and is widely considered the central concept of Adlerian theory (Ansbacher & Ansbacher as cited in Daugherty, Murphy & Paugh, 2001).

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The Adlerian Psychology construct of social interest is uniquely related to the topic of children's stress. Adler believed that social interest was the cornerstone of mental health (Kern & Rareshide, 1991). Daugherty, Murphy & Paugh, (2001) found that there is a relationship between coping and social interest, and social interest was related to personal adjustment and it reduces the effects of stress. On the same vein Leak and Williams (1989) found that social interest encourages an active coping strategy to stress among learners. Among learners, belonging has been associated with being liked, accepted and respected by other learners or educators, learners' expectations of academic success and learner's intrinsic interest in school work and grades (Goodenow, 1991). Crandall (1981) states those learners' who feel a sense of belonging, have an enhanced sense of worth and self-confidence.

School connectedness, or belonging, plays a critical role in the success or failure of learners as they have academic challenges (Montana, & Hawkins, 1996). Beck, Edwards and Malley, (1998) report that most learners fail in schools not because they lack the necessary cognitive skills, but because they feel detached, alienated and isolated from others and from the educational process. Sonnenblick (1997) stated that learners who do not feel a sense of belonging at school risk for gang involvement and dropping out of school. From this evidence, it appears that learners with social interest or a strong sense of belonging cope better with stress than learners with lower levels of social interest. Social interest is not an inborn trait, but consciously developed (Adler as cited by Ansbacher & Ansbacher, 1956). Studies demonstrate that social interest and coping resources are directly related.

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2.7.6. Substance abuse

Substance misuse or abuse refers to the excessive consumption of substance (American Psychiatric Association, 2000). Most major theories of addiction postulate that acute and chronic stress plays an important role in the motivation among learners to abuse addictive substances (Tomkins, 1966; Russel & Mehrabian, 1975; Leventhal & Cleary, 1980; Shiffman, 1982; Marlatt & Gordon, 1985; Wills & Shifman, 1985; Koob & Le Moal, 1997). For example, the stress coping model of addiction proposes that the use of addictive substances serves to both reduce negative affect and increase positive affect, thereby reinforcing drug taking as an effective, albeit maladaptive- destructive coping strategy (Shiffman,1982;Wills & Shifman,1985). Stimulants such as alcohol, cigarettes and food were evaluated as the most ineffective and maladaptive ways of coping with stress. As learners are faced with curriculum challenges in the classroom and better grades, the more they feel stressed the higher the craving feeling (Velicer, DiClemente, Rossi & Prochaska, 1990).

Besides using positive coping strategy, learners' athletes are also found to use negative coping strategies like drugs (Anshel, 1991; Weinberg & Gould, 1999; Bacon & Russell, 2004), alcohol (Montgomery & Morris, 1994; Bacon & Russell, 2004) and smoking (Baumert, Henderson & Thompson, 1998). According to the research conducted by Anshel (1991) 48.9% male athletes and 49.2% female athletes used drugs in sports. A few research shows that alcohol usage among student athletes was higher than nonathletic students (Weinberg &, Gould 1999).

Smoking among learners is high as most boys like to imitate their peers and feel as part of the group through copying or smoking cigarettes since it is the most accessible substance (Schiffman, 1993). Smoking and alcohol abuse is rife among high school (FET band) learners (Johnston, 1996). Kim, Larimer, Walker and Marlatt (1997) discovered more frequent use of tobacco and other drugs and

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alcohol use and more sexual activity among heavy drinkers who may decide to bunk school for drinking spree. Patlock - Peckham, Hutchinson, Cheong and Nagoshi (1998); Perkins (1987) studied college students aged between 16 and 23 years and found that students with no religious affiliation used alcohol more often and in greater quantity as a coping means. Hardesty and Kirby (1995) also found that high school learners who play truancy or had dropped out of school had serious disciplinary problems and used maladaptive-destructive coping strategy to cope with stress and were at high risk of substance abuse and overcoming such addictive and risky behaviours poses a major challenge in schools especially for those who are dependent on these substances.

Some learners cannot resist the temptations to smoke due to fear of rejection by their peers and a sense of belonging. Unfortunately, smoking will become a habit and they develop addiction. Each time if they are given chance to go to the loo to relieve them, they smoke (Godding & Glasgow, 1985). Barnow, Schuckit, and Lucht, (2002) research on German adolescents with alcohol problems who had more behavioral problems, more perceived parental rejection, less parental warmth, and more association with substance-using peers than did adolescents without alcohol problems. Alcoholic adolescents demonstrated aggression and delinquency. Apart from adolescent delinquency, Windle (2000) found that a number of factors operated directly and indirectly on adolescent substance use overtime.

Stressful life events and educational challenges were related to drinking to cope and directly to adolescent alcohol problems. High activity levels and sociability of the adolescent were linked to peer - substance use and were thereby indirectly related to adolescent substance use and problems with alcohol. Gould, Fisher, Parides, Flory and Shaffer (1996) found that suicide attempters are more likely to engage in substance abuse or have substance related disorders than suicidal ideates , which may suggest that substance use could facilitate the transition

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from suicidal ideation to suicide attempts, and possibly suicide completion as a coping means (Bridge, Goldstein & Brent, 2006). In a study by King,Schwab-Stone, Flisher, Greenwald, Kramer, Goodman, Lahey, Shaffer, & Gould (2001), it was reported that all participating adolescents with suicidal ideation or those who have attempted suicide had either engaged in substance abuse, including marijuana, cigarettes and alcohol, or experienced the onset of a sexual relationships. Other studies have also confirmed that substance abuse could play contributory role in suicidal behaviour (Gould, et al, 1996; King,Schwab-Stone, Flisher, Greenwald, Kramer, Goodman, Lahey, Shaffer, & Gould, 2001; Lewinsohn, Rohde, Seely, 1996).

2.7.7. Seeking help and spiritual support

Spiritual support is defined as "the perceived personally supportive components of an individual's relationship with God (Maton, 1989; Park, Cohen & Herb, 1990). Religion powerfully influences how individuals cope with stress (Pargament, 1996/1997). Religion explains unique variance in coping and predicts outcomes beyond secular coping (Pargament, 2002). The wealth of research demonstrated that religion is linked with coping. McIntosh (1995) proposed that religion acts as a cognitive schema, shaping cognitive processes including the perception of stress. The Transactional model proposes those cognitive appraisals are the intermediaries between beliefs and coping strategies (Lazarus & Folkman, 1987). Differing beliefs about God (e.g.as a benevolent or a wrathful being) are associated with differing religious coping styles (Maynard, Gorsuch & Bjorrck, 2001).

In terms of The Department of Education Policy Act No. 84 of 1996: The South African Schools Act (SASA) stipulates that the School Governing Body (SGB) has been mandated to draft the school policies including the religious policy as the juristic person or legitimate owners of the school.

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In some schools learners form Student Christian Prayer Movement (SCPM) where they conduct religious morning devotions or prayers daily even though South Africa is a secular state. In such instances the SGBs would have decided that the school can use Christian customs in their assemblies when conducting morning devotions. Religious or spiritual coping moderates the relationship between stress and depressive symptoms, with negative religious coping exacerbating the effects of stress, and positive religious coping which buffers the effects of stress. Religious coping was viewed strongest for youth with high personal religious commitment (Carpenter, Thomas, Laney, Tyler & Mezulis, 2012).

Learners from actively religious families, who attended church service, prayed and observed religious holidays were less likely to use drugs to cope with their stressors and were more likely to choose drugs - abstinent friend (Hardesty & Kirby 1995). The seminal work on the role of religion in suicide is based on the work of Durkheim (1895/1951), who posited that religion acts as a deterrent against suicide because it enhances social integration and normalizes submission or adherence to regulation.

Several researchers have noted that ties to religious institutions in general serve as protective barrier against suicidal behaviors because religious organizations are easily accessible, provide an important source of positive affect, emphasise social ties, and enhance group cohesiveness (Pescosolido & Georgianna, 1989; Stack & Lester, 1991; Stark, Doyle, & Rushing, 1983). Religiosity has also been found to be a protective factor for suicide ideation, suicide attempts, and suicide completion among adolescents from various ethnic backgrounds (Donahue & Benson, 1995; Stack, Wasserman, & Kposowa, 1994; Zhang & Jin, 1996).Religious coping incorporates religious beliefs and practices used to manage reactions to stressful events.

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Pargament, Grevengoed, Kennell, Newman, Hathaway and Jones (1988) developed a model that distinguishes religious coping methods based on an individual's approach to problem solving in the context of a relationship with God. An individual can use more than one or all three coping strategies to manage life stressors (Wong-McDonald & Gorsuch, 2000). A self-directed coping style is characterised by active participation in problem solving with minimal involvement with a Higher Power; self-directed coping occurs when the individual is active and God is primarily passive: "I solve my problems on my own." A collaborative coping style is characterized by a cooperative relationship with God in which the individual is in an active partnership with God to solve problems: "God and I solve problems together."

Finally, deferring coping is characterised by an individual passively waiting for God to solve his or her problems in life: "God will fix my problems without me doing anything." In low-stress situations, coping styles do not seem to be related to depression. However, in high-stress situations, the collaborative, as opposed to the self-directive, coping style may provide greater buffering against depressive affect (Birkel, Sheers, Estrada, Powell, & Pargament ,1998).

Self-directed religious coping has been found to be associated with positive self-esteem and a sense of self-efficacy (Phillips, Lynn, Crossley, & Pargament, 2004). Gray and Molock (1999) found that among African American college students, collaborative religious coping styles were associated with lower levels of hopelessness and suicide ideation, and self-directing coping styles were associated with lower levels of suicide ideation. In a more recent study, Fabricatore, Handal, Rubio, and Gilner (2004) found that collaborative religious coping mediated the relationships of religiousness to well-being and distress in a sample of undergraduates. However, self-directed religious coping has also been related to higher levels of depression and lower levels of spiritual well-being (Hathaway & Pargament1990; Wong-McDonald & Gorsuch, 2000).

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2.7.8. SELF – HARM

The "spectrum of self-harm" is commonly used to describe a wide range of behaviour spanning health-risk behaviour (such as reckless driving or sexual activity), deliberate self-injury (in the form of cutting, burning, or other superficial tissue damage without conscious suicidal intent), suicide attempts, and actual death by suicide (King,Ruchkin, & Schwab-Stone, 2003). It seems contrary to all human survival instincts when people intentionally attempt to end their own lives or deliberately hurt themselves (Joiner, 2005). Nevertheless, self-harming behaviors are relatively common in the general population of young adults, with as many as one third of college students (Gratz, 2001) engaging in self-harmful behaviors at some point in their lives.

The term self-harm has multiple meanings: in the United Kingdom, where much of the research is conducted, the term is synonymous with *deliberate self-harm* and refers to all instances of deliberate injury, regardless of intent to die, a construct similar to the European term Para suicide. Para - suicide is not commonly used in North American literature, but in European literature refers to two discrete concepts: either all episodes of bodily harm survived with or without intent, or episodes without intent, typically excluding repetitive acts (Skegg, 2005). This construct of Para - suicide does not differentiate between suicide attempts, episodes of self-harm (i.e., overdose, hanging, cutting, jumping from high places, etc.) in which there was at least some intent to die, and also more repetitive acts of self-harm motivated by inter- or intrapersonal factors in which there may be no conscious attempt to die. From this perspective, all acts of self-harm, regardless of intent, are considered on a spectrum of life-threatening behavior.

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Cooper, Kapur, Webb, LawlorGuthrie, Mackway-Jones, & Appleby, (2005); Owens, Horrocks & Hous, (2002);Sansone, Songer, & Sellbom, (2006), support that the high likelihood of persons who self-harm without suicidal intent later progress into suicidal acts. There is much empirical support for the notion that those who self-harm have deficient emotion regulation and coping strategies. Suicidal individuals are more likely to utilise avoidance coping means (Spirito, Francis, Overholser & Frank, (1996) and maladaptive emotion regulation strategies, Curry, et al., (1992), and have fewer coping strategies in their repertoire, (Rotherham- Borus, Trautman, Dopkins, & Shrout, 1990). Although these maladaptive avoidant emotion regulation and coping strategies may be effective at reducing negative emotions in the short-term (i.e. through denial or suppression, etc.), these tactics actually cause negative emotions to increase in the long - term (Kashdan, Barrios, Forsyth, Steger, 2006).

However, if a person is uncomfortable expressing or trusting their emotions and these tactics work even slightly in the short-term, a person may come to rely on these maladaptive strategies, not realizing that never directly addressing their emotions or problems is ineffective. Over time, if coping responses are ineffective to address the problem or if the coping strategies selected avoid the problem altogether, it is likely the negative emotions associated with the problem will increase; however, the presence of high levels of negative emotion ironically makes it increasingly difficult for persons to perform appropriate coping and emotion regulation strategies (Linehan, 1993).

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2.7.8.1. Self – mutilation

The root word mutilate is derived from the Latin “mutilatus”, which means to maim. A dictionary definition of mutilate is averb meaning to inflict a violent and disfiguring injury; todeform by slitting, boring, or removing a part of a body (Merriam-Webster online dictionary 2007).

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Self-mutilation is deliberate injury to one's own body. Based on a review of health-related literature, self-mutilations defined as the intentional act of tissue destruction with the purpose of shifting overwhelming emotional pain to a more acceptable physical pain. Tissue damage is a visual demonstration of extreme emotional distress, and the physical act of mutilation seems to reconcile this emotion. A release of endorphins after the physical damage contributes to feeling of relief, and an addictive maladaptive coping cycle of pain, relief, shame and self-hate. Body modifications that are intended for ornamentation are not considered a form of self-mutilation, as they are done for spiritual or social purposes. The modification of one's body by tattooing, piercing or plastic surgery for the purpose of decoration is considered culturally sanctioned and is not measured as a form of self-mutilation (Clarke & Whittaker, 1998; Woldorf, 2005; Brumberg, 2006).

Self-mutilation is a form of intentional self-injury that has not been well defined or documented in the literature. Although self-mutilation has been identified in countries around the world, it is most often discussed in literature from the United States of America (USA) and the United Kingdom (UK). VanSell,Quin, Oliphant, Shull, Johnston & Nguyen, (2005) estimated that 3 million people in the US choose to cut, burn or cause other types of tissue destruction to them. In a survey of 424 high school students 'in Canada, 15% reported intentional self-injury (Ross & Heath, 2002). Self-mutilation has been described as a symptom of a psychological disorder that has its genesis in deficient coping skills (Lion & Conn, 1982; Schaffer, Carroll, & Abramowitz, 1982; van Moffaert, 1990).

The literature to date has indicated that self-mutative behavior fits with either option. However, there seems to be more support for the description of the behavior as a maladaptive coping strategy to stress. Self-mutilative behavior, low-lethality self-injurious behavior such as wrist-cutting, ear cutting, and skin burning are considered as maladaptive coping strategies (Walsh & Rosen, 1988).

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It has been suggested that individuals who self-mutilate adopt the behavior because they have no other means of coping with problem situations (Ross & McKay, 1979; Walsh & Rosen, 1988). In this sense, self-mutilation can best be described as a coping strategy. For example, there are many reports in the literature describing self-mutilative behavior as a means of ending or alleviating stress and distress experienced by those who engage in self-mutilation (Graff & Mallin, 1967; Grunebaum & Klerman, 1967; Lion & Conn, 1982; van Moffaert, 1990). In this way, it is not difficult to conceptualise self-mutilative behavior as a coping strategy and can best be described as a coping strategy. Self-mutilative behavior also has been reported to occur as a consequence of specific stressors such as sexual abuse (Carroll, Schaffer, Spensley, & Abramowitz, 1980; Favazza & Conterio, 1989; Herzberg, 1977; Schwartz, Cohen, Hoffman, & Meeks, 1989; Summit, 1983). Self-mutilative behavior is used to alleviate emotional distress in an effort to enhance psychological adjustment.

Studies suggest that about 13% to 25%of adolescence surveyed in schools have some history of self- injury (Rodham & Hawton, 2009). It is apparent in the literature that no single coping strategy is effective in all situations (Kessler, Price & Wortman, 1985). However, if self-mutilative behaviour is accepted as a coping strategy, it is likely that individuals who self-mutilate apply this coping strategy in many problem situations. This would indicate that they have few effective and adaptive coping strategies in their coping repertoire. So, self-mutilative behaviour can be described as a general failure of coping or as a maladaptive coping strategy in its own right (Walsh & Rosen, 1988). Indeed, it would be expected that individuals who self-mutilate would evidence reduced coping ability. However, the exact nature of the coping deficits has not been identified.

It has been suggested that a reliance on emotion-focused coping to the exclusion of problem focused coping is associated with greater psychological

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maladjustment (Folkman & Lazarus, 1980; Mitchell, Cronkite, & Moos, 1983; Moos & Billings, 1982). It is possible that individuals who self-mutilate rely too heavily on emotion-focused coping. Research also has determined that coping resources can buffer against the negative effectsof life stress (Anson, Carmel, Levenson, Bonneh, & Maoz, 1983; Lin & Ensel, 1989). Both personal and external resources can provide this buffering effect and research results have been inconsistent in terms of the relative importance of either type of resource (Anson, Carmel, Levenson, Bonneh & Maoz, 1993; Cummins, 1991; Israel, House, Schurman, Heaney & Mero, 1989; Lefcourt, Martin & Saleh, 1984; Lin& Ensel, 1989; Sandler & Lakey, 1993). If self-mutilative behavior is adopted as coping strategy, it is likely that these individuals would have deficient coping resources. There is a paucity of research directly addressing a relationship between problem-solving deficits and self-mutilative behavior. A number of factors suggest that an investigation of this relationship is warranted.

At the most elementary level, individuals who self-mutilate have been demonstrated to display high levels of psychiatric symptomatology (Haines, Williams & Brain, 1996) and to engage in substantially more self-destructive or suicidal behavior(Bongar, Peterson, Golann, & Hardiman, 1990; Fruensgaard & Flindt Hansen, 1988). Psychiatric symptomatology and in particular self-destructive behavior have been demonstrated to be associated with deficits in problem-solving ability (Levenson & Neuringer, 1971; Orbach, Bar–Joseph & Dror, 1990; Salkovskis, Atha & Storer, 1990; Schotte & Clum, 1982\, 1987). There is no reason to suppose that individuals who self-mutilate would differ, in terms of the relationship between problem solving and symptomatology, from individuals with similar psychological profiles but who do not self-mutilate. There is some indication in the literature that failure at problem solving may reflect transitory or state phenomenon (Schotte, Cools, & Payvar, 1990).

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It is possible that individuals who self-mutilate have a threshold for stress, past which they cannot successfully activate the problem-solving process. It is worthy of note that between self-mutilative episodes and the experience of stress associated with them, most individuals who self-mutilate have been reported to function quite adequately (Walsh & Rosen, 1988). It is possible that the effectiveness of their problem solving ability fluctuates as a function of their stress level. If this is the case, assessment of skills simply in terms of means-ends problem-solving would be unlikely to evidence deficits if assessed at a time when the individual was functioning well.

2.7.8.2. Self – injury

The term "self-injury "refers to a broad a range of behaviors (Whitlock, Eckenrode, & Silverman, 2006; Yates, 2004) that result in the damage of body tissue inside or outside of the body. Some of the most commonly known include:

- Severely scratching or pinching with fingernails or other objects to the point that bleeding occurs or marks remain on the skin
- Cutting, ripping, or carving words or symbols into wrists, arms, legs, torso, or other areas of the body
- Banging or punching objects or oneself to the point of bruising or bleeding(with the conscious intention of hurting the self)
- Biting to the point that bleeding occurs or marks remain on skin
- Pulling out hair, eyelashes, or eyebrows with the overt
- Intention of hurting oneself
- Intentionally preventing wounds from healing
- Burning the skin

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- Embedding objects into the skin and engraving tattoos
- Other areas of the body
- Banging or punching objects or oneself to the point of bruising or bleeding (with the conscious intention of hurting the self

However, many of these young people engage in self-injury once or twice, and then stop. Others become chronic self-injurers. Studies of self-injury in school populations suggest that about 6% of the school population is actively and chronically self-injuring, while many more have some history of self-injury. While there are no analogous statistics for gender differences, the prevalence is likely to be roughly similar. Middle school populations may have somewhat higher prevalence since that is the age at which most individuals initiate self-injury (Whitlock, Eckenrode, et al., 2006; Gollust, Eisenberg, & Goldberstein, 2008).

Self - mutilative behaviour , low - lethality self - injurious behaviour such as wrist - cutting, ear - cutting and skin burning are considered as maladaptive coping strategies (Walsh & Rosen,1988). It has been suggested that individuals who self - mutilate adopt the behaviuor because they have no other means of coping with the problem situations (Ross & McKay, 1997; Walsh & Rosen, 1988). In this sense, self – mutilation can be described as a coping strategy. For example, there are many reports on literature describing self – mutilative behaviour as a means of ending or alleviating stress and distress experienced by those who engage in self – mutilation (Lion & Conn, 1982; van Moffaert, 1990). In this way, it is not difficult to conseptualise self – mutilative behaviour as a coping strategy. Self –mutilative behaviour also has been reported to occur as a consequence of specific stressors such as sexual abuse (Carrol, Schaffer, Spensley, & Abramowits, 1980; Favazza & Conterio, 1989; Shwartz, Cohen, Hoffman & Meeks, 1989; Summit, 1983).

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Self – mutilative behaviour is used to alleviate emotional distress in an effort to enhance psychological adjustment. It is apparent in the literature that no single coping strategy is effective in all situations (Kessler, Price & Wortman, 1985). However, self – mutilative behaviour is accepted as a coping strategy in many problem situations. This would indicate that learners who resort to using self – mutilation as a coping strategy have few effective and constructive – adaptive coping strategies in their coping repertoire. So, self – mutilative behaviour can be as a general failure of coping or as a maladaptive destructive coping strategy in its own right (Walsh & Rosen, 1988). Indeed, it would be expected that adolescents who self- mutilate would evidence reduced coping ability. However, the exact nature of the coping deficits has not been identified. It has been suggested that a reliance on emotion – focused coping is associated with greater psychological maladjustment (Folkman & Lazarus, 1980; Mitchel, Cronkite & Moos, 1983; Moos & Bellings, 1982). It is possible that individuals who self – mutilate rely heavily on emotion – focused coping.

Research also has determined that coping resources can buffer against the negative effects of life stress (Anson, Carmel, Levenson, Bonneh & Maoz, 1993; Lin & Ensel, 1989). Both personal and external resources can provide this buffering effect and research results have been inconsistent in terms of the relative importance of either type of resource (Anson, Carmel, Levenson, Bonneh & Maoz, 1993; Cummins, 1988; Israel, House, Schurman, Heaney & Mero, 1989; Lefcourt, Martin & Saleh, 1984; Lin & Ensel, 1989; Sandler & Lakey, 1982). If self – mutilative behaviour is adopted as a coping strategy, it is likely that the learners would have deficient coping resources. There is a paucity of research directly addressing a relationship between problem – solving deficits and self – mutilative behaviour.

At the most elementary level, individuals who self – mutilate has been demonstrated to display high levels of psychiatric symptomatology (Haines,

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Williams & Brian, 1996) and to engage in substantially more self- destructive or suicidal behaviour (Bongar, Golann & Hardiman, 1990; Fruensgaard & FlindtHansen, 1988). It is possible that adolescents who self – mutilate have a threshold for stress, past which they successfully adapt to maladaptive destructive coping strategy. It is possible that the effectiveness of their problem solving ability fluctuates as a function of their stress level (Walsh & Rosen, 1988).

2.7.8.3. Suicide and Behaviour Copying

Suicide means killing oneself (Beautrais, 2001). The act constitutes a person willingly, perhaps ambivalently, taking his or her own life. Several forms of suicidal behavior fall within the self-destructive spectrum, the National suicide Statistics has identified the types of suicide which are:

A completed suicide means the person has died. It is important not to use the term successful suicide; the goal is to prevent suicide and provide treatment.

A suicide attempt involves a serious act, such as taking a fatal amount of medication and someone intervening accidentally. Without the accidental discovery, the individual would be dead.

A suicide gesture denotes a person undertaking an unusual, but not fatal, behavior as a cry for help or to get attention.

A suicide gamble is one in which patients gamble their lives that they will be found in time and that the discoverer will save them. For example, an individual ingests a fatal amount of drugs with the belief that family members will be home before death occurs.

A suicide equivalent involves a situation in which the person does not attempt suicide. Instead, he or she uses behavior to get some of the reactions that suicide would have caused.

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For example, an adolescent boy runs away from home, wanting to see how his parents respond (Do they care? Are they sorry for the way that they have been treating him?). The action can be seen as an indirect cry for help.

The tragedy of suicide in adolescents is a global phenomenon that deserves the attention of the world's pediatricians. An estimated 2 million people die each year as a result of homicide or suicide. In 2002, there were an estimated 877,000 suicides in the world, of which approximately 200,000 were adolescents aged between 16-21 years (Greydanus & Calles, 2007). Suicide is among the leading causes of death for adolescents in the world and rates are rising faster in teens than in other age groups (Beautrais, 2001).

Global suicide rates are now at a crisis level and will require agent empirical research about it among adolescence. Causes of suicide include depression, abuse (physical or sexual), and loss of friends (including boyfriend - or girlfriend), academic failure, social isolation, substance abuse, and others. Lewinsohn, Rohde, & Seely (1996) also found exposure to suicide, or suicide attempts and suicide completion by adolescents to be a significant risk factor for future suicide attempts. Other researchers have found that the acute loss of a source of social support, including a friend and educators may create a sudden crisis in ego functioning, which affects the adolescent's impulse control, judgment, cognition and fantasies (Davidson & Linnoila,1991), which in turn may lead to feelings of depression (Krug, Dahlberg, Mercy, Zwi & Lozano,2002).

Wagman – Borowsky, Ireland and Resnick, (2001) report that having a friend who attempt or complete suicide significantly predicted suicide attempts among adolescent girls as a way of coping through copying from peers. Gould et al. (2004) report that adolescents are significantly more likely to develop depressive symptoms, abuse substances, and have suicidal ideation when they have a problem. Adolescents at higher risk commonly have a history of depression, a

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previous suicide attempt, a family history of psychiatric disorders (especially depression and suicidal behavior), family disruption, and certain chronic or debilitating physical disorders or psychiatric illness (Bennett,1994). Alcohol use and alcoholism indicate high risk for suicide (Roy, Segal, Centerwall, Robinette, 1991). Alcohol use has been associated with 50% of suicides. Living out of the home (in a correctional facility or group home) and a history of physical or sexual abuse are additional factor more commonly found in adolescents who exhibit suicidal behavior. Psychosocial problems and stresses, such as conflicts with parents, breakup of a relationship, school difficulties or failure, legal difficulties, social isolation, and physical ailments (including hypochondriacally preoccupation), commonly are reported or observed in young people particularly learners who attempt suicide.

These precipitating factors often are cited by youths as reasons for attempting suicide first-hand experience with a suicidal peer. Similarly, Gutierrez, King and Ghaziuddin, (1996) found a relationship between exposure to death and suicide, attitudes about life and death, and level of suicidal ideation among learners. Recently, Bridgend, a small town of 139 000 inhabitants in Wales, has received increased media attention after 17 adolescents committed suicide by hanging themselves, within a year (Booth, 2008). The first three adolescents who committed suicide and two subsequent pairs were known to each other which might suggest that exposure to the suicides of other adolescents contributed to their suicides. Possible further links between the suicides are still being investigated, and include internet websites, media exposure, and imitation of others' suicidal behaviour (Booth, 2008).

Some youth who attempt or complete suicide have a history of self-cutting behavior (Pescosolido & Georgiana, 1989). There is a still concern regarding the extent of the stress experienced by adolescents as part of the normal developmental process, the degree to which present-day adolescents are

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CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The previous chapter reviewed literature on the coping strategies that learners' use to cope with stress in schools. This chapter looks at the methodological designs that were used to collect data. It also looked at the sampling techniques that were used to select the respondents of the study.

3.1.1 Paradigm of the study.

Research methods refers only to various specific tools or ways which data can be collected and analyzing (Collis & Hussey, 2003). Kothari (1985) added that research methods are various procedures, schemes and algorithms used in research, they are essentially planned and scientific research methods used by the researcher during a research.

A research paradigm is a broad view or perspective of something (Taylor, Kermode & Roberts, 2007). They are standards or principles that guide the researchers' actions and beliefs. Additionally, Cresswell (2003) paradigms are patterns of beliefs and practices that regulate inquiry within a discipline by providing lenses, frames and processes through which investigation is accomplished. In this study no single paradigm could satisfactorily deal with all of the required methodological aspects. Therefore, the researcher found it necessary to combine the quantitative / positivistic paradigms with the qualitative / interpretive paradigm. The blending of both paradigms provided the researcher the ability to statistically analyse and interpret data collected.

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This blending is known as triangulation. Triangulation involves the application and combination of several research methodologies in one study (Harden & Thomas, 2010; Taylor, Kermode & Roberts, 2007). For the purpose of this study, the researcher used methodological triangulation that involves using more than one methodological strategy during data collections. The use of multiple data source and methods helps to cross- check and validate findings which increase the depth and quality of the results and also provide valuable in- depth data and increase the research results (Teddlie & Tashakkori, 2010).

3.2 RESEARCH DESIGN

The research design is basically the overall approach used to investigate the problem of interest that is to shed light on, or answer the question of interest or to test the intended hypothesis (Gay, 1996).

Babbie and Mouton (2006) emphasised that a research design is a plan or blueprint of how the research is conducted. It is an overall approach used to investigate the problem. This is also supported by Huysamen (1994) who notes that a research design is the plan or blueprint according to which data are collected to investigate the research hypothesis or question in the most economical manner.

Monette, Sullivan and DeJong (1990) concluded that a survey is a data collection technique in which information is gathered from individual respondents by having them respond to questions. For the purpose of this study, both the qualitative and quantitative approaches were used in a surveys because are simple in design they employ face – to – face interviews, telephonic interviews or a written questionnaire. Surveys are the most frequently used research designs in social science (Babbie & Mouton, 1998). Leedy and Ormrod (2010) add that survey research refers to almost any form of descriptive, quantitative research.

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Surveys are free from errors, easy to administrate, convenient, cheaper or cost effective and only questions of interest to the researcher are asked in the quantitative approach. Surveys also allow the researcher to carry out personal interviews with the participants in the qualitative approach.

3.3 RESEARCH METHODS

Leedy and Ormrod (2010) state that research methodology refers to the general approach the researcher takes in carrying out the research project. This approach dictates the particular tools the researcher selects.

For the purpose of this study, the researcher used the multi-methods strategy/ mixed methods where both qualitative and quantitative approaches were used. This integration of methods is referred to as triangulation (Teddlie & Tashakkori, 2009). Leedy and Ormrod (2010) define triangulation as the use of multiple methods of data collection with the hope that they will all converge to support a particular hypothesis or theory. This strategy is common in mixed – method designs in which both quantitative and qualitative data are collected to answer a single research question.

Denzin and Lincoln (2008) add that triangulation is the combination of the methodologies in the study of the same phenomenon. Triangulation implies that techniques are used in a parallel manner, thus providing an overlap of information. This makes it possible to check results from more than one source (Easterby-Smith et, al. 1994). For the purpose of this study, the researcher used methodological triangulation. Harden and Thomas, (2010); Taylor, Kermode and Roberts (2007) define methodological triangulation as the application and combination of several research methodologies in one study. In this study, quantitative and qualitative approaches were employed where triangulation of data occurred.

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3.4 THE RATIONALE FOR USING MIXED METHOD

Bowen (2003) and Massey (2003) contend that a combination of quantitative and qualitative approaches should be viewed as an acceptable methodological approach for research occupying a variety of epistemological positions. For the purpose of this study, the researcher used both the qualitative and quantitative approaches in order to gather reliable and valid data that complement one another.

The multiple approaches represent a poly-vocal approach to research in which the researcher does not necessarily privilege one particular view of the social world over another. When methods are combined, the advantage of each methodology complements those of the other, thus making a stronger research design that will yield more valid and reliable findings (DeCrop, 1991). For the purpose of this study, the researcher used methodological triangulation in order to enhance validity and reliability of the research findings (Harden and Thomas, 2010).

3.4.1 TRIANGULATION

Methodological triangulation involves using more than one method to gather data, such as interviews, observations, questionnaires, and documents. Teddlie and Tashakkori (2009) argue that triangulation refers to the combinations and comparisons of multiple data sources, data collection and analysis procedures, research methods and inferences that occur at the end of a study. For the purpose of this study the researcher used a multi method strategy in which methodological triangulation of data sources was employed, were in questionnaires and interview schedules were used in order to enhance the validity and reliability of the research findings.

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3.5 DATA COLLECTION STRATEGY

The methods of collecting data in research are through the data collection instruments that seem relevant to the study. The types of data collection methods used in this study are both quantitative and qualitative approaches where questionnaires and interview schedules.

A self- designed questionnaire and a face-to-face interview schedule were used as tools for collecting data from the respondents. Through the use of a multi-method strategy, data collected was generated in both numeric and narrative form.

3.5.1 RESEARCH INSTRUMENTS

Research instruments are apparatus used to collect data (Newman, 2000). The researcher used both questionnaires and interview schedules to collect data.

3.5.1.1 Quantitative data collection

Walsh (2001) states that quantitative data is information which comes in numerical items. In the same vein Leedy and Ormrod (2010) argue that quantitative research involves looking at amounts, and quantities of one or more variables of interest. For the purpose of this study, under study, the researcher used a questionnaire as a tool for collecting data. A questionnaire is a paper and a pencil instrument that the respondent completes (Trochim, 2006).

Questionnaires are used because they enable the researcher to collect data in a relatively short time (Babbie & Mouton, 2005). When questionnaires were constructed, care was taken to: (Babbie & Mouton, 1992).

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- Avoid long items;
- Avoid double-barreled questions;
- Avoid irrelevant questions;
- Avoid negative items; and
- Avoid biased and loaded items and terms.

The questionnaire was designed or constructed following the operational items cited in the literature review section 2.7 on Further Education and Training Band learners' stress coping strategies in schools.

3.5.1.1.1 The structure of the questionnaire

Closed-ended questions were employed when designing the questionnaire. In the closed-ended question format respondents were requested to select an answer from a list of answers provided by the researcher. Closed-ended questions are very popular because they provide greater uniformity of responses and are more easily processed (Babbie & Mouton, 2006). The questionnaire is comprised of three sections as follows.

- **Section A:** In Section A, respondents were requested to complete Biographical information regarding age, gender, religion and current grade.

- **Section B:** In this section, learners were requested to answer Yes or No by making a cross on the appropriate box.

- **Section C:** This section had items which sought to find out the learners' stress coping strategies that they use to cope with stress. Learners were requested to indicate the extent to which they agree or disagree with the statements on the learners' stress coping strategies.

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- A five point Likert-type scale with the options strongly agree, agree, not sure, disagree and strongly disagree were used. The learners responded to the statements by indicating the extent to which they agreed or disagree with the statements by making a cross on the appropriate box.

3.5.1.2 Qualitative data collection

Leedy and Ormrod; (2010) and Strauss and Corbin; (1998) state that qualitative research involves looking at characteristics or qualities that cannot be easily reduced to numerical values. Easterby-Smith (1991); Blanche and Durrheim(1999) add that qualitative reports are not presented as statistical summation, but rather adopt a more descriptive, narrative style which is likely to be of benefit to the researcher. This approach can use interviews, observations and case studies as data collection tools. Teddlie and Tashakkori (2009) confirm that qualitative research techniques are associated with the gathering, analysis, interpretation and presentation of narrative information, including data stored in audio, video and other formats. Narrative information was obtained through conversation with the participants.

Rossman and Rallis (2003) argue that qualitative approach has its strengths; and are as follows: The researcher used qualitative approach because:

- It is naturalistic in nature;
- It draws on multiple methods that respect the humanity of participants in the study;
- It focuses on context ;
- It is fundamentally interpretive; and
- It is typically more flexible.

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For the purpose of this study, the researcher used both structured and unstructured interviews schedules to collect qualitative data.

3.5.1.3 The interview schedule.

An interview schedule is a research tool that involves one person (the interviewer) asking questions to the interviewee (Teddlie & Tashakkori, 2009). Dane (1990) adds that an interview is a conversation with a purpose.

An interview seems to be the best instrument for the study because of the following reasons:

- It allowed the researcher to get information and is able to view gestures or non-verbal responses; and
- Face-to-face interaction leads to learning because the researcher was able to see if the participants are not interested in the study
- If the participants are giving wrong or false information regarding the study.

3.6 POPULATION AND SAMPLING

3.6.1 Population

Population is a group of individuals from which a sample is drawn. Bless and Higson-Smith (1995) define population as a set of elements that researchers focus upon and to which the results obtained by testing the samples can be generalized.

Judd, Smith and Kidder (1991) define population as the aggregate of all cases that conform to some designated set of specifications. The population of this study was composed of FET Band learners from rural secondary schools in Mvudi Circuit.

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3.6.1.1 The study population

Both boys and girls in the FET band currently in grades 10, 11 and 12, aged between 16-20 years old formed part of the population of study. Educators currently teaching in grades 10, 11 and 12 also form part of the population because their teaching and life experiences placed them in a better position to answer and respond to some of the question. Both male and female educators teaching in the FET Band particularly, grades 10, 11 and 12 were the most eligible and preferred for this study because of the experience they have in teaching FET band learners in secondary schools.

Non-probability sampling was used to select participants among the educators. In this method, it is not easy to estimating the probability of each respondent. There is no assurance that every respondent has a chance for inclusion (Pilot & Hungler, 1999). Purposive sampling, a sub –type of non –probability sampling was used. This is a method wherein respondents were selected by the researcher subjectively (Babbie & Mouton, 2006). The researcher chose a sample that appears to be representative of the population of interest.

The respondents were not randomly selected but were selected using the judgment of the researcher; they were sampled with purpose in mind. For the purpose of this study educators currently teaching in the FET band were purposively selected. Purposive sampling deems to be most relevant in this study because it is not haphazard but chose educators with relevance. Educators were thus interviewed purposively because they seem to be in a better position than learners to explain coherently about the topic under study. A non-probability purposive sample of eight (8) educators was selected from eight (8) different rural public secondary schools in Mvudi Circuit. Each school was represented by an educator offering Life Orientation in each school in the FET band.

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Variables such as gender, grade, band currently teaching and the learning area were considered. The total sample size of the whole study was fifty four (54) learners and eight (8) educators totaling to the sample size of sixty two (62) samples.

3.6.2 Sample

According to Melville and Goddard (1996), a sample is defined as a subset of participants drawn from the population to represent the whole population. For the purpose of this study, a sample is a number of individuals selected from the population of study to represent the larger group from which it was drawn. Sample population size of about 48 learners was randomly chosen where everybody had the chance of being selected and be part of the study. Each school was represented by six (6) learners. The selected sample was made up of learners attending public rural schools in the FET band in grades 10, 11 and 12 in Mvudi Circuit. Variables that were taken into consideration during sampling among learners were the learners' ages, gender and current grades.

3.6.2.1 Sampling Procedures

According to Schumacher and McMillan (2010) a sampling procedure is a strategy used to select the sample of respondents chosen from the whole population. A combination of sampling approaches was used for selecting the respondents and participants. Both probability and non-probability approaches were used.

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3.7 PRETESTING AND PILOTING OF QUESTIONNAIRES AND THE INTERVIEW SCHEDULE

3.7.1 Pre - testing the Questionnaire

Pretest refers to a trial administration of an instrument to identify flaws (Creswell, 2009). The researcher pre-tested the questionnaire among twenty (20) learners who were randomly selected. These learners had the same characteristics as those of the anticipated respondents of the main study.

3.7.2 Piloting interview items

An initial interview was sought with six (6) co-workers who are not part of the study to ensure that the length of the interview schedule was just right and that there are no ambiguous questions.

3.8 CONCLUSION

The researcher used both quantitative probability random sampling and qualitative, non-probability purposive sampling to select respondents for the study. The research methodology, population, sample, data collection methods, instrumentation used were described in the chapter. The findings, discussions and interpretations of the study will be presented and analysed in the next chapter.

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CHAPTER 4

DATA ANALYSIS AND PRESENATION

4.1 INTRODUCTION

This chapter focuses on analysis and interpretation of data. Quantitative data were processed using the Statistical Package for Social Sciences Version 17.1. Frequency tables and graphs were used to present the results. The order of presentation is based on the order of questions given in the questionnaire. Qualitative data was used to substantiate quantitative data.

In this chapter data was collected using self-designed questionnaires. Results were processed using SPSS version 17.1. Data was presented in the form of tables and graphs and interpretations, and tentative conclusions were made. The results were grouped into categories.

4.2. Biographical information

The importance of biographical information cannot be overlooked and as a result enough attention was paid to this aspect. Table 4.1 is dedicated to the biographical information of the responderts.

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Table 4.1 Biographical Information of learners

Section A

Variables	Frequencies	Percentages
Gender: Male	24	44.4
Female	30	55.6
Total	**54**	**100**
Age: 15-17	40	74.1
18-20	14	25.9
20 years and older	0	0
Total	**54**	**100**
Grade: 10	11	56
11	13	44
12	30	55.5
Total	**54**	**100**
Religious affiliation:		
Christianity	52	96.3
Traditional	00	00
Other	02	3.7
No affiliation	00	00
Total	**54**	**100**
Religious attendance:		
Week or more	38	70.4
Monthly	5	9.3
Occasionally	11	20.3
Total	**54**	**100**

The table above outlines the biographical information of the respondents or learners who took part in the study.

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Age

Most 40(74.1%) of the respondents fell between the age group 15 to 17 years; and 14 (25.1%) of the respondents were aged between 18 -20 years old. It would appear that learners aged between the ages 15 - 17years are more vulnerable to use coping strategies to cope with stress (74.1%) than those aged between 18 – 20 years at (25.1%) only.

Gender

Most of the respondents were females at 30(55.6%) as compared to males at 24 (44.4%). This shows that there were more females than males who took part in the study.

Grade

The respondents who took part in the study were learners from the FET band currently in grades 10, 11 and 12. The table shows that there were more respondents from grade 12 at 30(54%) than from grade 10 at 11(20.4%) and grade11 at 13(24.1%).

Religion

Most of the respondents are of the Christian religion at 52(96.3%) as compared to Traditional religion at 0(0) and only 2(3.7%) for other religions. This shows that the majority of the respondents are of the Christian belief at the majority of 96.3%.

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Attendance

Most of the respondents indicated that they attend their religious ceremonies weekly at 38(70.4%) than those who attend occasionally at 11(20.3%)as compared to monthly attendees at 5(9.3%).

Section B

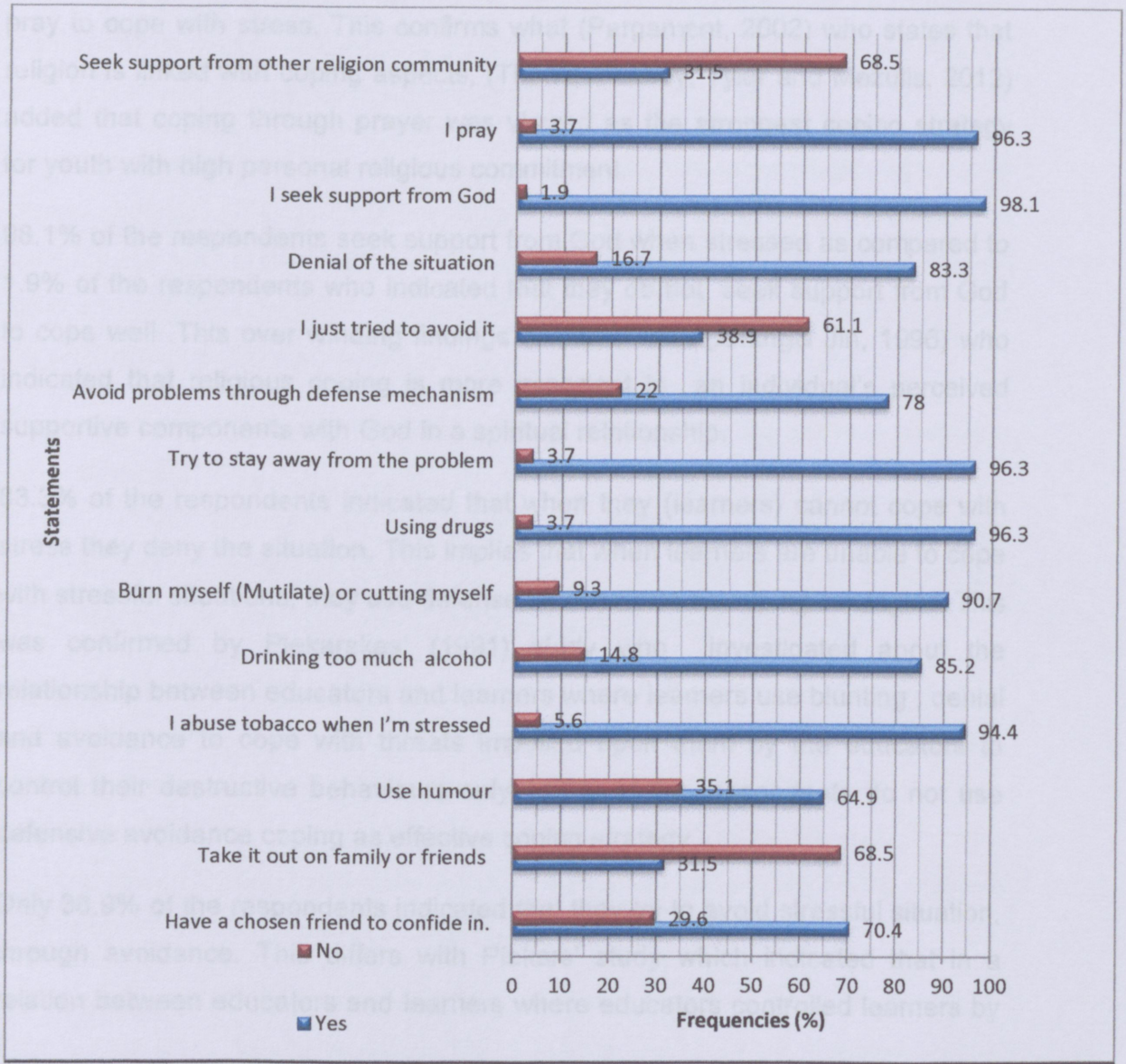

Fig 4.1 Learners' stress coping strategies

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Figure 4.1. Illustrates the FET Band learners' stress coping strategies 68.5% of the respondents indicated that they do not seek support from other religion community as compared to 31.5% of the respondents where indicated that they need or seek support from other religion. It is surprising that some learners do not seek divine support to cope with stress.

96.3 % of the respondents indicate that they try to cope with stress through praying as compared to 3.7% of the respondents who indicated that they do not pray to cope with stress. This confirms what (Pargament, 2002) who states that religion is linked with coping aspects, (Thomas, Laney, Tyler and Mezulis, 2012) added that coping through prayer was viewed as the strongest coping strategy for youth with high personal religious commitment.

98.1% of the respondents seek support from God when stressed as compared to 1.9% of the respondents who indicated that they do not seek support from God to cope well .This over winding findings confirms what (Zhang& Jin, 1996) who indicated that religious coping is more important in an individual's perceived supportive components with God in a spiritual relationship.

83.3% of the respondents indicated that when they (learners) cannot cope with stress they deny the situation. This implies that when learners are unable to cope with stressful situations, they use defense mechanisms as coping strategies. This was confirmed by Piekarskas' (1991) study who investigated about the relationship between educators and learners where learners use blunting , denial and avoidance to cope with threats imposed upon them by the educators to control their destructive behaviours only 16.7% of the respondents do not use defensive avoidance coping as effective coping strategy.

Only 38.9% of the respondents indicated that they try to avoid stressful situation, through avoidance. This differs with Piekars' study which indicated that in a relation between educators and learners where educators controlled learners by

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using threats or bad grades while learners were constantly concentrated on avoiding them. A total of 61.1% the respondents indicated that they could not cope with the stressor through the use of avoidance coping strategy.

The majority of the respondents at 78% indicated that they use defense mechanisms to cope with stress. This confirms Bacholasiks' study (1991) which indicated that coping behaviours such as avoidance, repression, denials, confrontation with teachers and withdrawal were frequently used by stressed learners as coping strategies only 22% of the respondents indicated that they do not use defense mechanisms as coping strategies.

The majority of the respondents at 96.3% try to stay away from the problem as a coping strategy. This confirms the study by Piekarska (1991) who indicated that learners use constructive adaptive coping strategy such as Peer bulling, running away and escape only 3.7% of the respondents could not use staying away from the problem as a coping strategy.

The majority of 96.3% of the respondents indicated that they abuse drugs as ways of coping. This confirms (Anshel, 1991; Weinberg & Gould, 1991; Bacon & Russell, 2004) who indicated that learners' athletes are also found to use negative coping strategies like drugs, alcohol and smoking. Only 3.7% of the respondents indicated that they do not use drugs as a coping strategy.

The majority of 85.2 % of the respondents indicated that when stressed, they cope through the use of alcohol. This was confirmed by (Johnston, 1996) who indicated that alcohol use is rife among high school learners. This study was also supported by Kim, Larimen, Walker & Marlatt (1997) who discovered more frequent use of tobacco and other drugs and alcohols use among heavy drinkers may decides to bunk classes for drinking spree as way of coping.

The majority of 90.7% of the respondents indicated that they can burn of mutilate their bodies as a coping strategy. This confirms the study by (Woldorf, 2005),

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Ross & Health, 2002) who conducted a survey of 424 high school students in Canada who choose to cut, burn or cause severe tissue damage with intentional self-injury . Only 9.3% of the respondents indicated that they do not burn or cut or burn themselves as a coping strategy.

The majority of 94.4% of the respondents indicated that they abuse tobacco when stressed. This confirms Schiffmsn's (1993) study which indicates that boys smoked cigarette to cope with stress it is the most accessible substance.

Only 5.6% of the respondents do not use tobacco as a coping strategy. Only 64.9% of the respondents use humour as a coping strategy while 35.1% of the respondents do not use a sense of humour as coping strategies.

Only 68.5% of the respondents do not take out their stress on families or friends as compared to 31.5% of the respondents who use taking out to friends as a coping strategy.

The majority of 70.4% of the respondents indicated that they have chosen friends to confide in when stressed which only 29.6% do not regard having a friend to confide in as a coping strategy.

This implies that when stressed as you have someone to talk to or share the problem with, you feel much better and see stressor as new life challenges that need proper management.The items below required learners to indicate their opinions regarding the coping strategies that they use to cope with stress.

Section C issues related to coping strategies

This items below required learners to indicate their opinion regarding the stress coping strategies that they use to cope with stress. A five point Likert scale was used to help learners indicate their choices. The findings are grouped into the following four major categories of the coping strategies:

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- Spiritual / religious coping strategy
- Social support coping strategy
- Defensive coping strategy
- Maladaptive- destructive coping strategy.

4.3. Items relating to spiritual or religious coping

Items relating to stress obtained from the questionnaires were the following. I seek God's help and have faith, I put my trust in God, and pray, I have faith in God and I attend religious services, I try to find comfort in my religion. I have identified five items with regard to issues related to spiritual or religious coping

4.3.1. Spiritual/ religious coping

Introduction

Spiritual coping is defined as the perceived personally supportive components of as individual's relationship with God (Maton, 1989, Park Cohen & Herb, 1990). Religion is regarded as the most powerful coping strategy because religion acts as a cognitive schema.

Table 4.2. Combined Spiritual/Religious coping strategies

Valid	F1	%	F2	%	F3	%	F4	%	F5	%	Total Frequency	%
Strongly agree	29	53.7	30	55.5	42	77.8	15	27.8	18	33.4	134	49.6
Agree	14	25.9	14	25.9	8	14.8	20	37.0	19	35.2	75	27.8
Not sure	8	14.8	7	12.9	1	1.9	12	22.2	8	14.8	36	13.3
Dis agree	1	1.9	1	1.9	1	1.9	3	5.6	8	14.8	14	5.2
Strongly disagree	2	3.7	2	3.8	2	3.6	4	7.4	1	1.9	11	4.1
Total	**54**	**100**	**54**	**100**	**54**	**100**	**54**	**100**	**54**	**100**	**270**	**100**

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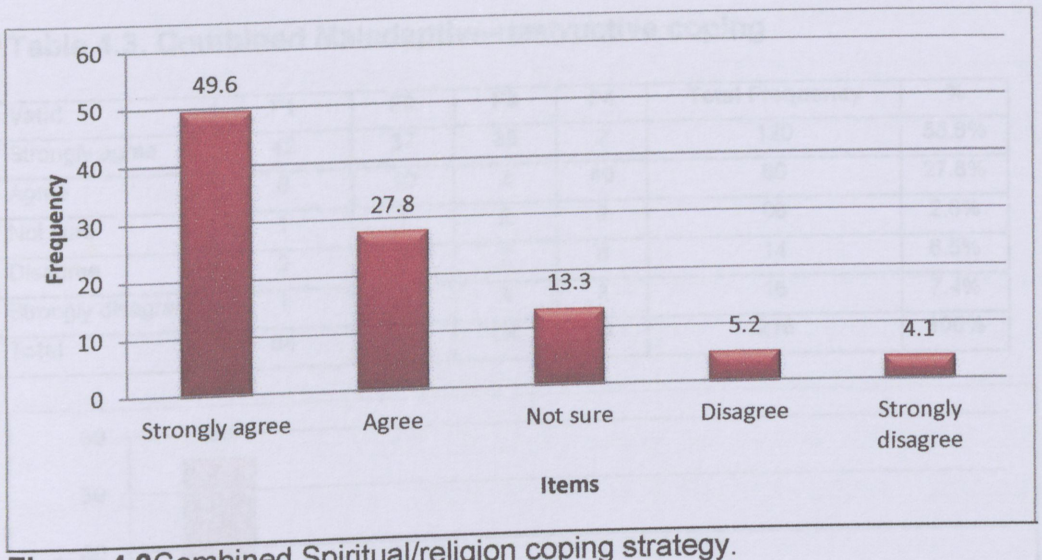

Figure 4.2 Combined Spiritual/religion coping strategy.

The majority of the respondents 209 (77.4%) agreed or strongly agreed that they seek divine intervention in dealing with their daily stressors. Only 36 (13.3%) were not sure and 25 (9.3%) disagreed or strongly disagreed that they seek help from God. The finding confirm (Pargament, 1997) who indicated that religion powerfully influence how individual cope with stress. This implies that divine intervention helps individuals to cope well with stress.

This confirms (Wong –McDonald and Gorsuch, 2000) who indicated that a collaborative coping style is characterized by cooperative relationship with God in which an individual is in an active partnership with God through prayer. This may imply that if you trust in God, have faith in Him, you will be a conqueror everywhere. Divine intervention is powerful if you trust in God and believe in Him.

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Table 4.3. Combined Maladaptive-destructive coping

Valid	F1	F2	F3	F4	Total Frequency	%
Strongly agree	42	37	39	2	120	55.6%
Agree	8	10	2	40	60	27.8%
Not sure	1	1	2	2	06	2.8%
Disagree	2	2	2	8	14	6.5%
Strongly disagree	1	4	9	2	16	7.4%
Total	54	54	54	54	**216**	**100%**

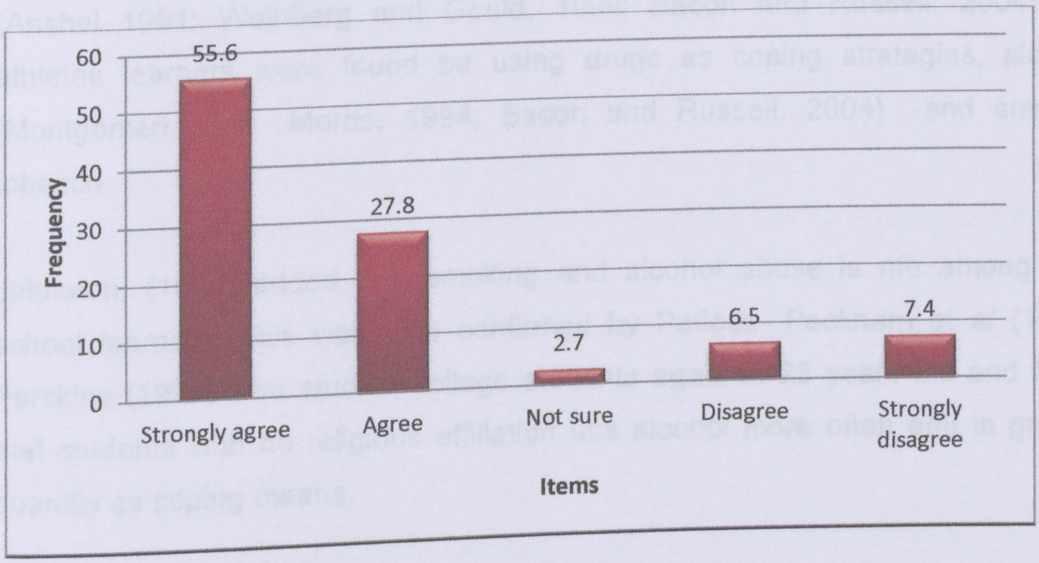

Figure 4.3 Combined Maladaptive-destructive coping

4.3.2. Maladaptive-Destructive coping

The researcher has identified four categories with regard to issues related to maladaptive-destructive coping. I try to commit suicide, take recreational drugs, drink alcohol and smoke tobacco to relax.

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Maladaptive-Destructive coping

This involves variety negative strategies to cope with stress that may include substance abuse, (Bruns, and Geist, 1984), self-mutilation suicide and yelling (de Anda et al, 1992) ; Komorowski, Morejon, 1992); self-harm(Joiner, 2005); self-injury (Yates, 2004).

The majority of 180 (83.4%) agreed or strongly agreed that learners may decide to use maladaptive-destructive coping strategies. This confirm the study by (Anshel 1991; Weinberg and Gould, 1999; Bacon and Russell, 2004) that athletes learners were found be using drugs as coping strategies, alcohol, (Montgomeri, and Morris, 1994; Bacon and Russell, 2004) and smoking tobacco.

Johnston, (1996) added that smoking and alcohol abuse is rife among high school learners. This was also confirmed by Patlock- Peckham et *al* (1998); Parckins (1997) who studied college students aged 16-23 years old and found that students with no religious affiliation use alcohol more often and in greater quantity as coping means.

Gratz, (2001) conducted a study with college students and came up with much empirical support for the notion that those who self-harm have deficient emotion regulation and coping strategies in their repetoire.

Fruensgaard et al (1998); Carroll and Abramowitz, (1982) indicated that self mutilative behavior indicates deficient coping skills and considers as maladaptive coping strategies. Rodhan and Hawton, (2009) conducted a confirmatory study of about 13%-25% of adolescence, surveyed in schools and have found that there are some history of self-injury used as coping strategy.

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The prevalence of self-injury seem to be more higher among middle school populations since this is the age which most individuals initiate self-injuring as a coping strategy (Whitlock et al, 2008).

Abuse of alcohol has been associated with 50% of suicide among adolescents (Beautrais, 2001). Research conducted by Davidson & Linnoila, (1991); Krug et al (2002); Wagman – Borowsky et al (2001) found that the acute loss of a source of social support, including friends and educators creates a sudden crisis in ego functioning; judgment and control of the impulses that forces the adolescents to attempt or ideate about or complete suicide as a way of coping.

A small number of respondents 6(2.8%) were not sure if they can use maladaptive-destructive ways of coping to stress. Only 30 (13.9%) of the respondents disagree or strongly disagreed that they may not adopt maladaptive-destructive coping means to deal with stress. This may imply that when adolescents are unable to cope with situations they adapt to use maladaptive-destructive strategies to cope with stress which may put their lives at risk.

4.3.3 Defensive-avoidance coping

The researcher identified two categories with regard to defensive coping: I pretend it hadn't happen and I avoid situations or people who cause me stress.

Defensive-avoidance coping

This coping is mostly used by learners who defend or avoid things or situations as coping strategies. Such strategies include avoidance denial, repression, and sublimation.

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Table 4.3.4. Combined Defensive coping

Valid	F1	F2	Total Frequency	%
Strongly agree	2	24	26	24.1%
Agree	8	15	23	21.3%
Not sure	12	6	18	16.7%
Disagree	17	5	22	20.3%
Strongly disagree	15	4	19	17.6%
Total	54	54	**108**	**100%**

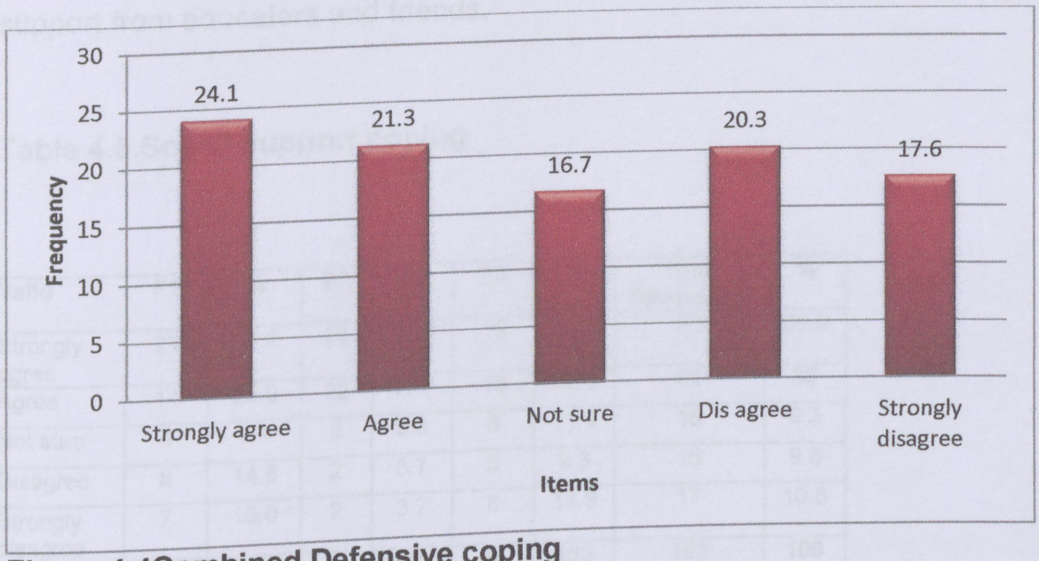

Figure 4.4Combined Defensive coping

The results on the table 4.4 and figure 4.4 indicate that respondents of 49 at (45.4%) agreed or strongly agreed that avoidance, defensive coping can serve as a coping strategy to cope well with stress. This confirmed Piekarskas' study, (1991) which investigated the relationship between learners and educators that educators controlled learners by using threats or bad grades while learners constantly avoid them. This shows that avoidance was used as a coping strategy. Bacholasiks study, (1991) yielded the same results as indicated that coping behaviors such as avoidance confrontation with teachers and withdrawal were frequently used by stressed learners as coping strategy. This implies that leaners can use avoidance, repression, displacement and pretension as coping strategies.

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Only 18 (16.7%) of the respondents were no sure if avoidance defensive coping can help learners cope well with stressful situations. The minority of 41 at (37.9%) of the respondents agreed or strongly agreed in this regard.

4.3.4. Social support coping

The researcher have identified three items with regard to social coping seek information and advice from others share problems with relatives, and seek support from educators and friends.

Table 4.5.Social support coping

Valid	F1	%	F2	%	F3	%	Total Frequency	%
Strongly agree	21	38.9	23	42.6	19	31.5	63	38.9
Agree	14	25.9	22	40.7	16	29.6	52	32
Not sure	4	7.4	5	9.3	6	11.1	15	9.3
Disagree	8	14.8	2	3.7	5	9.3	15	9.3
Strongly disagree	7	13.0	2	3.7	8	14.8	17	10.5
Total	**54**	**100**	**54**	**100**	**54**	**100**	**162**	**100**

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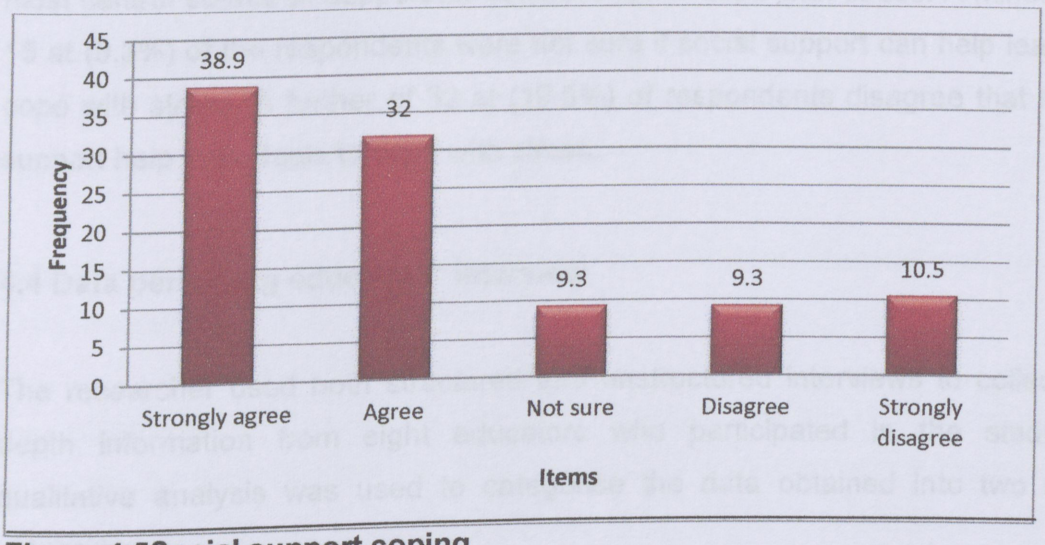

Figure 4.5Social support coping

According to table 4.5 and figure 4.5 social coping is viewed as a coping responds and coping resource because it provide tangible help, guidance, emotional support, advice, information, and support from educators, peers and family members.

The majority of the respondents of 115 at (70.9%) agreed or strongly agreed that social support provided by educators, peers, and family members seem to help learners to cope well with stress. This confirms what Greenglass, (2007); Denhere, (2010) who indicated that social support tend to assist leaners with high stress level to cope better, because it is meditational or causative factor and stressful encounter. These confirmed (Dunst, Trivette, & Cross, 1986) that leaners that have supportive social networks have positive attitudes and adapt to adaptive coping strategies. Preuss, King, and Ker, (2006) highlighted that leaners who receive adequate support from family, peers, educators and friend seem to cope with stress, have self-worth, improved ones self-efficacy, and buffer their feelings, higher levels of resilience and healthier learner functioning in coping with stress.

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Several studies by Anderson, (2002) confirmed that family relationships are the most central source of support for adolescence to cope with stress. A minority of 15 at (9.3%) of the respondents were not sure if social support can help learners cope with stress. A further of 32 at (19.8%) of respondents disagree that social support help individuals to cope with stress.

4.4 Data pertaining educators' interview

The researcher used both structured and unstructured interviews to collect in-depth information from eight educators who participated in the study. A qualitative analysis was used to categorise the data obtained into two main categories.

The following table represents the biographical data pertaining educators' responses which they participated in an interview. Of the eight educators who participated in the study, six were females and two were males teaching either grades 10, 11 or 12 in public secondary schools in Mvudi Circuit. The researcher wanted to know from the educators what they consider to be the learners' stress coping strategies in schools.

Table 4.6. Biographical information of educators in qualitative data

Participants	Gender	Grade taught
A	M	12
B	F	11
C	F	10
D	M	10
E	F	10
F	F	12
G	F	11
H	F	11

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Items categorised were:

- Coping strategies used by learners and
- how do learners cope with stressful situations.

Educators were asked the following questions:

Question 4.2.2.1.What coping strategies do FET Band learners use to cope with stress?

The majority of participants (educators) indicated that learners are aware of stressful situations that require coping means. They indicated that learners use both adaptive and maladaptive coping strategies. When learners lives are laced with stressful situations they start to think about the coping means that suits the situation.

The strategies mentioned by the educators indicated the following adaptive coping strategies:

Drug and substance abuse

Learners tend to abuse drugs and substances when they seem to be stressed. The most common substances that learners use were alcohol. Educators were worried that due to peer pressure, curriculum challenges and parental expectations of learners getting better grades compel learners to abuse stimulants such as cigarettes, alcohol, drugs and food. This confirms Johnston (1996) who indicated that smoking and alcohol abuse is rife among high school learners.

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The need to commit suicide

The majority of educators indicated that some stressed male learners may decide to kill themselves through the use of reckless driving, suicide ideation or suicide completion and taking overdose medication. This confirms Hardesty and Kirby (1996) who found that high school learners who drop out of school or play truancy had serious disciplinary problems and used maladaptive – destructive coping strategy to cope with stress and were at high risk of committing suicide and abuse substance such as marijuana.

Self – harm or self – mutilation

The majority of educators indicated that male learners tend to cope through the use of self-harm. This confirms studies conducted by Rodham and Hawton (2009) among 13% to 25% of adolescence learners surveyed in school who have some history of self- injury. Carrol, Schaffer, Spensley and Abramowitz (1980) indicate that self-mutilation occur as a consequence of trying to end or alleviate stress or an effort to enhance psychological adjustment.

Social support

The majority of educators indicated that learners cope with their stressors through support from educators, peers, friends and church communities. This confirms Sarafino, (2002) who indicated that social support can assist in coping and exert beneficial effects on various social, health and educational outcomes. Educators provide social support to learners in the form of advice, emotional support in the form of reassurance about their educational program Schumacher and Brownell (1984).

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Seeking spiritual support

Religion powerfully influences how individuals cope with stress (Paragament, 1997). The majority of educators indicated that the majority of female learners use religion to cope with stress. Devine power seems to work well among most female learners. This confirms Carpenter, Thomas, Laney, Tyler and Mezulis (2012) who indicate that religion was viewed as strongest coping means for youth with high personal religion commitment. Devine power seem to be most useful to girls than boys in schools.

Question 4.2.2.2. How do learners cope with stressful situations?

The majority of participants indicated that learners use defensive and varied ways of coping with stress; this was supported by Freuds' study (1926) that defense mechanisms are used as coping strategies among learners. They include repression avoidance, denial, reaction formation, sublimation, and vigilant coping. Some participants indicated that some learners get information from educators before using the coping ways that they have. This confirms the study (Klauer & Filipp, 1995) who identified coping means such as seeking information from educators' peers and family members.

Educators showed that some learners may decide to do exercises, listening to music eating balanced meals and trying to identify the stressors. This confirms Dzewaltowskis' (1989) study of 328 students conducted for exercise behavior which found physical exercises as the most useful strategy that learners use to cope with stressful situations. Holman and Lorig, (1992) found that motivated learners engaged themselves in regular physical exercises due to their enhanced perceived self-efficacy. Some of the participants indicated that learners become active members of the Students Christian organisations in schools as a way of coping to buffer against the negatives associated with stress.

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This seems to be the perceived personally supportive components of an individuals' relationship with God (Maton, 1989; Park et al 1999). Religion powerfully influences how individuals cope with stress (Pargament, 1996/1997). It also explains the unique variance in coping and predicts outcomes beyond secular coping (Pargament, 2002). Learners from actively religious families, who attend church services, prayed and observed religious practices and were less likely to abuse drugs to cope with their stressor and were more likely to choose drugs-abstinent friends (Hardesty et al, 1995).

It is when learners choose to be members of the SCO and organize their organisations functions at schools through the approval of the SGB as the juristic person who governs the school and draft its policies. Some of the participants indicated that some learners bully others, fight and steal to cope with their social challenges they face from home. This is evident because Sarafino (2002) defined social support as the perceived caring, help from another person or groups. This was evident when Sarafino et al (1990); Schwarzer et al (1989); Veiel et al (1992) who indicated that social support plays a major role in helping learners to cope well with stressful situations.

Lack of social support, esteem support, emotional support, tangible support, information support and network support may trigger the manifestation of maladaptive-destructive coping strategies like playing truancy, bullying, stealing, and abusing drugs and alcohol or even suicide ideation and suicide completion as coping means. The purpose of this chapter was to present and analyze the results. The data was collected using a questionnaire which had twenty eight (28) questions. Interviews were also used and the questions were placed into two categories. Quantitative data was gathered from fifty four (54) learners' and qualitative data was gathered from eight (8) educators all from eight public secondary schools in Mvudi Circuit.

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The following chapter looks at the findings, conclusions and recommendations. These are all based on the results of the study.

4.5 Summary

The purpose of this chapter was to present and analyses the results. The data was collected using questionnaire and Interviews were also used and the questions were placed in categories. Quantitative data was collected from 54 learners and qualitative data was gathered from 8 educators all from public secondary schools in Mvudi Circuit. The following chapter looks at the findings, conclusions and recommendations. These are all based on the results of the study

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CHAPTER 5

Summary, Findings, Recommendations and Conclusions

5.1INTRODUCTION

This chapter focused on the discussion of the entire findings. The general aim of the research was to identify Further Education and Training Band learners' stress coping strategies in schools in Mvudi Circuit. Dealing with stress, individuals use coping strategies and resources that help them to adapt to environmental demands. These strategies play a key role in determining the nature and extent of the stressor's impact. Coping correctly with stressors facilitates successful adaptation, while a failure in this process puts individuals in risk of poor adaptation. Reference to the reviewed literature is made and the conclusion and recommendations are also given.

5.2 SUMMARY OF THE MAJOR FINDINGS OF THE STUDY

The main findings of this study are presented according to the analytical categories identified during the analysis of data. The findings are not listed in rank order.

5.2.1Main findings based on the questionnaires completed by the learners (quantitative data)

- There are some learners who consider *avoidance* as another kind of coping. In the case of this study, *avoidance* is considered within the framework of *emotion-focused* coping since its conceptualization in this study coincides with the *emotion-focused* strategy of involving in activities to provide distraction of the stressful situation.

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- Learners use social support coping as a major coping strategy
- Spiritual coping was regarded as the most useful strategy to cope with stress
- Avoidance defensive coping was used as a coping strategy by learners with low self-esteem
- Drugs and substance abuse were also used as strategies to cope with stress prayer was used as coping strategy for Christian believers

5.2.2. Findings based on interviews (qualitative data)

It is interesting to find out that qualitative data substantiated the quantitative findings.

- Majority of participants indicated that religious coping was the most used coping strategy by girls.
- The most coping strategy used by boys was avoidance defensive and destructive coping strategy such as substance, drug abuse and smoking tobacco or marihuana.
- Social support coping was mostly used by girls through getting support from educators, peers, family members and parents.
- The majority of boys seem to use coping strategies like committing suicide, self-harm, self-injury and reckless behaviour.
- The minority of boys seek support from religion community through attending religious services.

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5.2.3 CONCLUSIONS

Assuming that statistically and narrative significant results can be used as the basis for worthy conclusions; the researcher conclude that the main findings have to do with gender differences, grade, age and religious affiliation that learners employ to cope with stress.

5.3 RECOMMENDATIONS

5.3.1 Recommendations relating to the study

- Parents should encourage learners to make time for fun and relaxation through teaching learners ways to relax. These should include diaphragmatic breathing, progressive muscle relaxation, listening to music, reading and drawing.
- Learners should seek for the assistance of a school counsellor, school psychologist, or school social worker if they are unable to cope on their own or if stress continues to be a concern.
- School leaders must give learners time to do their school work well. Since school principals are unable to create more time, it is important to use the allotted time well for teaching and learning new strategies that may help them cope with stress.

- Principals should ensure that learners are aware of their physical and mental health benefits. Support in any format such as counselling or medication should be non-stigmatizing. Other means of coping such as walking, yoga, and meditation should be highlighted in learners' school bulletin.

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- Communication with learners and all other stakeholders should be regular and transparent. Misinformation and rumours create contexts where fear and insecurity are harboured.
- Communications should address what is known, what is not known, and what is being talked about that is not true. A weekly e-mail, intranet and internet posting, or newsletter can keep learners informed about their daily stresses and how to cope with them.
- To take direct action in dealing with the stressor (for example in case of illness looking for medical treatment).
- To seek information, to suppress competing activities, to restrain coping (waiting for inappropriate opportunity to act), or to seek social support for instrumental reasons.
- Learners should be encouraged to seek help through praying and attending religious services such as attending SCO at school and going to church for divine intervention in their lives.
- Learners should be encouraged to use social support networks to cope well.
- Learners should be discouraged to abuse drugs and substance and engaginginto risky behavior that might ruin their lives and future.

5.3.2 Recommendations for further studies

- Further research involving all the high schools should be done to find out about the learners' stress coping means, the effectiveness of the strategies used, in order to draw generalizations.
- However, the findings point to the need for an urgent, more detailed research on a larger sample so as to get a better understanding of learners' stress coping strategies used.

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5.4 CONCLUDING REMARKS

This study concludes that the coping strategies that learners use may both be adaptive or destructive maladaptive in nature. The most used coping strategies employed by girls were adaptive coping strategies as compared to boys who use destructive maladaptive strategies like abusing drugs; suicide ideation and suicide completion were some of the coping strategies used by boys in adolescence stage.

However, there were other stress coping strategies used by learners that were of concern other than the mentioned ones that require thorough studies. This study gave insights to the learners' stress coping strategies. The general findings of the study indicated that there is a significant relationship between coping ways and gender, grade and age, religious affiliation and supportive bases for social support that enhances self – efficacy as a buffer to stress. The reported results of the study found that an alarming majority of the respondents were unable to use adaptive coping resources available to them such as getting support from educators, friends or peers or religious communities and that may help them to develop positive self-confidence and lower their sense of loneliness. This calls for an urgent attention from the Department of Basic Education, the Department of Health and Social Development and the community at large to inform adolescents about the coping options that are effective and adaptive against those that are destructive in nature.

The *emotional* support helps individuals to feel better about themselves and their relationships with others. Persons around (family, friends, and colleagues) give support because they provide encouragement and acceptance. In addition, these persons can help simply by being there, as they provide a degree of companionship. Social support could enhance well-being by promoting positive feelings as well as giving a sense of belonging and self-esteem to individuals.

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Thus, social support may have a main effect on illness regardless of stress levels, in other words effects of social support may be evident in both high and low stressful situations (Underwood, 2000)

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APPENDIX A: QUESTIONNAIRE

Questionnaire on Further Education and Training Band learners' stress coping strategies in Mvudi Circuit, in Vhembe District

An investigation into the FET Band learners' stress coping strategies in public school.

This study aims at examining the learner's stress coping strategies in Vhembe district in Mvudi Circuit of the Limpopo Province.

Your anonymity is absolutely guaranteed. You are not required to state your names in the questionnaire. You are therefore requested to respond truthfully and to the best of your ability and knowledge. The data collected will be used for the study only.

There is no right or wrong answers, but please answers as honestly as you can. It should take you 30 minutes to complete the questionnaire.

PLEASE ANSWER ALL THE QUESTIONS

Your assistance is very much appreciated

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QUESTIONNAIRE

SECTION A

Please complete the following:

Place an **(X)** over the most appropriate answer in each of the following:

1. Age

15-17 years	1
18-20 years	2
21 years & older	3

2. Gender

Male	1
Female	2

3. Grade:

Grade 10	1
Grade 11	2
Grade 12	3

4. State your religious affiliation:

Christianity	1
Traditional Religion	2
Other (specify)	3
No. Affiliation	4

5. If applicable, how often do you attend religious ceremonies?

Week or more	1
Monthly	2
Occasion	3
Not at all	4

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SECTION B

For each of the following statements on learners' stress coping strategies Indicate by making a cross **(X)** on the appropriate block on which coping strategy do you use to cope with stress.

What actions do you use when stressed?

Coping strategy	Yes	No
1. Have a chosen friend to confide in.		
2. Take it out on family or friends		
3. Use humour		
4. I abuse tobacco when I'm stressed		
5. Drinking too much alcohol		
6. Burn myself (Mutilate) or cutting myself		
7. Using drugs		
8. I try to forget about the stressful event through smoking.		
9. Try to stay away from the problem		
10. Avoid problems through defense mechanism		
11. I just tried to avoid it		
12. Denial of the situation		
13. I seek support from God		
14. I pray		
15. Seek support from other religion community		

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SECTION C

Instructions

I am interested in learning how you respond to a stressful situation and what you do to cope with the situation .You should treat each item separately from every other item. There are no wrong or right answers, please indicate how you could cope by making a cross next to the relevant number. Indicate the extent to which you agree or disagree with each of the following statements about learners' stress coping strategies.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly disagree
1. I seek God's help and have faith					
2. I put my trust in God and pray					
3. Have faith in God					
4. Attend religion services					
5. I tried to find comfort in my religion.					
6. Share problem with relatives					
7. Seek information and advice from others					
8. Seek support from educators and friends					
9. I pretended that it hadn't happened					
10. I deny that I am stressed					
11. I avoid situations or people that cause me stress					
12. I try to commit suicide					
13. I take recreational drugs to relax					
14. I drink alcohol to relax					
15. I smoke or use other tobacco products to relax					

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APPENDIX B: INTERVIEW SCHEDULE

1. How do learners cope with stressful situations?
2. What coping strategies do FET Band learners use to cope with stress?

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THENGA E.N

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THOHOYANDOU

0950

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH AT MVUDI CURCUIT.

1. Permission is hereby granted to you to conduct research in Mvudi circuit
2. We advise you to conduct your research with the consent of both the circuit managers and principals of the identified schools.
3. We further would like to advise that at no stage should the research process interrupt the normal learning and teaching time.
4. Wishing you all the best in your studies.

DISTRICT SENIOR MANAGER

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