

**AN EXPLORATION OF A SMALL GROUP OF ADOLESCENT GIRLS'
PERCEPTIONS OF LIFESTYLE AND WELLNESS**

by

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DECLARATION OF OWN WORK

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ABSTRACT

Addressing concerns relating to adolescent lifestyles and wellness necessitate the move towards integrative approaches in this field. This shift would accentuate the importance of incorporating adolescents' perceptions of lifestyle and wellness within applied research studies through engaging them in collaborative and qualitative narratives. This inclusion is deemed necessary as adolescents may hold valuable insights about these constructs and the impact it may have on their own lives. Research has shown that lifestyle can directly and indirectly influence wellness and is thus viewed as one of the single most determining factors that can impact general health and wellness.

However, defining lifestyle and wellness is challenging. Lifestyle is still vaguely described as a way of living that reflects attitudes and patterns of behaviour of an individual or group of individuals. Yet, lifestyle is more than just a way of living. Defining wellness is made complex due to its interchangeable use with the concept of wellbeing. Wellness is commonly described as an orientation of lifestyle concerned with the holistic integration of the body, mind and spirit with multidimensional facets of life in order to attain an optimal state of health and wellbeing. Wellness represents a continuum and not an end-state. The operationalisation and experimentation of finding suitable lifestyles that can influence wellness is shaped during adolescence, therefore a distinctive understanding of what adolescent lifestyle and wellness entails should be obtained.

The study was based on post-structuralist ideas of promoting healthy functioning as a dynamic interaction between person and contextual factors. The purpose of this study was therefore centred on exploring the personal constructions of four adolescent girls' perceptions and understanding of lifestyle and wellness. This exploration included participants' own explanations of lifestyle and wellness; perceptions of general factors that they perceived may impact lifestyle and wellness; and insights of contextual perceptions of lifestyle and wellness as it pertained to themselves, their families and their community. This exploration occurred through means of a qualitative research design that was presented in the form of an instrumental case study. Due to the qualitative and integrative nature of this study convenience sampling was used to purposefully select the

four adolescent girls who participated in an existing afterschool sports program. The study's integrative theoretical framework was based on conceptual principles of George Kelly's personal construct theory and Urie Bronfenbrenner's bio-ecological model.

The qualitative data collection methods used consisted out of focus group discussions, individual reflective writing worksheets with open-ended questions and creative picture line constructions. Supplementary data collection methods consisted out of unstructured observations, retrospective reflections and an adapted form of the repertory grid technique. The constant comparative method was used for data analysis.

The methodology was based on the belief that adolescents are no longer regarded as the recipients of generic programmes designed by experts. They are believed to be knowledgeable and valuable participants in developing contextually relevant psycho-educational and preventative programmes. In the process of making sense of the constructs of lifestyle and wellness, participants assisted in making these constructs more accessible in order to address lifestyle and wellness related concerns.

Findings from this study indicated that both lifestyle and wellness can be seen as complex, dynamic, multidimensional and interrelated in nature. Adolescent participants' lifestyle knowledge appeared to be better developed. However, it was observed that limited wellness knowledge and the uncertainty about the meaning of wellness existed for participants. This signifies that a gap for wellness education within this particular cohort may exist. A central recommendation made from the findings of this study is that more research within the fields of adolescent lifestyle and wellness ought to be conducted. Exploring the perceptions of adolescents may provide valuable information on health promoting or impeding behaviours. This can direct the type of intervention strategies that may be required to promote optimal development and the fostering of resilience amongst adolescents in the South African context.

OPSOMMING

Die aanspreking van bekommernisse met betrekking tot adolessente leefstyl en welwees vereis die verskuiwing na integrerende benaderinge in hierdie veld. Dit sal die belangrikheid van die insluiting van adolessente se persepsies ten opsigte van leefstyl en welwees deur kollaboratiewe en kwalitatiewe gesprekke binne toegepaste navorsingstudies beklemtoon. Hierdie insluiting word as noodsaaklik geag omdat adolessente waardevolle insigte oor hierdie konstruksies en die impak wat dit op hul eie lewens kan hê mag besit. Navorsing toon dat leefstyl welwees direk en indirek kan beïnvloed en word beskou as een van die enkel mees bepalende faktore wat algemene gesondheid en welwees kan impakteer.

Die definiëring van leefstyl en welwees is uitdagend. Leefstyl word nog vaagweg beskryf as 'n manier van lewe wat die houdings en gedragspatrone van 'n individu of groep individue weerspieël. Tog is leefstyl meer as net 'n manier van lewe. Die definiëring van welwees is ingewikkeld weens die wisselende gebruik daarvan met die konsep welstand. Welwees word algemeen beskryf as 'n leefstyloriëntasie waar die liggaam, verstand en gees holisties geïntegreer is met multidimensionele lewensfasette in 'n poging om 'n optimale toestand van gesondheid en welsyn te bewerkstellig. Welwees verteenwoordig 'n kontinuum en nie 'n eindstaat. Die operasionalisering en eksperimentering van geskikte leefstyle wat welwees kan beïnvloed vind tydens adolessensie plaas. Daarom moet daar 'n kenmerkende begrip van wat adolessente leefstyl en welwees behels verkry word.

Hierdie studie was gebaseer op post-strukturele idees wat die bevordering van gesonde funksionering as 'n dinamiese interaksie tussen persoon en kontekstuele faktore beklemtoon. Die doel van die studie was om die persoonlike konstruksies van vier adolessente dogters se persepsies en begrip van leefstyl en welwees te verken. Die verkenning het deelnemers se persepsies en beskrywings van leefstyl en welwees; hul persepsies van algemene faktore wat leefstyl en welwees kan beïnvloed; asook insigte rakende die kontekstuele persepsies van leefstyl en welwees ten opsigte van hulself, hul gesinne en hul gemeenskap ingesluit. Die eksplorاسie het plaasgevind deur die toepassing van 'n kwalitatiewe navorsingsontwerp in die formaat van 'n instrumentele

gevallestudie. Vanweë die kwalitatiewe en integrerende aard van die studie was 'n gemaklikheidsteekproef gebruik om die vier adolessente dogters wat deelgeneem het aan 'n bestaande naskoolse sportprogram doelbewus te kies. Die studie se integrerende teoretiese raamwerk was gebaseer op konseptuele beginsels van George Kelly se persoonlike konstrukteorie en Urie Bronfenbrenner se bioekologiese model.

Die kwalitatiewe datainsamelingstegnieke het bestaan uit fokusgroepbesprekings, individuele werkstukke met oop-eindigende vrae en kreatiewe prentelykonstruksies. Ondersteunende datainsamelingstegnieke het bestaan uit ongestruktureerde waarnemings, retrospektiewe refleksies en 'n aangepaste weergawe van die repertoierrooster-tegniek. Die konstante vergelykingsmetode is gebruik vir dataverwerking.

Die metodologie was gebaseer op die oortuiging dat adolessente nie meer beskou word as blote ontvangers van generiese programme wat deur kundiges ontwerp word nie. Hulle word geag as kundiges en waardevolle deelnemers wat kan help om kontekstueel relevante psigo-opvoedkundige en voorkomende programme te ontwikkel. In die proses om sin te maak van die konstrakte leefstyl en welwees, het die deelnemers gehelp om hierdie konstrakte meer toeganklik te maak om sodoende kwessies rakende leefstyl en welwees aan te spreek.

Bevindinge van die studie het getoon dat beide leefstyl en welwees beskou kan word as komplekse, dinamiese, multidimensionele en onderlangs verwante konstrakte. Adolessente deelnemers se kennis van leefstyl het voorgekom as goed ontwikkel. Daar is waargeneem dat beperkte kennis en onsekerheid rondom die betekenis van welwees by deelnemers bestaan. Dit dui aan dat 'n gaping rakende welwees onderrig by hierdie spesifieke kohort mag bestaan. 'n Sentrale aanbeveling op grond van hierdie bevindinge is dat meer navorsing binne die veld van adolessente leefstyl en welwees onderneem moet word. Die verkenning van persepsies van adolessente kan waardevolle inligting verskaf rakende gedrag wat gesondheid kan bevorder of belemmer. Dit kan aanduidings verskaf oor die tipe intervensiestrategieë wat benodig mag word om optimale ontwikkeling en die veerkragtigheid van adolessente binne in die Suid-Afrikaanse konteks te bevorder.

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“You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself: “I lived through this horror. I can take the next thing that comes along.”

- Eleanor Roosevelt

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CHAPTER 1

STRUCTURE OF THE STUDY

1.1 INTRODUCTION

The constructs of lifestyle and wellness may each hold different meanings for individuals and can also be shaped and influenced in different ways, for example, by culture or religion (Wong, 2011:69-81).

Bell and Hollows (2006:6) suggest that lifestyle as a construct can be seen as more than just a way of living from day to day or be defined in terms of a particular behavioural pattern. Lifestyle as a construct can also reflect attitudes and values towards for example physical health, mental health, social, environmental as well as socio-economical contexts, that can be influenced by cultural and bio-ecological factors. Furthermore, the impact of lifestyle factors and lifestyle choices can be viewed as important predicting determinants of both mental and physical health (Walsh, 2011:579). These factors can directly or indirectly impact or be impacted by other areas of the individual's functioning as well as by the micro-, macro- and broader societal systems of the individual (Walsh, 2011:579).

Wellness as a construct can reflect a variety of factors that contribute to an individual's perception of their quality of life. Quality in this instance may refer to the worth or value individuals attribute to aspects associated with wellness and may include social-, physical- and mental health, feelings such as happiness and safety as well as socio-economic factors (Diener, Kesebir & Lucas, 2008:38-39).

Both the constructs of lifestyle and wellness could be viewed as multidimensional and interrelated in nature. This make them important constructs to consider when exploring interventions or educational programs based on promoting and maintaining healthy balanced lifestyles and wellness states (Erfurt-Cooper, 2011:31).

1.2 BACKGROUND TO THE PROBLEM

Purposeful attempts to understand the important impact of lifestyle, particularly lifestyle choices and lifestyle diseases, on the mental health and wellbeing of individuals across their developmental lifespan have been made in recent years (Frantz & Chande, 2011:39).

The focus on the effects of lifestyle habits and choices regarding mental health has sparked interests amongst various professionals from for example the fields of medicine, psychology (social, personality, health, developmental, clinical and positive) as well as the sports and exercise sciences (Sports Science Institute of South Africa [SSISA], 2012; Brown Kirschman, Johnson, Bender & Roberts, 2012:143; Mackey, 2009:103).

Similarly, the soaring increase in lifestyle diseases and mental health pathologies associated with lifestyle changes, lifestyle stressors and lifestyle choices particularly amongst adolescents have also instigated a shift in the focus of therapeutic lifestyle prevention and intervention programs (Walsh, 2011: 579-580).

Global statistics over the past 50 years indicates that on a global scale the mortality rate for adolescents increased and health benefits decreased with the leading causes of death relating to injuries (i.e. traffic, falls, burns, poisoning, drowning and violence) (Diers, 2013:217). In Africa, the leading cause of adolescent mortality rates related to child birth amongst adolescent girls; environmental factors; individual behaviours (i.e. unsafe sexual practices and alcohol or substance misuse/abuse) and non-communicable diseases such as obesity, smoking and alcohol-related diseases (Diers, 2013:217). In South Africa in 2009 and 2010, 50 per cent of the total of chronic diseases were attributed to diseases that related to lifestyle behaviours such as unsafe sex practices, interpersonal violence, alcohol abuse and the smoking of tobacco which also manifested in adolescence (Flisher & Gevers, 2010:53). The impact of these factors stretch as far as the realms of personal health, familial wellbeing, educational sectors, economical and societal structures, with the inference that it may impact the quality of life of adolescents on all these levels (Flisher & Gevers, 2010:53).

These shifts occurred as an effort to address the long-term effects of unhealthy lifestyle habits and lifestyle stressors on the development of adolescent mental health (Aldhafri, 2011:511-520; Berendsen, Hendriks, Verhagen, Schaper, Kremers & Savelberg, 2011; Walsh, 2011: 579-580; Frantz & Chandeu, 2011:39; Frantz, 2011:61).

However, despite the proliferation in research in the area of adolescent wellness and lifestyle factors and practices, the application of just how the individual adolescent attributes meaning to these constructs still requires more research (Norrish & Vella-Brodick, 2009:270-272; Myers & Sweeney, 2008:71; Myers, Willse & Villalba, 2011:35; Brown Kirschman et al., 2012:147). Research studies reflect that some lifestyle and wellness development programmes pertaining to adolescents may be built on approaches that do not always consider the narratives, experiences and personal constructs of those adolescents participating in such programs during the program design phase (Foster & Spencer, 2011:128; Frantz & Chandeu, 2011:40; Milstein & Henry, 2008:43). Prilleltensky (2010:239) for example suggests that a lack of awareness and sensitivity towards the perceptions of children and adolescents as important role players in the construction of developmentally and contextually appropriate intervention programs may lead to inadvertent marginalization. Consequently, it may also hamper the way professionals engage in adolescent research or program designs and may also in turn affect how professionals construct meaning and make reflective and critical sense of the assumptions about adolescents and their experiences as it pertain to lifestyle and wellness (Foster & Spencer, 2011:128).

Fortunately, the importance of elevating the awareness of the sensitivity towards the perceptions of adolescents as a key to developing contextual and developmental appropriate intervention programs for this cohort is accentuated in resilience research. Resilience research within the positive psychology framework correspondingly specifies the importance of identifying risk as well as protective factors, both within the individual adolescent and their contextual systems (i.e. family, culture and community resources) to promote positive human development, healthy lifestyle practices that subsequently may enhance wellness and create the conditions to develop resilience (Ahern, Ark & Byers, 2008:32-36; Brown Kirschman et al., 2012:143; Foster & Spencer, 2011:128; Lerner,

Weiner, Arbeit, Chase, Agans et al., 2012:275-276; Milstein & Henry, 2008:43; Yates, Egeland & Sroufe, 2003:243-244).

More recently, resilience research began to focus on determining pathways that can promote positive human development and the resilience of adolescents in contextual settings (Allen, Hopper, Wexler, Kral, Rasmus et al., 2014:604-605; Lerner et al., 2012:275-276; O'Dougherty Wright, Masten & Narayan, 2013:22-23). For instance, research in this area has begun to incorporate the views of adolescents to aid in identifying pathways towards resilience. A pathway may relate to for example nutrition, financial security, physical activity, access to resources and determining lifestyle factors that can contribute to adolescent resilience, enhance subjective wellbeing and ultimately propel them towards adopting wellness lifestyles (O'Dougherty Wright et al., 2013:17-19; Ungar, Brown, Liebenberg, Othman & Kwong et al., 2007:287; Ungar, Theron & Didkowsky, 2011:231-246).

These advances in resilient research by distinguished academics such as Allen et al. (2014:604-605), Lerner et al. (2012:275), O'Dougherty Wright et al. (2013:22-23) and Ungar et al. (2011:231-246) have made it possible for researchers interested in adolescent development, to adopt a stance that effectively emphasise the importance of how adolescents personally construct the meaning of their worlds. These personal constructs, along with the incorporation of adolescents' perceptions of contextual resilience promoting processes and factors, can allow one to ascertain how they make meaning from constructs such as lifestyle and wellness that can serve as pathways to resilience.

However, it is proposed that in order to gain better insight into the adolescent's point of view, an open-minded and positive partnership-like approach should be considered when interacting with the developing adolescent (Milstein & Henry, 2008:43). This type of stance would allow one to acknowledge that the developing adolescent may hold their own opinions regarding issues that concern them and the future lifestyles and wellness states that they may or may not desire (Diers, 2013:220). The acknowledgement that adolescents might hold different views about the way they interpret lifestyle and wellness,

as well as identify contextual risk or protective factors that might impact them, render them valuable contributors in research projects such as this mini-thesis that sought to explore how adolescent girls perceive the constructs of lifestyle and wellness.

Recognising adolescents as knowledgeable and valuable agents through their narrative contributions, the sharing of their experiences and perceptions of lifestyle and wellness, may assist researchers and adolescent mental health professionals to develop and foster resilience and nurture personal strengths (Allen et al., 2014:609; Foster & Spencer, 2011:128; Milstein & Henry, 2008:43). The promotion of resilience and personal strengths can assist adolescents to develop good planning skills, coping skills, decision-making skills and problem-solving abilities. The development of these skills may allow them to make informed choices regarding their health and lifestyle. The ability to make informed choices may also help them to govern their own health behaviours in an adaptive and responsible manner in the long-term (Milstein & Henry, 2008:43; Brown Kirschman et al., 2012:143).

1.3 MOTIVATION AND RELEVANCE OF THE STUDY

In an effort to explore how adolescents perceive constructs such as lifestyle and wellness, it is important to understand the motivation and relevance of this study.

The first motivation of this study related to adequately understanding the complexities of adolescent development and the need for research amongst the adolescent population as it pertained to adolescent lifestyle and wellness. Adolescent lifestyle and wellness are perceived as important constructs to explore during adolescence, since this is the developmental period where the adolescent begins to construe and operationalise their own lifestyles (Santrock, 2008:467-469). These lifestyles can be influenced by the exposure and interplay of biopsychosocial factors that can shape habits that become integrated adaptive patterns in the long-term (Santrock, 2008:469; Watson & Lemon, 2011:71). This notion thus made the exploration of how these adolescent girls' perceived the constructs of lifestyle and wellness relevant to research. The rationale for focusing on perceptions could help one to gather insightful information from adolescents that make

them uniquely suitable and valuable contributors in guiding the design of sustainable and relevant lifestyle and wellness intervention and prevention programmes. A second motivation for the study related to exploring the general factors that the adolescents perceived as influential on their lifestyles and wellness. A third motivation related to exploring the contextual perceptions of the adolescents as it pertained to their own, family and community lifestyles and wellness. This was done to gain a better understanding of contextual related processes and how it may impact adolescent lifestyle and wellness and was thus also deemed relevant to explore.

In terms of its relevance, this research study hoped to add to future applied research studies that are also concerned with adolescent lifestyle and wellness. It also hoped to provide an example of a developmental-orientated approach for school communities that strive to but struggle to find the time to incorporate and promote empowering healthy lifestyle and wellness programmes as part of its curriculum (Frantz, 2011:61; Walsh, 2011:589).

1.4 PURPOSE OF THE RESEARCH STUDY

The purpose of the research study was to identify and describe the way in which four adolescent girls made meaning of the constructs of lifestyle and wellness. This was executed in order to inform the process of understanding and acknowledging the valuable use of existing knowledge and perceptions of adolescent participants when dealing with lifestyle and wellness psycho-educational and preventative interventions.

This research study was explorative in nature and was directed to take into account the voices and perceptions of the four adolescent girls who took part in the study. The study focused on the adolescents' perceptions of general factors that they perceived as having an impact on lifestyle and wellness. It also sought to incorporate the adolescent participants' accounts of their contextual perceptions of lifestyle and wellness as it pertained to their families and community.

1.5 RESEARCH QUESTION

The central question that guides this study is stated as:

“How do a small group of adolescent girls, through means of a facilitative research process, understand and experience the constructs lifestyle and wellness?”

The central question is also guided by the following sub-questions:

1. *What are the adolescent girl participants’ descriptions of the meaning of lifestyle and wellness?*
2. *What are the general factors that adolescent girl participants identified that can impact lifestyle and wellness?*
3. *How do the adolescent girl participants’ perceive their own, family and school community’s lifestyles and wellness?*

1.6 INTEGRATIVE INTERPRETIVE THEORETICAL FRAMEWORK

For this study an integrative interpretive framework was applied. This was done in order to enable meaningful interpretations of the constructs of lifestyle and wellness as viewed from the perspectives of the adolescent girls whom participated in the study.

The foundation of the integrative framework was built on the principles of the interpretive paradigm. The interpretive paradigm allows one to ascertain the subjective views and diverse experiences of participants through means of qualitative data collection methods (Merriam, 2009:8). This paradigm assisted myself as the researcher to gain insight into the subjective understanding and meaning-making processes relating to the views, perceptions and experiences of lifestyle and wellness of the adolescent participants (Gokul, 2001:33; Merriam, 1998:6; Denzin & Lincoln, 2011:3). The research paradigm will be further discussed in Chapter 3 (see 3.3).

The integrative theoretical framework further included the combined conceptual ideas of the personal construct theory of George Kelly (1955) (cited by Hardison & Neimeyer,

2012:1) and the bio-ecological model of Urie Bronfenbrenner (Bronfenbrenner & Morris, 2006:793). This integrative framework will be discussed in depth in Chapter 3 (see 3.4.1 and 3.4.2) along with reasons for selecting this type of framework (see 3.4.3).

1.7 RESEARCH METHODOLOGY

The research methodology normally refers to the principles and values, philosophies and ideologies that underpin the entire research process (Roberts-Holmes, 2011: xvi). The methodology informed the questions I opted to ask, the literature I reviewed, the methods I used and the manner in which I analysed the data that was collected (Roberts-Holmes, 2011: xvi; Denzin & Lincoln, 2011:104).

The research methodology also allows the researcher to discuss the research philosophy that guided him or her to follow a particular process of inquiry or to ask questions that shaped his or her methodology. Thus in Chapter 3 (see 3.2.1), I will also seek to share my research philosophy that will include a demonstration of my thought processes and the development of research awareness that led me to ask certain questions that informed my methodology.

1.8 RESEARCH DESIGN

This study made use of a qualitative research design in the form of an instrumental qualitative case study (see 3.5.3.2) (Merriam, 1998:7). The research design can be viewed as a structured conceptualisation of the research process and is concerned with the research paradigm, research approach, methodology, data collection methods and subsequent analysis of research data, which I will discuss in Chapter 3 (section 3.5) (Roberts-Holmes, 2011:68; Kumar, 2011:94).

The research design also stipulates the purpose of the study (indicated in 1.4) and includes the central question (indicated in 1.5) that drove the study. The research design further includes the context within which the research was conducted, which will be discussed in Chapter 3 (see 3.5.4.).

1.9 RESEARCH METHODS

The research methods include the method of sampling, data collection methods and the data analysis techniques. For this research study I made use of the purposive sampling technique (also referred to as convenience sampling), qualitative data collection methods as well as the constant comparative method for data analysis.

1.9.1 Selection of participants

This study made use of the convenience sampling (also known as purposive sampling) technique due to the qualitative nature of the study. The initial sample consisted out of four grade 11 and one grade 10 adolescent girls who participated in an existing after school sport program and who volunteered to participate in the study. Participation in the research study was voluntary and participants could at any time decide to withdraw from the research project. As such one participant withdrew halfway through the study leaving the final sample that was used for data analysis and discussion at four.

Permission to access the school grounds was obtained from both the school principal and the Western Cape Education Department (see Addenda C and D). Written consent from parents and assent from participants were also obtained (see Addenda A and B). Interaction between the researcher and participants took place on four Friday afternoons after the normal school day's contact time. This was done to ensure that no infringement occurred with their academic responsibilities during the school day.

1.9.2 Data collection methods

This study made use of qualitative data collection methods. The qualitative data collection methods used consisted out of focus group discussions, individual reflective writing worksheets with open-ended questions and creative picture line constructions. Supplementary data collection methods consisted out of unstructured observations, retrospective reflections and an adapted form of the repertory grid technique (Christensen, Burke Johnson & Turner, 2011:53; Hardison & Neimeyer, 2012:6). The

adapted repertory grid, reflections and unstructured observations were used as secondary methods to further enrich the data collected and to obtain an understanding of the unique individual perceptions of participants. The data collection methods will be discussed in depth in Chapter 3 (section 3.6.2).

1.10 DATA ANALYSIS

Data analysis was governed by an inductive inquiry to gain insight into the perceptions and meaning-making processes of adolescents with regards to lifestyle and wellness.

Throughout the analysis phase the constant comparative method was applied. Data generated from the focus group discussions were transcribed and coded by means of open and axial coding of the participants' perceptions of the constructs of lifestyle and wellness (Punch, 2009:145-147).

Secondly, this data was used in conjunction with data generated from the supplementary repertory grid technique, which was axially coded to deal with theoretical concepts of bio-ecological factors and personal constructs (Punch, 2009:145-147).

1.11 STRUCTURE OF THE THESIS

This thesis will consist out of five chapters:

Chapter 1:

This chapter provides a brief overview of the structure of the study. It describes the background of the problem, motivation and relevance of the study as well as the context of the study. It also briefly outlines the research design and methodology.

Chapter 2:

This chapter will provide an overview of the literature of the study. The literature review will be centred on reviewing wellness, lifestyle, adolescent development, the historical view of adolescents in society and the move to reposition adolescents in research and

society as valuable contributors. It will also indicate the importance of researching lifestyle and wellness amongst adolescents.

Chapter 3:

This chapter will describe the research design and methodology, which include an in depth discussion of aspects such as the integrative theoretical framework, sampling strategy, data collection, method of data analysis and presentation.

Chapter 4:

The results of the data-analysis and findings will be discussed in this chapter.

Chapter 5:

The final chapter will provide a discussion on the interpretation of the findings. It will also include the implications and limitations of the study along with recommendations for future studies.

1.12 CONCLUSION

In this chapter I provided a brief overview of the background of the study. I summarised the motivation and purpose of the study as well as the central research question. I then introduced the reader to the research paradigm as well as the research design and methodology of the study. I also provided an overview of the methods of data collection as well as the method of data analysis. Lastly, I concluded the chapter with a brief overview of the structure of the thesis.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This literature review consists out of three themes that aim to frame the study as a whole.

The reader will firstly be introduced to how the constructs of wellness and lifestyle have been defined and understood within research literature. This review of wellness and lifestyle will be followed by a brief synthesis where I will unpack the view of wellness and lifestyle as it pertains to this research study. Secondly, the reader will be provided with an overview of the adolescent development phase. Thirdly, the reader will be provided with a discussion pertaining to the view of how the adolescent has been juxtaposed within research and society. This latter discussion will include the way adolescent development was historically researched and understood as well as how stereotypes and labelling affected the position of the adolescent in society. In addition to this I will also include a brief discussion pertaining to how paradigm shifts in research and policy frameworks contributed to change the position of the adolescent in societal structures. By keeping the aforementioned in mind I will then attempt to demonstrate why it is important to research adolescent lifestyle and wellness.

I will conclude the literature review with a summary of key points discussed in this chapter.

2.2 UNDERSTANDING WELLNESS

In Chapter 1 (see 1.1), I briefly mentioned that wellness can be viewed as a multidimensional construct and that a universally acceptable definition of wellness is illusive. In this section I will briefly highlight the difference between wellness and wellbeing (section 2.2.1). This will be followed with an overview of the definitions of wellness since its conceptualisation in the 1940's (section 2.2.2). I will end my discussion on wellness literature reviewed by highlighting the most prominent dimensions of wellness (section 2.2.3).

2.2.1 Problems with defining wellness

Wellness is often vaguely defined and interchangeably used together with the construct wellbeing (Miller & Foster, 2010:8; Prilleltensky, 2012:2, Roscoe, 2009:216). Although both wellness and wellbeing are multidimensional constructs, wellbeing can be defined as a “positive state of affairs brought about by adhering to subjective and objective systemic and contextual needs of individuals, seeking harmonious equilibrium or homeostasis” (Prilleltensky, 2012:2). Seligman (2011:16-24) indicated that wellbeing as a construct also consists out of five measurable elements namely: positive emotion, engagement, meaning, relationships and achievement. This interchangeable use of wellness with wellbeing has made finding consensus of assigning a clear definition to it problematic (Mackey, 2009:103-104).

With reference to defining wellness, Roscoe (2009:216) further stated that despite the increased attention provided to wellness in research literature, very little consensus exists on the clear definition of this construct across disciplines concerned with wellness. Miller and Foster (2010:7) went even further by proposing that what may make it difficult to assign a clear definition or one that has consensus across disciplines is the perception of wellness' subjective nature.

In the following section I will thus demonstrate to my reader the complexity of wellness as a construct and how it is conceptualised in research literature across various disciplines.

2.2.2 Wellness as an evolving construct

The conceptual understanding of wellness has evolved over the years into a construct that has many characteristics. In order to combat the medical model that was very much illness orientated, the wellness construct was re-defined by the World Health Organization in 1948 as "state not just absent of illness but a state of complete physical, mental and social wellbeing" (Roscoe, 2009:216; Robbins, Powers & Burgess, 2005: 7). In the late 1950's and during the period between 1960 and 1977, Halbert Dunn, the pioneer of the wellness construct, went on to frame wellness as an “integrated method of functioning”,

directed towards the “maximization of individual potential” that occur on a “continuum” which requires the individual to decisively seek to achieve and maintain a balance between him or herself and his or her environment (Dunn, 1977:4; Robbins et al., 2005:7, Roscoe, 2009:216).

The interpretation of wellness further stretched into the realms of health and strengths (Roscoe, 2009:216). In the 1980’s, wellness was metaphorically conceptualised by Egbert as “an integrated personality that held a clear identity and reality orientated perspective towards its meaning and purpose towards life” (Miller & Foster, 2010:8; Roscoe, 2009:216-217). In this interpretation by Egbert the acknowledgement of a united force in the individual’s life with their ability to cope creatively and to be inspired by hopeful events became integral aspects to develop the capacity to form open and creative relationships (Miller & Foster, 2010:8). In the same year, Hettler defined wellness in terms of six dimensions namely that of social, emotional, spiritual, physical, intellectual and occupational wellness (Roscoe, 2009:217).

In 1988 Travis and Ryan conceptualised wellness as a construct that comprises the elemental values of “self-responsibility and love” (Roscoe, 2009: 217). In 1997 Adams, Bezner and Steinhardt added the dimension of psychological wellness, where wellness was conceptualised from a systems perspective that consisted out of smaller subsystems (Roscoe, 2009:217). Renger, Midyett, Mas, Erin, McDermott et al. (2000, cited by Miller & Foster, 2010: 8) added the environmental dimension to indicate the importance of the environment on individuals. This saw wellness consisting out of eight dimensions, namely: social, emotional, psychological, physical, environmental, occupational, intellectual and spiritual wellness (Roscoe, 2009:222).

In 1994 a qualitative meta-analysis by Jensen and Allen wellness was interpreted as the person’s “subjective experience of health” (cited by Roscoe, 2009:217). In this interpretation wellness was also further described as dialectical, where health, wellness and illness were seen as necessary to recognise the emergence of the other (Roscoe, 2009:217). Witmer and Sweeney (1992) and Myers, Sweeney and Witmer (2000:252) went on to describe a holistic model of wellness with five life tasks namely: spirituality,

self-regulation, friendship, work and love. They eventually went on to describe the *Wheel of Wellness* with 12 dimensions namely, “a sense of worth; sense of control; realistic beliefs; emotional awareness and coping; problem-solving and creativity; sense of humour; nutrition; exercise; self-care; stress management; gender identity and cultural identity” (Myers et al., 2000:252). In 2004, Myers, Luecht and Sweeney streamlined the *Wheel of Wellness* into the dimensions of cognitive-emotional wellness, relational wellness, physical wellness and spiritual wellness (cited by Roscoe, 2009:217). These multi-systemic dimensions continually interact in a dynamic and synergistic manner that, if put together, are proposed to be greater than the whole sum of wellness. In essence, the *Wheel of Wellness* operates through seeking a positive balance between personal, interpersonal and environmental aspects (or bio-ecological aspects) (Mackey, 2009:111).

In a phenomenological sense, wellness is related to the dimension of time. In this instance, it is proposed that wellness can be experienced as a construct that holds the aspect of a phenomenon with time-based properties that can be future-orientated or it can be experienced in the present (Mackey, 2009:111). Mackey (2009:111) also proposed that wellness can be consciously brought in and out of our awareness state through probing and asking meaningful questions. These probing questions can allow individuals to engage with their experiences of wellness or develop future-orientated goal-directedness towards constructing and maintaining optimal and balanced states between the different dimensions of wellness (Mackey, 2009:111).

Within the health and wellness tourism industry, wellness is conceptualised by Cooper and Erfurt-Cooper (2009:5) as a construct that is defined as:

1. “An approach to health care that emphasises the prevention of illness and prolonging life, as opposed to emphasising the treatment of diseases;
2. “It is also seen as ‘the condition of good physical and mental health, especially when maintained by proper diet, exercise and habits’” (*American Heritage® Dictionary of the English Language*, n.d.);
3. “It can be seen as a healthy state of wellbeing that is free from disease (*American Heritage® Dictionary Stedman’s Medical Dictionary*, n.d.);

4. as well as the quality or state of being in good health especially as an actively sought goal, for examples lifestyles that promote wellness (*Merriam-Webster Medical Dictionary* n.d. (b.))”.

Furthermore in 2003 in the health and wellness tourism industry, Adams (2003, cited by Miller & Foster, 2010:10) defined wellness in terms of four principles, namely:

- 1) “Wellness can be seen as a multidimensional concept; 2) Wellness research and practice should be orientated towards identifying causes of wellness rather than causes of illness; 3) Wellness is about a balance; and 4) Wellness is relatively subjective or perceptual, which makes it a physical and psychological state of being”.

Lastly, wellness as a multidimensional construct is also conceptualised from the evidence-based model, the *Indivisible Self model of Wellness* of Myers and Sweeney that served as revision of their theoretical model of the *Wheel of Wellness*, that was based in the field of individual psychology (Myer & Sweeney, 2004:234-245; Wolf, Thompson & Smith-Adcock, 2012:165). This evidence-based model incorporated relational as well as contextual elements. It was also built on the rationale of holism that stipulates that the “the self is indivisible, where the sense of purpose-drivenness is an integral part of understanding human behaviour” (Wolf et al., 2012:165). In this model, emphasis was not only placed on the individual elements of a whole, but also on the interactions between the whole and its parts as well as the social context of an individual’s life (Myers & Sweeney, 2004:234-245). This made wellness interpretable as an emergent higher order and indivisible factor that consists out of dimensional subsystems (Myers & Sweeney, 2004:236). To Wolf et al. (2012:166), understanding wellness meant adopting frameworks that acknowledge the individual and contextual factors that impact wellness.

2.2.3 Dimensions of wellness

Wellness is also widely understood and described in terms of the dimensions it covers. The seven most prominent dimensions of wellness include the physical-, emotional-,

social-, cognitive-; spiritual-; environmental- and occupational dimensions (Miller & Foster, 2010:11).

The *physical dimension* was generally considered to include physical activity, nutrition and self-care (Miller & Forster, 2010:11). This dimension is also primarily concerned with physiological aspects, genetic dispositions and harm-avoiding behaviours through maintaining a healthy lifestyle of fitness, flexibility and strength by means of exercise, diet and nutrition (Miller & Foster, 2010:11-12). Roscoe (2009:219) describes physical wellness as an active and continuous effort to maintain optimum levels of physical activity, nutrition, self-care and making healthy lifestyle choices. This definition also includes an individual's perception and expectation of wellness as well as the acceptance of one's physical state (Miller & Foster, 2010:12; Roscoe, 2009:219). Within the domain of physical wellness the emphasis is placed on the move towards personal potential without comparing progress to that of others, thus leaving room for individual differences, circumstances and experiences (Roscoe, 2009:219). This may result in the maintenance of physical health behaviours through meaningful goal-directedness.

The *emotional dimension* according to Hales deals with continual intrapersonal processes that focus on awareness and management of thoughts and feelings, the ability to reflect on emotional content and to solve emotional problems (cited by Miller & Foster, 2010:13). Adams et al. (1997, cited by Roscoe, 2009:216) interpreted emotional wellness as one's ability to have a "realistic, positive and self-valuing developmental view of oneself and of the world as well as the ability to manage and cope with conflict, life circumstances and stress". Helliwell (2005) added that emotional wellness further included the "maintenance of positive and meaningful relationships, having an optimistic view of the future as well as a having a positive outlook towards life" (cited by Miller & Foster, 2010:12).

The *social dimension* is a broad scope that includes the degree and quality of interactions with others, the community and nature (Miller & Foster, 2010:14). In 1980, Hettler indicated that this dimension includes the extent to which the person supports the community and nature through their everyday actions; getting along with others; the ability to express feelings, needs, opinions and engaging in supportive social relationships with

friends, family and intimate partners (cited by Miller & Foster, 2010:14; Roscoe, 2009:218). It also includes the extent of reciprocal relationships with the focus on the extent to which one is able to give and receive support to and from others as well as the respect for others (Roscoe, 2009:218). Social wellness is in essence thus concerned with the active promotion of a healthy environment and improving the community, effective communication and building healthy relationships with others by balancing and integrating the self with others, the community and nature (Roscoe, 2009:220).

The *cognitive (or intellectual) dimension* according to Hales and Hettler respectively, relate to the degree to which one engages in “creative and stimulating activities” (cited by Miller & Foster, 2010:15; Roscoe, 2009:220). Hatfield and Hatfield (1992) indicated that these stimulating activities may include the search for and the use of resources to expand knowledge and the acquisition, development and application of critical and analytical thinking (cited by Roscoe, 2009: 220). Hales also indicated that it further included developing higher order thinking, the capacity to learn, the commitment to life-long learning and making the effort to share learnt knowledge with others (cited by Miller & Foster, 2010:15). Miller and Foster (2010:15) along with Roscoe (2009:220) further viewed the cognitive dimension as the continuous attainment of optimum levels of stimulating activities, the development of individual talent, skills and abilities to achieve a more satisfying life that contribute to personal growth and bettering society.

The *spiritual dimension* is the most developed and discussed dimension in literature. It also differs from religion (Miller & Foster, 2010:16; Roscoe, 2009:220-221). Spirituality may reflect the broader expression of one’s beliefs and values, where religion may be viewed as the means by which one is able to direct one’s behaviour in order to express one’s spirituality (Miller & Foster, 2010:216). Key aspects reflected by the spiritual dimension includes seeking meaning and purpose in one’s existence, creating one’s own values and beliefs towards finding a life purpose or transcendental experiences. It may also include shared connection with others through which one seeks to understand one’s relationship with others, community, nature, the universe and a higher power (Miller & Foster, 2010:16-17; Roscoe, 2009:221). It also includes the acknowledgement and appreciation of the complexities of life, while coming to terms with the idea that the

universe cannot be understood in its entirety as it falls outside of our own experience (Miller & Foster, 2010:16; Roscoe, 2009:221).

The *environmental dimension* is also a broad dimension where environment refers to home, work, community and nature (Miller & Foster, 2010:18). This dimension is concerned with the nature of an individual's reciprocal interactions with the environment on a local, community and a global level (Miller & Foster, 2010:18). It further seeks to explore the balance between home, work life and the relationships one has with nature and community resources (Miller & Foster, 2010:18). It also includes the effort to conserve and improve the environment and the community as well as the control individuals have over their environment (Roscoe, 2009:221).

The *occupational dimension* reflects aspects relating to experiences within the workplace. According to Hettler (1980) it also includes the extent to which one's workplace allows one to express one's values and the gaining of personal satisfaction and enrichment from paid or unpaid work (cited by Miller & Foster, 2010:17). Furthermore, it may reflect one's attitude towards work and ability to balance several roles (Roscoe, 2009:221). This dimension further includes individuals' skills and abilities to contribute to the community (Miller & Foster 2010:17). Figure 2.1 below demonstrates the seven prominent dimensions of wellness as discussed above.

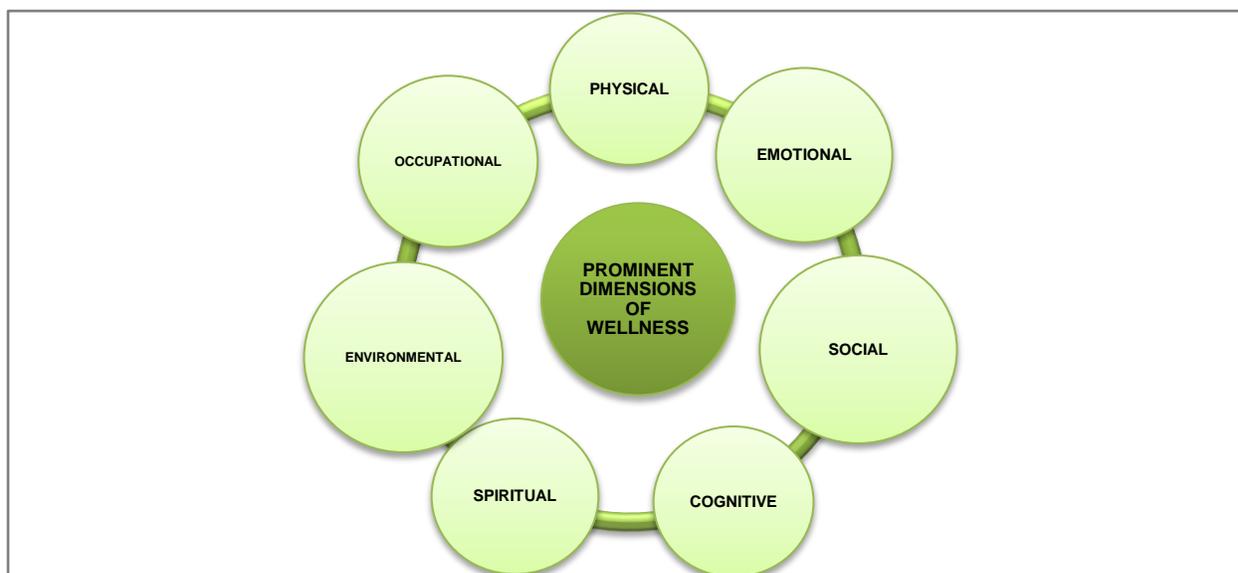


Figure 2.1: Visual representation of the prominent dimensions of wellness

In short, from the review on wellness, it is evident that divergent views about the definition of wellness as a construct exists and finding a clear definition across various fields is still ongoing. As a consequence of this literature review and as indicated in section 2.1, I will attempt to unpack the meaning of wellness as it pertains to this research study by providing my reader with a deductive synthesis of wellness (and lifestyle) in section 2.4.

I will now continue my discussion of lifestyle in the following section.

2.3 UNDERSTANDING LIFESTYLE

In section 1.1, I briefly indicated that lifestyle, like wellness, can also be viewed as a multidimensional construct. In this section I will provide an overview of how lifestyle has been conceptualised in different fields.

2.3.1 Problems with defining lifestyle

The construct lifestyle also has a long history in various fields and has become a popular term that is used in everyday life (Abel, Cockerham & Niemann, 2000:56; Veal, 2002:359). Lifestyle as a construct, just like that of wellness, is also difficult to define and differently interpreted within various disciplines. Lifestyle was, and still is, often vaguely defined as a way of life or referred to as patterns of behaviour or general forms of behaviour (Jensen, 2007a, 2007b:63). Abel et al. (2000:57-58) indicated that without clear theoretical criteria or guidance, the construct lifestyle in itself can mean anything that relates to individuals' lives, which contributes to making it a construct that is problematic to define.

2.3.2 Lifestyle as an evolving construct

It is proposed that the construct of lifestyle stems from the conceptual works of sociologists and theorists such as Max Weber (1920, 1968), Alfred Adler (1927), Sobil (1981), Giddens (1991) and Pierre Bourdieu (1984) who greatly contributed to our

understanding of lifestyle (cited by Cockerham, Rütter & Abel, 1997:324; Abel et al., 2000:58; Jensen, 2009:216).

Max Weber's (1920-1978) work is seen as the most insightful contribution to lifestyle. He is also seen as the theorist who coined the term lifestyle or in his words, "style of life". Weber defined lifestyle in terms of the source and size of income and economic characteristics of people (Horley, 1992:205-206; Cockerham et al., 1997:324; Abel et al., 2000:59). To Weber, lifestyle in itself was concerned with the status, prestige or honour and not necessarily the class of individuals (Horley, 1992:206; Cockerham et al., 1997:324; Abel et al., 2000:59; Kipnis, 2004:3; Bell & Hollows, 2006:6). The difference in class and status was indicated as class being seen as a reflection of the marketplace and signified the level of income, property or economic skill of people (Cockerham et al., 1997:324). Status, on the other hand, was expressed through the expectation that a specific style of life is expected from all of those who wish to belong to the dominant social circle (Cockerham et al., 1997:324).

The concept of status is further translated in the occurrence of status groups that reflect groups of people who share similar status, class, background or political influence and originate through a sharing of similar lifestyles or as a means to preserve a particular style of life. To Weber, social prestige or status was thus primarily the focus point of lifestyle (Horley, 1992:205). Apart from status, Weber also emphasised lifestyle in terms of that which people consumed and not necessarily by what they produced (Cockerham et al., 1997:324; Abel et al., 2000:58). In their review on Bourdieu's work, Abel et al. (2000:58) indicated that to Bourdieu, consumption in terms of lifestyle reflected a "set of social and cultural practices that establish differences between social groups and not merely the expression of differences which are already perceived to be in place of economic factors".

Lastly, Weber indicated that lifestyle is a construct that relates to chance and choice - where *chance* referred to the understanding of what societal structure can offer, and *choice* referred to the agent/person pursuing the chance (societal structure) (Cockerham et al., 1997:324-325). In his opinion, choice also became the major factor in the operationalising of lifestyles. He believed that lifestyles were not random and unrelated

patterns of behaviours devoid of structure, but were deliberate choices that were influenced by life chances (which are socially determined and includes concepts such as norms, values, rights and social relationships) (Abel et al., 2000:59).

In the field of psychology, Alfred Adler (1927) defined lifestyle as a unique pattern of behaviours and habits by which an individual strives for superiority (cited by Horley, 1992:206). Adler also described lifestyle as the relationship between the child and adult versions of the human psyche (Jensen, 2009:216). In his conceptual understanding, the child version is viewed as weaker than the adult (Jensen, 2009:216). This view is used to infer that the sense of inferiority between the child and adult may impact how people strive to overcome feelings of inferiority resulting from past experiences (Jensen, 2009:216). This search to overcome inferiority may lead the individual to construct and experiment with lifestyles in order to overcome it and to assist in dealing with the complexity of conflicts in his or her interpersonal relationships (Jensen, 2009:216). This may often result in the creation of either healthy, balanced lifestyles or lifestyles characterised by destructiveness (Jensen, 2009:216).

Pierre Bourdieu differed from Adler and Weber in the sense that his focus on lifestyle was more centred on the role of social structure and the concept of habitus on the creation and operationalisation of lifestyle, as opposed to that of status (cited by Abel et al., 2000:61-62; Cockerham et al., 1997:326). Bourdieu (1984:1720) defined lifestyle as “systematic products of habitus that should be perceived in their relation to the schemes of habitus that become sign systems that are socially classifiable” with lifestyle also becoming functional forms of cultural capital that holds symbolic value (also cited by Cockerham et al., 1997:329).

Unlike Weber, Bourdieu proposed that (life) chances influenced (life) choices and ultimately may lead to the operationalisation of lifestyles (Abel et al., 2000:62; Cockerham et al., 1997:329). He also described lifestyle operationalisation as “1) the objective conditions of existence combined with positions in the social structure; 2) that produces the habitus that consists out of; 3) a system of schemes generating classifiable practices and works; 4) and a system of schemes of perception and appreciation (taste) that

together produce; 5) specific and classifiable practices and works that 6) result in a lifestyle” (Abel et al., 2000:62; Cockerham et al., 1997:326). To Bourdieu, structure is viewed as persistent repetition and self-maintained constructs that lead to habituation and thus produces lifestyles, which in essence reflects and produces social differences in ways of living for people (Abel et al., 2000:62).

Preceding Bourdieu, Sobel (1981) defined lifestyle in terms of behaviour (cited by Horley, 1992:206; Kipnis, 2004:1-20). Sobel saw lifestyle as a distinct mode of living that was recognisable by observable behaviours, particularly that of consumptive behaviour (Horley, 1992:206; Kipnis, 2004:3; Stebbins, 1997:348).

In the same space in the 1980’s, lifestyle was further used as a term to identify consumer groups that resulted in it being deeply connected with the concept of consumerism (Jensen, 2009:216). This saw lifestyle being used in marketing and advertising campaigns that sought to target consumer groups in terms of the lifestyles they lived and the way they consumed goods (Kipnis, 2004:2-4). This increased focus on consumption in the 1980’s led to the blooming of the term lifestyle and it being used as an everyday term. It also gave rise to terms such as lifestyle shopping, lifestyle attributes and psychographics to run marketing, advertising and sales campaigns with the aim to increase consumer consumption (Kipnis, 2004:2).

However, despite the popular rise in the usage of lifestyle as an everyday term, particularly in the field of leisure studies, lifestyle as a construct was rejected by neo-Marxists, many critical sociologists and feminist scholars (Veal, 2002:359). Despite the criticism, increased support grew in the 1990’s as lifestyle was starting to be accepted as an integral part in the development of modernity (Veal, 2002:359).

Lifestyle in the business, marketing and advertising fields came to be comprehensively defined as:

“A way of living of individuals, families (households), and societies, which they manifest in coping with their physical, psychological, social, and economic environments on a day-to-day basis.

Lifestyle is expressed in both work and leisure patterns and (on an individual basis) in activities, attitudes, interests, opinions, values, and allocation of income. It also reflects people's self-image or self-concept; the way they see themselves and believe they are seen by the others.

Lifestyle is a composite of motivations, needs, and wants and is influenced by factors such as culture, family, reference groups, and social class. The analysis of consumer lifestyles (called psychographics) is an important factor in determining how consumers make their purchase decisions.” (Business Dictionary Online, 2014).

In the social sciences, lifestyle was often viewed and defined in terms of mechanisms relating to the formation of self-identity. The contribution of Giddens in the conceptualization of lifestyle through the introduction of the concept of self-identity and impact of modernity became an integral aspect of contemporary lifestyles (cited by Abel, et al., 2000:329). Giddens, defined lifestyle as “a cluster of habits and orientations that has a certain unity - important to a continuing sense of ontological security - that connects options to a more or less ordered pattern” (cited by Cockerham et al., 1997:329). This definition implied that individual lifestyle choices tend to fit a pattern that leads to the making of alternative choices that may be out of character for the person (Cockerham et al., 1997:329).

Giddens also proposed that lifestyle did not just serve a utilitarian need, but provided the building blocks to form one's self-identity (Cockerham et al., 1997:329). To Giddens, self-identity referred to the “self as reflexively understood by the person in terms of his or her self-identity” (Cockerham et al., 1997:329). This in essence suggested that self-identity related to what the person was conscious of in relation to his or her own self-consciousness. Self-identity in this aspect was also seen as continuous and was proposed to be routinely reconstructed and maintained through the activities the person engaged in to construe their lifestyle (Cockerham et al., 1997:320).

Giddens further proposed that lifestyle had a dual nature in terms of structure and agency. Here he proposed that structure and agency were interrelated constructs (Cockerham et al., 1997:324). He believed that there could be no structure without action and no action could occur without structural components. In this instance, Giddens saw lifestyle as a structured pattern of behaviour that has norms, values and boundaries that through the feedback of action-orientated social agents are produced or transformed over time as people seek to operationalise them (Cockerham et al., 1997:324).

However, the movement away from only focusing on consumption and behavioural patterns was proposed by Horley (1992:205-206). Horley (1992:206) proposed that an acceptable definition of lifestyle should incorporate both intentional behaviour or purposive activity and behaviours such as leisure, sleep or values. In essence, Horley, Carrol and Little (1988) saw lifestyle as “distinctive behavioural expression of a characteristic pattern of values and beliefs” (cited by Horley 1992:206). The move away from consumptive and behavioural patterns was further emphasised by Bell and Hollows (2006:6) with their book *“Historicizing Lifestyle: Mediating Taste, Consumption and Identity from the 1900s to 1970s”* that pointed out that a differentiation needed to be made between the different uses of lifestyle. They also concluded that lifestyle was no longer only ascribed to social groups or consumption, but that it was associated with an active process that involved choice (Bell & Hollows, 2006:6).

Abel et al. (2000:58) indicated in their critical approach on lifestyle that lifestyle as a construct was used in the field of market economics to describe important consumer groups, and in the field of politics, lifestyle emphasised individual over social responsibility. According to them, in the field of social sciences it was also seen as a secondary concept on the relative importance of social conditions and behaviours on social inequalities (Abel et al., 2000:58). It is also prominently applied to describe new forms of social differentiation under post-modern and poststructuralist or high modernity conditions. In the health sciences, lifestyle was used to refer to everything that had to do with social behaviours and health and in medical sociology, lifestyle was used in debates on behavioural explanations of health inequalities (Abel et al., 2000:58).

In the cognitive sciences, lifestyle was viewed as a construct of self-identity, however this view was not seen as the sole focus and rather one that involves meta-cognitive aspects (Jensen, 2009:216). From the cognitive science perspective, lifestyle was defined as:

“A pattern of repeated acts that are both dynamic and to some degree hidden to the individual; and involves the use of artefacts. This lifestyle is founded on beliefs about the world, and its constancy over time is led by intentions to attain goals or sub-goals that are desired. In other words, a lifestyle is a set of habits that are directed by the same main goal” (Jensen, 2009:225).

Today lifestyle is respectively defined by the *Oxford Dictionary Online* (2014) as “the way in which a person lives” and by the *Merriam-Webster Dictionary Online* (2014) simply as “the typical way of life of an individual, group, or culture”. With the *Dictionary.com* (2014) defining it as “the habits, attitudes, tastes, moral standards, economic level, etc., that together constitute the mode of living of an individual or group”

2.4 SYNTHESIS OF WELLNESS AND LIFESTYLE REVIEWS

From the 1947's until now, the review of wellness as portrayed in this chapter has shown the unique interpretations by those who are interested in this field of work. The dynamic and ever changing face of wellness, along with its historical complexity and interchangeable usage with that of wellbeing, makes it difficult to interpret and ascribe a clear definition to it.

Previous notions hold the ideal that the constructs of wellness and wellbeing are essentially the same. However, in section 2.2, I indicated that a difference does exist in terms of its elemental principles. We can thus infer that constructs of wellness and wellbeing are not the same, but rather that they co-exist inter-dimensionally. In the section of the literature review on wellness dimensions (see 2.2.3), it was shown that wellness is most commonly understood in terms of its seven prominent domains or dimensions (see Figure 2.1).

The comprehensive definition of wellness is however still on-going. Existing research recommend that further explorations with regards to wellness ought to be pursued as well as to challenge the idea of quantitative one-size fits all methodologies when dealing with wellness related concepts. Researchers are also encouraged to explore the philosophical understanding of wellness that can build into the development of strong psychological and counselling orientations to wellness and mental health and even that of lifestyle, to help people move away from the strong health or medical orientated positions when dealing with these constructs. Exploring philosophical understandings that can develop psychological and counselling orientations in order to understand the experiences of wellness, especially amongst adolescents, becomes an important aspect to pursue in research.

In short, based on the review on wellness (see 2.2), according to Roscoe (2009:218) the most consistency can be found in how research literature depicts the nature of wellness. The consistent depiction of wellness in this literature review and as indicated predominantly by Adams (2003, cited by Miller & Foster, 2010:10), Roscoe (2009:218) , Miller and Foster (2010:7) and Wolf et al. (2012:165-166) saw wellness being related to the ideals of 1) understanding that wellness is not just about the absence of illness; 2) wellness is described in individual and contextual factors that interact in a complex, integrated and synergistic manner, suggesting that wellness as an approach is concerned with the holistic function and interaction of the person and the environment; 3) requires emphasizing the importance of maintaining a balance between the different dimensions that constitutes wellness; 4) it can be perceived as movement towards a higher level of optimal functioning; and 5) wellness is viewed as a continuum, not as an end-state; and 6) lastly, wellness is perceived as subjective in nature.

In terms of lifestyle, since its proposed conceptualisation in the 1920's, the review in this chapter (see 2.3) also demonstrated that it holds a variety of definitions in various fields. As in the case with wellness, lifestyle too can be viewed as a complex construct that has continually evolved. The different uses in various fields may continue to impact the perceptions and personal constructs of individuals in different ways, which may make it

even more difficult to truly ascribe a singular or generic definition to it. Lifestyle is also observed in terms of patterns of behaviour, daily activities and as a way of living within a given context (i.e. family, community) and a given environment (i.e. a geographical location on earth).

Finally, depicting the link between lifestyle and wellness becomes an important point to address.

Although it was not the intention of this study to pursue a correlation or link between lifestyle and wellness, it is relevant to point it out - as I envision that my reader at some point must have asked - the question of how lifestyle impacts wellness or vice versa. In response to this I would thus like to briefly point out that the constructs of wellness and lifestyle appear to both be multifaceted in their design, as was highlighted by this literature review. Furthermore, when one explores lifestyle and its sub-divisionary dictums, as it relates to its theorised definitions in the domains of socio-economics, ecology, cognitive sciences, health, psychology, self-identity formation, career and consumerism, we can observe that lifestyle shares elements that fit within the domains of wellness and that these constructs, in essence, embrace each other. Through the application of deductive reasoning upon reviewing the literature and studies conducted about the conceptualisation of both these constructs, a suggestion of an interrelated relationship can thus be made. Subsequently, one can infer from this and as stated by Schuster, Dobsons, Jauregui and Blanks (2004:363) that these two constructs can impact each other directly or indirectly.

2.5 AN OVERVIEW OF THE ADOLESCENT DEVELOPMENT PHASE

Historically, adolescence was not always considered as a separate developmental period until the early 20th century, when G. Stanley Hall, published the controversial but popular book called "*Adolescence: Its psychology and its relations to physiology, anthropology, sociology, sex, crime, religion and education*" in 1904 (Lerner, 2012:150; Papalia, Olds and Feldman, 2006:7).

2.5.1 Understanding the Adolescent Development Phase

The word adolescence is derived from the Latin verb “*adolescere*”, that means to “grow up” (Feixa 2011:1635; Gouws, Kruger & Burger, 2008:2). Adolescence can be seen as a universal transitional developmental phase that occurs between the period of childhood and adulthood (Carr, 2005:3; Santrock, 2008:17; Papalia et al., 2006:412). Adolescence as a transitional developmental period also have common universal features that relate to the onset of puberty with changes in biological, cognitive and social-emotional processes (Feixa, 2011:1635; Papalia et al., 2006:413; Santrock, 2008:17). Adolescence is furthermore defined in terms of physiological puberty, psychosocial, behavioural, cultural and contextual criteria along with the recognition of adult status (Feixa, 2011:1635; Gouws et al., 2008:2-3; Sturman & Moghaddam, 2011:1704).

Although there may exist somewhat of a disagreement on how to define adolescence by some adolescent researchers, others distinguish it by virtue of its different phases and age of onset. In terms of onset, it is proposed that this developmental phase may generally commence from the approximate age of 10-12 years or even earlier and ending at approximately 18-22 years or even later (Papalia et al., 2006:412; Santrock, 2008:17; Gouws et al., 2008:2; Wild & Swartz, 2012:202). Adolescence may also be described in terms of two stages namely *pre-adolescence*, which fall between the ages of 10-13 years, and *adolescence* that falls between the ages of 13-22 years (Carr, 2005:24). The pre-adolescence stage is concerned with the development of self-efficacy and effectiveness to adopt and apply multiple strategies to autonomously regulate emotions, coping with and managing stress as well as distinguishing and orientating oneself between the diverse functions of social roles (Carr, 2005:24).

The stage of adolescence is associated with an increase in the complexity of emotional cycles, moral development, building and maintaining peer relationships through reciprocal and mutual emotional self-disclosures (Carr, 2005:25). However, in some instances adolescence may even be divided into three stages namely *early-, mid-, and late adolescence* (Gouws et al., 2008:2; Wild & Swartz, 2012:202).

2.5.2 Physical changes and biological processes

Adolescence is characterised by a dramatic physical growth spurt and physiological changes as the adolescent enters puberty (Swart & Wild, 2012:206; Slee, Campbell & Spears, 2011:458). Puberty is defined as a universal characteristic of adolescence and is the period in human development where a person becomes sexually mature. It is also characterised by a growth spurt that is the most rapid and extensive change in post-natal life or other area in a person's life span (Slee et al., 2011:458; Wild & Swartz, 2012:204, 206).

Biological changes during adolescence are associated with rapid physical changes such as increases in height and weight, body contours and the development of primary and secondary sexual characteristics and maturation (Santrock, 2008:17-18; Sturman & Moghaddam, 2011:1704). Primary sexual characteristics refer to changes in the reproductive system or organs as well as the onset of menarche (first menstrual cycle) for girls and semenarche (production of viable sperm) in boys, which leave the adolescent capable of producing a child (Slee et al., 2011:459; Wild & Swartz, 2012:207). The secondary sexual characteristics refer to that which is visible on the outside of the body and is not directly involved in reproduction i.e. for girls developing breasts, pubic and facial or under arm hair and for boys deepening of the voice.

2.5.3 Cognitive and language development

Changes relating to the cognitive processes during adolescence also occur (Santrock, 2008:18; Wild & Swartz, 2012:209). Yurgelun-Todd (2007:251) indicated that adolescence is "a critical period for maturation of neurological processes that underlie higher cognitive functions and social-emotional behaviour".

Magnetic resonance research demonstrated that structural organisation of the developing child and adolescent changes in functioning and that during adolescence the brain continues to develop and undergo structural changes and neurological pruning. As the pruning of unused synapses in the cerebral cortex continues, this leads to increased white matter formation. This increase in white matter reflects increased myelination which is

thought to be associated with increased age-related improvements in cognitive processing (Yurgelun-Todd, 2007:252). These improvements in cognitive functioning may lead to increased cognitive processing speed, intellectual functioning, dramatic improvements in abstract thought, organization, decision-making, planning and response inhibition, increased cognitive skills such as memory and reading (Santrock, 2008:18; Yurgelun-Todd, 2007:252).

Theories of cognitive development, such as that of Piaget, go beyond the physical maturation of the brain and seek to understand mental processes (memory, thinking and meta-cognition, problem-solving and perceptions of situations) (Wild & Swartz, 2012: 210). Piaget refers to adolescence as a formal operational stage through which the adolescent seeks to make meaning of their experiences (Wild & Swartz, 2012:210). During the formal operational stage, the adolescent begins to attempt to organize his or her world. They begin to distinguish between important and less important ideals; are able to connect ideas; can allow his or her thinking to be changed and to be introduced to new ideas; are able to think abstractly; become more realistic and can think about possibilities for themselves and the world; and are able to reason logically and verbally (Wild & Swartz, 2012:210).

Neo-Piagetian theorists like Keating (1980, cited by Slee et al., 2011:485) for example, added cognitive functions such as thinking about possibilities; thinking through hypotheses; thinking ahead (i.e. being future-orientated and devising a plan of action); thinking about thinking (meta-cognitive skills); thinking beyond all limits; applying new skills to experiment with situations and thinking of things they never considered before.

During adolescence there is also a significant growth in language development where the adolescent's use of language changes and becomes more sophisticated and refined; they are able to interpret meanings; are able to come to understand elements of language i.e. irony or metaphors and their general writing- and conversational skills may begin to improve (Wild & Swartz, 2012:212; Slee et al., 2011:484-485, 489).

2.5.4 Emotional development

The dramatic neurological changes in adolescent brain structure and the differences in information processing may also influence processes relating to emotions, judgment, organization of behaviour, executive functioning and impulse control (Santrock, 2008:18; Feixa, 2011:1635; Blakemore, 2012:402; Steinberg, 2012:70). It is proposed that structural, neurological and hormonal changes, along with the impact of external ecological factors, may in some instances predispose the adolescent to experience fluctuations in mood; emotional outbursts and to engage in risky behaviour (Papalia et al., 2006:418; Feixa, 2011:1635; Blakemore, 2012:402; Steinberg, 2012:70).

Research also indicates that the increased myelination that results in stronger connections among various parts of the brain may lead to different parts of the adolescent brain to develop at different rates (Wild & Swartz, 2012:209). During adolescence it is proposed by some researchers that the emotional processes are fully developed and also more active than in adulthood (Wild & Swartz, 2012:209). However, it is further suggested that the prefrontal cortex (the part of the brain responsible for executive functioning, planning and decision-making) is not yet fully matured.

These proposed differences in maturity of brain regions and pre-frontal cortex development, are reasoned to leave some adolescents prone to risk-taking behaviours or psychiatric disorders as they may experience strong reactions to stressful events, or seek pleasurable experiences but may not have developed the ability to control strong emotional impulses yet (Wild & Swartz, 2012:209; National Institute of Mental Health, 2011). Changes in brain function may also lead to sleeping disturbances as adolescents may go to bed late and may wake up tired which can impact learning and decision-making in for example school settings (Wild & Swartz, 2012:209).

2.5.5 Psycho-social and moral development

During adolescence, adolescents move towards becoming their own person (Wild & Swartz, 2012:212; Louw & Louw, 2014:378-379). Rapid processes relating to social-

emotional development during adolescence also revolves around achieving developmental tasks that relates to the “pursuit of independence” or autonomy by moving away from the family (Wild & Swartz, 2012:213; Louw & Louw, 2014:378). Moving away from the family may also cause conflict for the adolescent as parents may not understand this search for independence. For the adolescent, on the other hand, by breaking away from the family while still feeling dependent on the family for nurturance, care and safety may cause internal conflicts (Wild & Swartz, 2012:213). The task of the formation of personal identity also becomes a central part during this phase as the adolescent seeks to find out who they are as a person (Wild & Swartz, 2012:213). The development of self-concept and self-esteem also occurs. The need to establish or to form social relationships with peers that relate to friendships; the exploration of romantic relationships and their sexuality also takes preference during adolescence (Santrock, 2008:18; Papalia et al., 2006:418-419; Wild & Swartz, 2012:213).

Moral development also occurs during adolescence. This is associated with the development and an increased awareness of values, beliefs and attitudes of what is right and wrong for the adolescent (Slee et al., 2012:558). Seeking to develop a personal value system becomes an important developmental task for the adolescent (Louw & Louw, 2013:379).

The formation of a personal value system becomes a guide for the adolescent on how to behave as they continue to increase their social relationships and act in socially and morally responsible manners on a daily basis (Louw & Louw, 2014:379). The development of a personal value system however, requires adolescents to question existing value systems and at times part with that which they do not value as important to them (Louw & Louw, 2014:379). This requires them to engage in decision-making on how to act in terms of their behaviour and may guide the decisions they take (Louw & Louw, 2014:379; Wild & Swartz, 2012:224-228).

Figure 2.2 below provides a summary of the adolescent development phase and the associated changes.

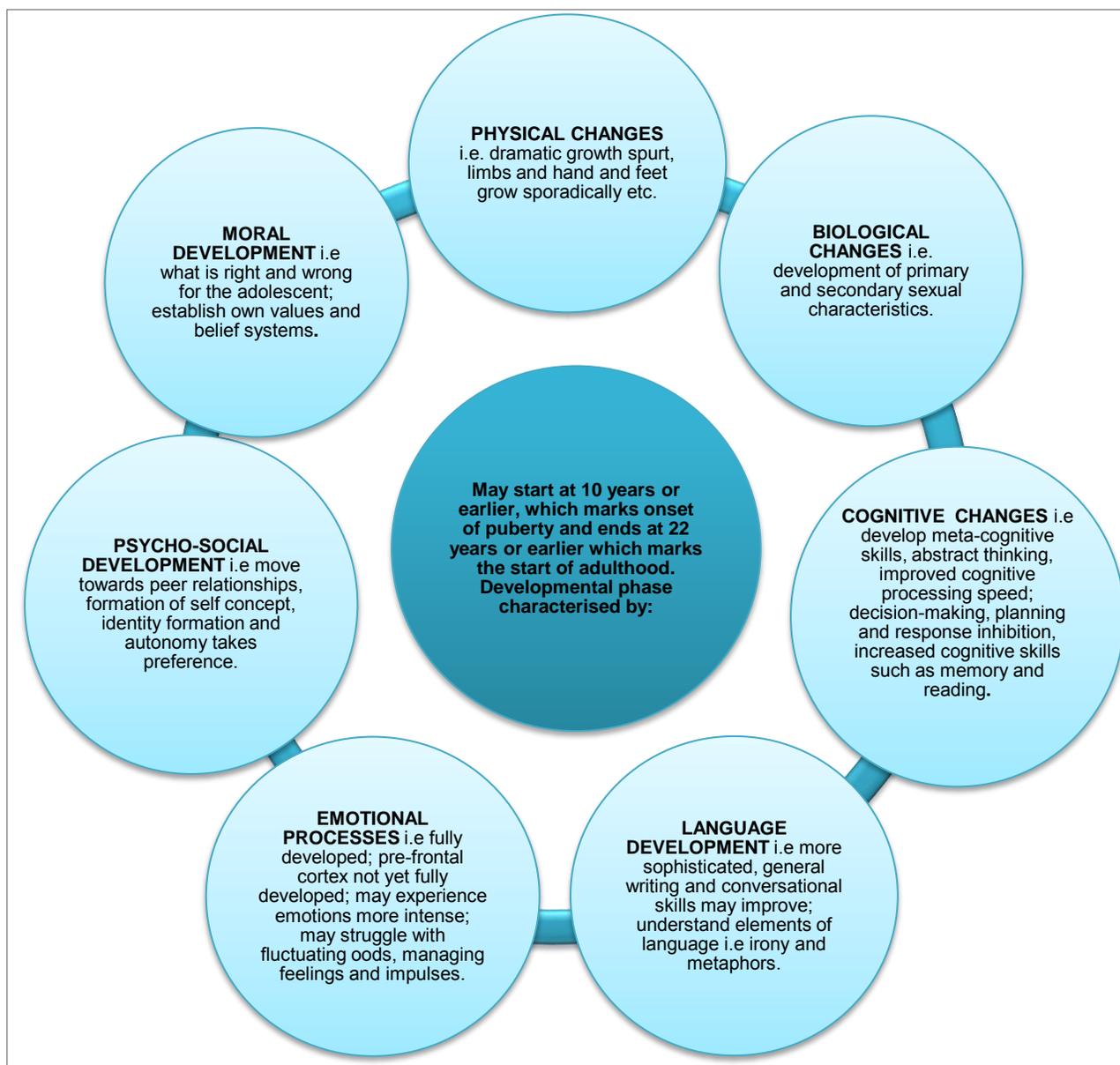


Figure 2.2: Summary of adolescent development

Now that my reader has developed an understanding of the most important developmental aspects of adolescence, my next task will be to discuss the historical position of adolescents in research in society in the following section.

2.6 THE HISTORICAL POSITION OF ADOLESCENTS IN RESEARCH AND SOCIETY

In this section I will firstly demonstrate how the adolescent was viewed within the context of research and how this view came to change over the years. Secondly, I will indicate how the role of labels and stereotypical views affected the position of the adolescent in society. Lastly, I will bring to the fore how the position of the adolescent came to change, both in research and society.

2.6.1 Adolescents' position in research

Historically, research conducted within the field of child and adolescent development primarily revolved around applying knowledge gathered from the natural, behavioural and medical sciences that often made use of the scientific research approach to understand development (Santrock, 2008:14; Yates et al., 2003:243).

The scientific approach is seen as a research method that seeks to gather accurate, objective, systematic and testable information regarding a certain phenomenon i.e. development (Santrock, 2008:21). This method also makes use of quantitative data that can be tested and re-tested, whereby the results of the data are often subjected to the principle of generalisability across the population of interest to the researcher (Santrock, 2008:21; Papalia et al., 2006:40). In this instance inferences about a particular phenomenon from the representative sample of the population being investigated are then related to the rest of the population of interest. The scientific approach however holds its own limitations as it often disregards the importance of personal beliefs, values, opinions, subjective experiences and meaning-making processes of the child and adolescent (Santrock, 2008:21, Papalia et al., 2006:40, Hogan, 2005:22).

The application of the scientific approach within the research fields of for example developmental psychology, resulted in the child or adolescent being perceived as the object of the study and not as an active participant in the research process (Greene & Hill, 2008:1; Hogan, 2005:22). The focus was also placed on adolescent-related

outcomes as opposed to adolescent-related processes (Greene & Hill, 2008:1). Other focus areas also related to adolescent variables and overt behaviours, rather than viewing children and adolescents as persons with thoughts, feelings and experiences of their own (Greene & Hill, 2008:1; Swart & Pettipher, 2011:15). Less focus was placed on acknowledging that they too were active participants in their own development and held distinct personal constructions and views of themselves and their own realities (Greene & Hill, 2008:1; Swart & Pettipher, 2011:15).

Within the fields of clinical and educational psychology for instance, development and abilities were also interpreted in terms of quantifiable measurements, rankings and categories (Miller, Billington, Lewis & Desouza, 2008:474). This contributed to adopting a model that applied the principle of diagnosis of deficits that gave rise to opportunities for stereotyping or exclusion of adolescents who were seen as different or who experienced barriers in terms of learning and development (Miller et al., 2008:475). This created the grounds for the contribution of the disempowered status of both children and adolescents in education, research and society (Miller et al., 2008:475).

In the fields of cognitive neurosciences, the neuro-scientific approach shifted the focus on the developing brain of the adolescent as a new area of interest to explore the themes of behavioural changes during adolescence (Choudhury, McKinney & Merten, 2012:565). Advances in this field saw the adolescent brain being described as a “work in progress” as a result of the occurrence of continuous structural remodelling and neuronal reconfiguration in this period of transition towards the adult brain structure (Choudhury et al., 2012:567). This knowledge made it possible to deduce that the adolescent brain differs from that of the child and adult brain, with regards to its maturity as it relates to prefrontal cortex mass that is often associated with mature higher order cognitive functions (Choudhury et al., 2012:567).

These differences in brain development and structure were often interpreted from the deficit model of development that associated on-going development with immaturity (Choudhury et al., 2012:567; Johnson, Blum & Giedd, 2009:217). The idea of the adolescent brain as an immature structure was subsequently used to explain risk-related

behaviours (Choudhury et al., 2012:567; Johnson et al., 2009:216). The deficit model approach and these advances made it possible to provide a neural basis for interpreting and understanding risk behaviours associated with substance abuse, sexual promiscuity and anti-social behaviours for instance (Choudhury et al., 2012:565). This knowledge was widely spread across different societal systems ranging from the adolescent and their family; the education system; community systems for example non-profit organizations involved with adolescents, district and governmental educational levels, psychology, mental health or health departments and to other interdisciplinary fields, as well as policy frameworks in the broader society (Choudhury et al., 2012:565).

However, the distribution of this information without adequate explanations about its value and limitations caused it to be uncritical and unreflectively interpreted. This led to the narrowing interpretations of neuro-scientific information that strived to assist in understanding the role of brain development in social, moral, personal, behavioural, spiritual and holistic development of adolescents (Choudhury et al., 2012:567; Illes, Moser, McCormick, Racine, Blakeslee et al., 2010:61). This arguably may have further contributed to the stereotypical view of the adolescent in society (Choudhury et al., 2012:567). Furthermore, this occurrence gave rise to the discourse of neuro-realism. Within this discourse, neuro-based evidence and data were interpreted in an uncritical manner and by virtue of objectivity seen as the ultimate proof to explain social, moral, personal, behavioural, spiritual, psychological, cognitive development of adolescents (Illes et al., 2010:61; Racine, Waldman, Rosenberg & Illes, 2010:728; Ramani, 2009:2; Racine, Bar-Ilan & Illes, 2005:160). This discourse saw adolescent development being interpreted by members of society as “disorganized and immature”, and the adolescent’s view was deemed as inferior to that of others or they were seen as “incomplete beings” or an “alien species” (Choudhury et al., 2012:567; Johnson et al., 2009:219-220).

This “othering” and exclusion of adolescents potentially created insecure spaces where adolescents’ sense of moral agency, sense of individuality, the complexity of their experiences, desires and views stood the chance of being further disconfirmed (Choudhury et al., 2012:572). The introduction of uncritical and unreflected neuro-scientific knowledge shaped the way in which adolescents were viewed and treated within

society by adults, educators and influenced government policies that were often designed to assist those involved with the management and support of adolescents in society (Choudhury et al., 2012:565; Steinberg, 2012:70-72; Johnson et al., 2009:219-220). In hindsight, the rise of neuro-realism may have further contributed to the stereotypical view of adolescents in society (Choudhury et al., 2012:572).

2.6.2 The stereotypical view of adolescents

As mentioned earlier in section 2.5, adolescence was not seen as a separate developmental phase up until G. Stanley Hall published his controversial book on adolescence in 1904. In this book Hall viewed adolescence as a period of storm and stress that was characterised by emotional turmoil, parental conflicts, moodiness, reckless and anti-social behaviours (Feixa, 2011:1635). Anna Freud (1958:267) believed that the turmoil referred to during adolescence was caused by universal and biological conflicts and went as far as to state that “to be normal during adolescent period is by itself abnormal”. The conceptualisation of adolescence was also accompanied by stereotyping terminology that often described the period of adolescence as the “storm and stress” period (Gouws et al., 2008:1; Santrock, 2008:496).

Other forms of stereotypical terminology viewed adolescents as “at risk”, “delinquent” or “hoodlums” (Foster & Spencer, 2011:128, 130). Stereotypical views can also be traced back to literature works such as William Shakespeare’s 1623 play, *“The Winter’s Tale”* (Steinberg, 2012:72). Shakespeare shared his view on adolescence whereby he indicated that “...would there were no age between ten and three-and-twenty, or that youth would sleep out the rest; for there is nothing but getting wenches with child, wronging the ancientry, stealing, fighting”. Violata and Wile’s 1990’s review of English literature relating to the images of adolescents in literature concluded that main literary works portrayed adolescence as a “time of turbulence, excess and passion” which was in alignment with what Hall portrayed in his book (Slee et al., 2012:457).

These stereotypical views along with the personal experiences, frames of references or experiences relating to interactions of adolescents within people’s own cultural, societal,

historical and contextual arenas further shaped how the period of adolescence and adolescents themselves were viewed within society (Gouws et al., 2008:2; Choudhury et al., 2012:565). In some instances, such stereotypical views negatively influenced the way in which adolescents' experiences were portrayed, understood or the way support and concerns relating to developmental issues were communicated and addressed (Santrock, 2008:496). Stereotypical views also had the potential to fuel negative expectations adults might have developed about adolescents which in turn may have created negative beliefs that adolescents developed about their own abilities (Santrock, 2008:496). The interplay of external views and beliefs with negatively developed belief systems may give rise to intra- and interpersonal conflicts that can impact mental health and psychological wellness of adolescents (Carr, 2005:25). Sadly, this type of research and views that perceived adolescence from a deficit viewpoint, or as a period of identity crisis and portrayed adolescents as individuals who were disturbed and posed a danger to themselves and to others, still exists to some extent today and still influence adolescent developmental research (Lerner, 2012:150-151; Wild & Swartz, 2012:205).

2.6.3 Paradigm shift: repositioning the adolescent in research and society

After the controversial book of Hall in 1904, new paths were opened for theorists interested in development such as Andre Gisell in 1928 who was interested in observing children's behaviour; Sigmund Freud in 1917 who developed the psychoanalytic theory of development and Erik Erikson in 1950-1958 who developed the psychosocial theory to describe adolescent development (Santrock, 2008:15). An evolutionary change in the way which adolescents were viewed in research began in the 1960's and 1980's, when the deficit view of adolescence started to change. Through the works of theorists such as Jean Piaget's with his theory of cognitive development and the contextual theories such as that of Lev Vygotsky's sociocultural cognitive theory and Urie Bronfenbrenner's bio-ecological model, the view on adolescent development was revolutionised (Lerner, 2012:151; Miller et al., 2008:475; Papalia et al., 2006:27-39; Santrock, 2008:15, 22-32; Tudge & Hogan; 2005:104-105).

Changes also occurred with the rise of contextual theoretical models such as the ecosystemic model (presently known as bio-ecological model) of Urie Bronfenbrenner that proposed that human development is influenced by the interaction of both personal and contextual factors or bio-ecological factors (cited by Lerner, 2012:151-153). These changes acknowledged that continual societal and contextual factors influenced development and further challenged the way adolescent development was viewed in research and society (Lerner, 2012:151-152; Johnson et al., 2009:728). These contributions resulted in the field of developmental sciences becoming more interdisciplinary and saw the adoption and application of eclectic or integrated approaches to understanding development (Papalia et al., 2006:39; Santrock, 2008:31).

Changes on international and governmental levels as well as within the area of constitutional policies, which informed movements that were concerned with research within the field of adolescent development, began to give acknowledgement and recognition to adolescents (Lerner, 2012:151; Greene & Hill, 2005:3). The United Nations Convention of the Rights of the Child (CRC) (1989) also set the precedent for acknowledging the rights of children and adolescents to be seen as individuals in their own right (Miller et al., 2008:475; Greene & Hill, 2005:3; Diers, 2013:215). These rights were also the first set of rights comprehensive to children and adolescents that included social, economic, cultural and civil rights as well as the recognition of adolescents as social actors who were active holders of their own rights (Diers, 2013:215). The guiding principles of the CRC further related to non-discrimination; best interest; right to develop; right to life; survival and right to participate. The right to participate included the right to express opinions, to be heard and having the right to information and freedom of association (Diers, 2013:215).

In South Africa, children and adolescents were also being acknowledged as participatory stakeholders within policy frameworks that concerned areas that related to them. Policies such as the Children's Act 38 of 2005 (as amended by the Children's Amendment Act 41 of 2007) and the Bill of Rights (1996) saw the inclusion of the international rights of children and adolescents to participate in issues that concern them (Proudlock & Mahery, 2010:23-24). These policies allowed adolescents to exercise their health and human

rights that related to areas such as education, medical and mental health services in order to address the position of the adolescent in this diverse society (Proudlock & Mahery, 2010:23-24). The importance of increasing adolescent visibility in government structures were also supported by the United Nations by way of education, health, nutrition, water and sanitation, nutrition, protection and HIV and AIDS programs (Diers, 2013:218). In the area of mental health, the need to be respectful in considering the adolescent as a person with knowledgeable information about their worlds opened the door for acknowledging the voices and narrative stories of adolescents to be heard. This became a subsequent focus of interest which further strengthened the CRC's guiding principles of the right to participate (Miller et al., 2008:475; Diers, 2013:215).

In the area of wellness research, despite the shift to include adolescents in research, marginalisation still existed to some degree (Prilleltensky, 2010:240). Prilleltensky indicated that when wellness was related to children and adolescents, it often occurred on a hierarchy where wellness was defined in relation to familial, community and societal wellness. In this way the assumption of familial, community and societal wellness was automatically equated to the wellness state of the adolescent. This may have led to the disregard of their resilient nature, adaptability and strengths and created the assumption that children and adolescents were not capable to contribute to solutions (Prilleltensky, 2010:240). Thus with the focus only falling on equating adolescent wellness to that of ecological systems without taking into account their experiences, strengths and opinions potentially created the experience of marginalisation (Prilleltensky, 2010:240). Marginalisation was further exacerbated due to the unique political position of adolescents in society, which may have inhibited the inputs they might have of their personal experiences of wellness (and lifestyle) in relation to the contributions they might have on wellness and lifestyle campaigns (Prilleltensky, 2010:240).

To circumvent the marginalisation of adolescents, Diers (2013:220) proposed that in research and other areas of concern to adolescents the solution should be focused on increased participatory development. She viewed this as an effective model for creating effective, more relevant services and programs as well as cultivating more just and peaceful societies. Diers (2013:220) further suggested that participation can be

encouraged through seeking adolescent input on how to improve services to contribute to the design of plans and policies that affect them and to help them to become part of and contributing to social, economic and democratic processes. Diers (2013:220) went on to emphasise ethical, inclusive and meaningful processes as a guide that would allow adolescents to be heard through utilising guiding resources and initiatives such as “Every Child’s Right to be Heard” by Save the Children and UNICEF. She concluded that there is also a call from UNICEF for researchers in various fields who engage with adolescents to conduct frontier research that is contextually applicable (Diers, 2013:221).

The paradigmatic shifts that acknowledged the adolescent as an individual person who is a unique and valued experienter of their world progressively altered the way mental health professionals and researchers engaged with and viewed adolescents (Greene & Hill, 2006:5; Miller et al., 2008:475). Adolescents began to be viewed as individuals who had the potential and ability to make meaning out of their lives, judge who they are as an individual person through their interactions with significant others and the indirect or direct influences of the broader society (Greene & Hill, 2006:5; Miller et al., 2008:475; Sercombe & Paus, 2009:35; Swart & Pettipher, 2011:15; Lerner, 2012:151). This recognition of adolescents as unique and respected experienters of their world, made the quest for including them and their interpretations and understanding of their experiences to solve or contribute to research questions, a rising occurrence (Greene & Hill, 2006:12; Prilleltensky, 2010:247).

The recognition of adolescents as active participants with world views and experiences of their own also made it possible for researchers to make use of combinations of qualitative and quantitative methodologies as a way to address issues relating to perceptions and experiences of children and adolescents (Prilleltensky, 2010:247). The strive for integrated and mixed method approaches that sought to gather rich qualitative information to assist researchers to understand the experiences and intricacies of adolescents’ perceptions and experiences of developmental and contextual factors also emerged as the norm (Papalia et al., 2006:40; Prilleltensky, 2010:247-248; Feixa, 2012:1642). The cognitive neurosciences saw the shift towards the inclusion of qualitative inquiry into the way adolescents were experiencing advances in cognitive neurosciences

through making use of narratives as a method of starting dialogues with adolescents (Choudhury et al., 2012:566). Furthermore, the acknowledgement of the contextual and cultural impact on adolescent brain development was also being considered through acknowledging the impact the diverse lifestyles, realities and experiences have on development (Choudhury et al., 2012:566; Blakemore, 2012:402; Johnson et al., 2009:219).

These discourse changes made studies such as the one conducted by Dawes, Bray and Van Der Merwe, (2007:5-688), "*Monitoring child wellbeing: a South African rights-based approach*" possible. At a glance, this study explored issues pertaining to for example child-poverty, the quality of children's external environment and home environment, the impact of HIV and AIDS, concerns relating to physical- and mental health as well as children living with disabilities (Dawes et al., 2007:5-688). The broader sphere relating to the impact of socio-economical, educational policies and the impact of historical factors were also explored in this study (Dawes et al., 2007:5-688).

Another ethnographic research study conducted by Bray, Gooskens, Kahn, Moses and Seekings (2010:1-368), captured adolescents' experiences in their book "*Growing up in the New South Africa: Childhood and Adolescence in Post-Apartheid Cape Town*". This study explored the impact historical events had on shaping the development of perceptions and experiences of adolescents (Bray et al., 2010:1-368). It also served as a medium that portrayed the adolescents' hopes, fears and vulnerabilities but most importantly, displayed their sense of resilience and allowed their empowered voices to be heard while living in a complex and dynamically changing society (Bray et al., 2010:1-368). In the field of positive psychology, studies on strengths such as hope, optimism, quality of life and positive youth development amongst adolescents also became possible as adolescents self-reports and narratives began to be included in research (Brown Kirschman et al., 2012:133-144; Lerner, 2012:149).

Studies like the aforementioned allowed researchers to explore factors impacting adolescents and became powerful advocating opportunities to convey the multiple realities children and especially adolescents' were faced with in the 21st century and held

the power to change the marginalised view of the adolescent (Gouws et al., 2008:3-6; Prilleltensky, 2010:239). These changes made it possible for developmental researchers of the 21st century to draw from the disciplines of psychology, psychiatry, sociology, anthropology, biology, genetics, cognitive neurosciences, family sciences, education, history, philosophy and medicine to understand the adolescent developmental phase (Papalia et al., 2006:8; Choudhury et al., 2012:572).

2.7 SYNTHESIS OF ADOLESCENT DEVELOPMENT AND ADOLESCENT RESEARCH

On the view of adolescence as discussed in section 2.5, adolescence can be perceived as a developmental phase that holds multidimensional complexities that ought to be interpreted from broader integrative perspectives.

Although common universal features relating to puberty, physical changes, biological, psycho-social, emotional and cognitive processes may occur during adolescence, the principle of generalization relating to the lives, experiences and realities of adolescents undergoing this natural process cannot always be made due to vast differences in contextual and cultural aspects. By not acknowledging adolescence from broader integrative perspectives, it may make it easy to build limiting perceptions or disregard the adolescent as an individual with his or her own thoughts, feelings and experiences of his or her life and world. Understanding that adolescence is a developmental period characterised by rapid changes in biological, social-emotional and cognitive process that can be influenced by environmental factors, cultural, socio-economic factors, age, the media and technology to name but a few, can help one to understand how these processes might contribute to shaping the experiences of adolescents with regards to their perceptions of lifestyle and wellness.

Furthermore, the complexities surrounding the adolescent development phase and the way adolescents are viewed are often characterised by ambivalence. These views might be influenced by personal and historical views of adults who hold mixed perceptions of adolescents' abilities and the vulnerabilities they face. Stereotypical views may also be

due to a lack of knowledge that pertains to the complexities of the different developmental processes the adolescent undergoes that may impact their development or govern their decision-making, emotional development and behavioural choices. The inability to re-align oneself or to gain insight into the holistic development of the adolescent might mean that adults, parents, educators and mental health professionals might find it increasingly difficult to understand the changing view of the 21st century adolescent.

However, despite the ambivalence on the view of adolescence, the adoption of integrated child and adolescent centred methodologies saw a change in how researchers, mental health professionals and policy frameworks that began to rectify the marginalised views from which children and adolescent development and experiences were previously viewed. Paradigmatic changes also made it possible to start collaborative conversations with children and adolescents in order to identify strengths and address barriers pertaining to the child or adolescent and the social systems that they interact with through acknowledging and valuing their views and experiences.

This now leads me to discuss the importance of researching lifestyle and wellness amongst adolescents in the South African context.

2.8 THE IMPORTANCE OF RESEARCHING LIFESTYLE AND WELLNESS AMONGST ADOLESCENTS

In an effort to explore how adolescents perceive constructs such as lifestyle and wellness it was important to gain an understanding of the importance of how lifestyle and wellness were reviewed (see 2.2-2.4), highlighting the developmental complexities of adolescence (see 2.5) as well as to include the adolescent's position in research (see 2.6-2.7) before bringing in to perspective the need for researching lifestyle and wellness amongst adolescence. It is with this in mind that I will now continue to address the importance of researching adolescent lifestyle and wellness in the South African context.

Locally, Statistics South Africa (2011) indicated that approximately 10.5 million people were between the ages of 10-19 years in South Africa in the year 2011, which at the time

comprised more than 20 per cent of the country's population. Globally, in 2013, it was estimated that the world was home to 1.2 billion adolescents between the ages of 10-19 years, thus comprising nearly 18 per cent of the world's population, with 1 in 5 people being an adolescent (Diers, 2013:216). On the African continent alone, it was estimated that approximately 23 per cent of the population consisted out of adolescents with India hosting the world's largest number of adolescents, which was estimated at 243 million adolescents (Diers, 2013:216). It is also estimated that in 2050, sub-Saharan Africa will have more adolescents than any other region in the world (UNICEF, 2012a; Diers, 2013:216). According to Richter (cited by Wild & Swartz, 2012:202) and Diers (2013:216) these estimates of 2011 and the projected estimations made for 2050, will inadvertently make adolescents the largest group not only in Southern Africa but also in the world.

In addition to the statistical views on the projected adolescent population rise, the high mortality and decreased health benefits, along with the effort to explore how adolescents perceive constructs such as lifestyle and wellness, it becomes imperative to understand that this developmental phase also holds its own complexities. Here, complexities from a developmental perspective relate to how adolescents undergo rapid personal changes in terms of their physique, cognitive, psychological and emotional make-up (George & van den Berg, 2011:521).

Adolescents may also directly or indirectly experience contextual changes and challenges relating to their positioning between the different social systems they interact with and are influenced by. Contextual changes may relate to socialization into new peer groups or school environments; changes in their primary familial care system; the exposure to global trends or networks they belong to or national legislation directed towards child care and educational processes (George & van den Berg, 2011:521; Swart & Pettipher, 2011:15; Carr, 2005:24-25).

It is also during adolescence that the adolescent begins to construct and operationalise their own lifestyles (Santrock, 2008:467, 469). These adolescent lifestyles can further be influenced through the multidimensional complexities, exposure and interplay of bio-ecological factors that can shape habits that become integrated adaptive patterns in the

long-term (Santrock, 2008:469; Watson & Lemon, 2011:71). These bio-ecological factors and habits can affect belief systems, the development of individual strengths, personal identities, values, resilience and coping skills as well perceptions adolescents hold about the world, themselves and of constructs such as lifestyle and wellness when they seek and experiment with finding suitable lifestyles for themselves (Santrock, 2008:467,469).

Subsequently, the interplay of developmental changes along with bio-ecological factors and contexts may, in retrospect, influence the choices adolescents make or the behaviours they engage in. This can impact the lifestyles they lead and may further shape their perceptions of lifestyle and wellness in either a negative or positive way (Conry, Morgan, Curry, McGee, Harrington et al., 2011:692). Adhering to negative lifestyle habits and lifestyle choices may also lead to the increase of lifestyle diseases such as obesity or diabetes, cardiovascular diseases and lifestyle associative psychopathologies such as depression, stress and substance abuse and misuse (Berendsen et al., 2011:815; Walsh, 2011:579; TODAY Study Group, 2007:74-75). It may also impact social or intimate relationships and the ability to develop effective coping skills to deal with life stressors (George & van den Berg, 2011:521).

Furthermore, vulnerabilities associated with adolescence and the interplay of bio-ecological factors may also leave adolescents vulnerable to the manifestations of mental health impairments, for example mood-related disorders such as depression, anxiety disorders, eating disorders, suicidal ideations and suicide attempts (Watson & Lemon, 2011:71). An increase in chronic lifestyle diseases such as HIV and AIDS, obesity and cardiovascular diseases that has become more prevalent amongst adolescents worldwide has also become alarmingly prominent within the South African context. The increased trends in lifestyle related diseases can have negative long-term effects on physical and psychological mental health of the developing adolescent (Frantz, 2011:39; Frantz, 2011:62; Kibel, Lake, Pendlebury & Smith, 2010:22; Santrock, 2008:467,469). This therefore makes adolescence a time that is characterised by many challenges that can cause significant stress for some adolescents (Watson & Lemon, 2011:71).

It is therefore the knowledge of the rapid increases in lifestyle diseases and mental health related barriers as a result of unhelpful lifestyle practices and stressors amongst the rising adolescent population that creates a need for applied research studies. Nevertheless, the distinct focus of applied research studies should not solely fall on identifying factors that may impact adolescent lifestyles or adolescent wellness but should also include an exploration of how adolescents perceive the constructs such as lifestyle and wellness in different contextual settings. For example Patton, Ross, Santelli, Sawyer and Viner (2016: 375-376) proposed that adolescence is a unique period where adolescent social contexts can shape health and developmental trajectories. They argue that integrative research studies that include the social contexts of adolescents may enhance critical services needed to improve the quality of life and long-term health outcomes of adolescents (Patton et al., 2016: 375-376).

Through making use of applied research studies, the knowledge derived from such studies may become valuable resources in assisting school communities that often strive but struggle to find the time to incorporate and promote empowering healthy lifestyle and wellness programmes as part of its curriculum (Frantz, 2011:61; Walsh, 2011:589). This will essentially make adolescence one of the most opportune and important developmental periods to invest resources in, in order to secure positive developmental and health outcomes in the long-term for both the adolescent and society, as adolescents can be viewed as the next generation's leaders and parents (Patton et al., 2016: 376).

Thus to conclude - the rationale to focus on the inclusion of perceptions and contextual experiences of adolescents (as it pertains to lifestyle and wellness for example) could help researchers to gather insightful information from adolescents about their thoughts, feelings and experiences. It can also determine their existing knowledge, assessing strengths and relating barriers as well as obtain accounts of their perceptions of their contextual experiences. Accounts of adolescents' experiences generated in this way can contribute in guiding the design of sustainable and relevant lifestyle and wellness intervention and prevention programmes.

2.9 CONCLUSION

In this chapter I reviewed literature as it pertained to wellness, lifestyle, adolescent development and adolescent research. I also demonstrated the importance of researching adolescent lifestyle and wellness.

In my review of wellness and lifestyle, I demonstrated the complexities that accompanied both constructs. Complexities ranged for instance from differences in conceptual viewpoints in terms of how each construct is defined in various fields. The synthesis on wellness and lifestyle indicated that these constructs may impact one another. As such it became sensible to argue that both constructs can be explored in a concurrent manner (as this study sought to demonstrate in Chapter 4 through its exploration of both constructs).

The review on adolescent development demonstrated the complexities of this developmental phase and the changes adolescents undergo as well as pitfalls they may experience. The review on adolescent research demonstrated the shift that occurred in adolescent research over the years and the call for the inclusion of adolescents in research ventures. This review was followed by demonstrating the importance of continued research of adolescent lifestyle and adolescent wellness. The literature review was concluded with the request for more applied research studies that promote participatory partnerships where adolescents are viewed as valuable experiencers of their worlds and contributing agents with valuable insights with regards to lifestyle and wellness.

In the next chapter the research methodology and design will be discussed.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter I will describe the research design and methodology that underpinned this research study.

I will first discuss the research methodology. This will include a discussion of my personal philosophy and the integrative theoretical framework that shaped my orientation to explore and gain understanding of the constructs lifestyle and wellness.

Secondly, I will continue with my discussion by describing the elements of the research design. These elements respectively include the research paradigm, as well as a reminder of the purpose and motivation of the study. Other important elements such as the research approach, which will include presenting my reader with information relating to reasons for selecting the particular approach or strategy of inquiry (namely a case study), will also be addressed. I will also provide relevant information about the context in which the research study of limited scope took place. This will be followed by a discussion of the research methods which include the sampling strategy, data collection methods and a description of the step-by-step data collection process. The discussion on elements of the research design will be concluded with a discussion of the grouping and organisation of data sources in order to address the respective sub-questions that guided the central research question. This will also include the subsequent data analysis and presentation processes.

Thirdly, I will discuss how I ensured trustworthiness by discussing measures to ensure internal validity and reliability. Lastly, I will conclude the chapter with discussing the ethical considerations when conducting research with young people and the ethical principles I adhered to and applied throughout the research study. Figure 3.1 below gives the reader

a visual conceptualisation of this research study's design and methodology which will be discussed in detail as the chapter progresses.

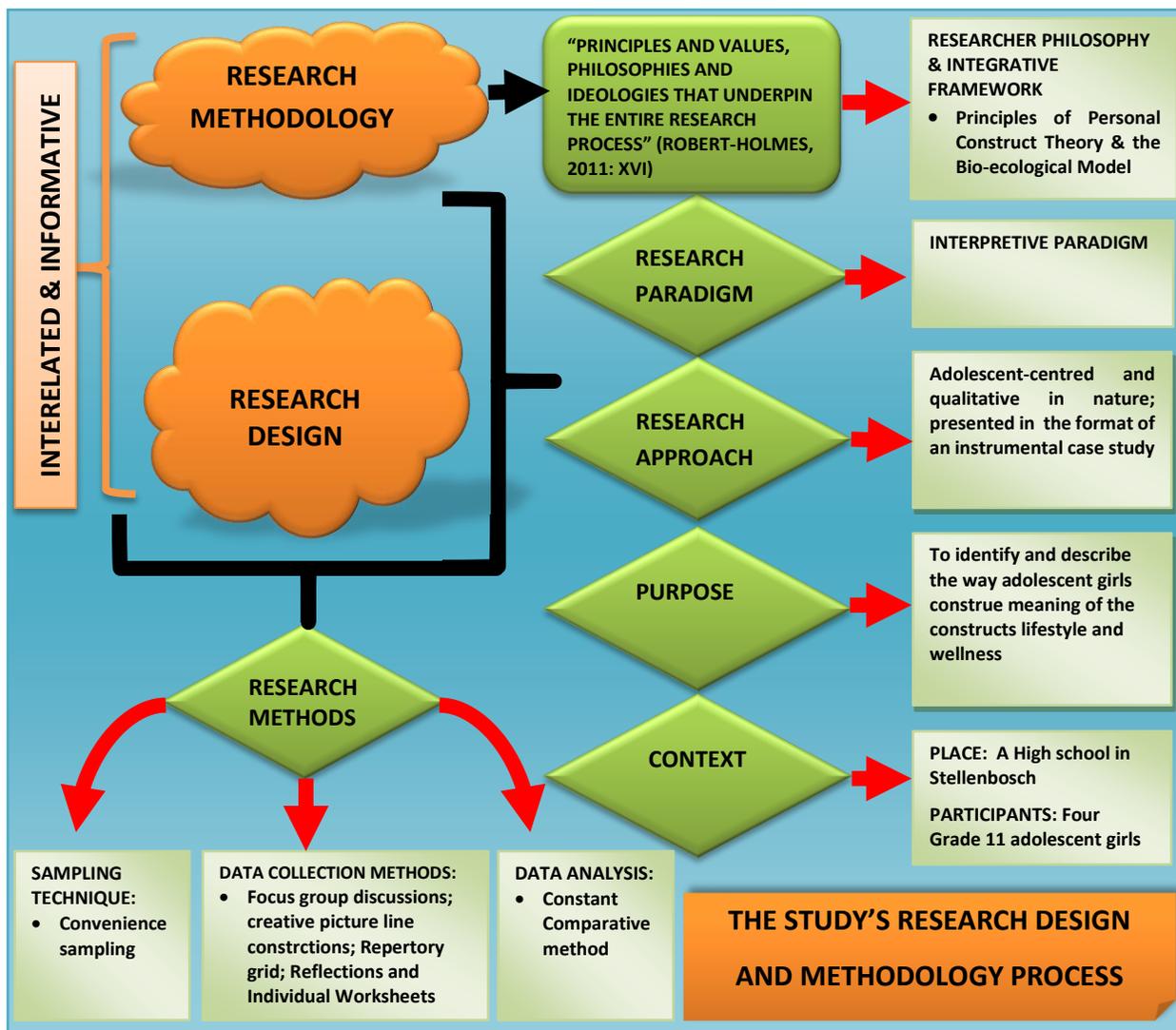


Figure 3.1: Illustration of research design and methodology (Adapted from Roberts-Holmes, 2011).

3.2 RESEARCH METHODOLOGY

As indicated in Chapter 1 (see 1.7), the research methodology normally refers “to the principles and values, philosophies and ideologies that underpin the entire research process” (Roberts-Holmes, 2011: xvi). The methodology was informed by the questions I opted to ask, the literature I reviewed, the methods I used and the manner in which I

analysed the data that was collected (Roberts-Holmes, 2011:xvi; Denzin & Lincoln, 2011:104).

As I drew from the interpretive paradigm, the focus was essentially placed on the experiences of adolescents, thus placing the adolescents and their experiences at the centre of the research process (Merriam, 1998:6; Roberts-Holmes, 2011: xvi). I also concentrated on applying the principles of personal construct theory (see 3.4.1), which seeks to reflect the subjective experiences of the participants, prioritise their perspectives and allow for the exploration of experiences that otherwise may have been difficult to articulate (Burr, King & Butt, 2014:342).

In addition to utilising the principles of personal construct theory, I integrated these principles with that of the bio-ecological model (see 3.4.2). The bio-ecological model is based on the theory of systems and human interactions to aid the understanding of human development (Bronfenbrenner & Morris, 2006: 793; Smith, Cowie & Blades, 2011:10; Bukatko & Daehler, 2004:29; Harwood, Miller & Vasta, 2008:5).

Furthermore, the research methodology also allowed me to discuss my personal research philosophy (see 3.2.1) that guided me to a particular process of inquiry or to ask particular questions that shaped my methodology. Therefore, in this section I will also seek to share my research philosophy with my reader, which will include my thought processes and awareness development.

3.2.1 The development of my personal research philosophy

Merriam (2009:8) proposed that within the realm of interpretive research (often interchangeably used with constructivism) realities are varied, multiple and socially constructed. She further proposed that, in essence, the researcher does not merely seek to find knowledge but they construct it (Merriam, 2009:8-9). This, according to Creswell (2013:24-25), they do through their interactions with others and through cultural and historical norms operating in their daily lives. Creswell captured this with his statement:

“In this worldview, individuals seek understanding of the world in which they live and work. They develop subjective meanings of their experiences...These meanings are varied and multiple, leading the researcher to look for the complexity of views... Often these subjective meanings are negotiated socially and historically. In other words, they are not simply imprinted on individuals but are formed through interactions with others (hence social constructivism) and through historical and cultural norms that operate in individuals’ lives.” (Creswell, 2007:20-21).

Merriam (2009:9) and Creswell’s (2007:20-21) stances resonated with me, for as a researcher it is important to acknowledge the orientation of your personal worldview or philosophy that shapes and guides you from the conception to the end of your research study. As such, I would now like to share with my reader how my personal philosophy with regards to this study has been shaped.

As a novice researcher, I ascribed to the interpretive perspective as it provided the relevant principles I required to answer the main research question. My personal philosophy was developed through my exposure as a post graduate student from the field of Sports Science, and currently enrolled student in Educational Psychology. During the time of my second year in the Master of Educational Psychology program and my training as an Intern Educational Psychologist, my personal motivation for this research study was further shaped through my participation as a mentor in a mentorship program for girls. This mentorship program focused on promoting the development of an active lifestyle combined with leadership skills for adolescent girls aged 13-18 years. Through my exposure in these fields, I have obtained a considerable amount of experience with adolescents from all walks of life through teaching, coaching, providing educational psychological services as well as leadership and lifestyle mentoring.

Apart from this and in terms of my personal experiences, I have also had extensive experience as an active sporting individual that lived a high performance sporting lifestyle. This led me to develop an integrative perspective on how I view the world and shaped me

into becoming a scientific but qualitatively reflective individual. It is thus through my engagement in these particular fields and my own personal background that my research philosophy, values and principles were shaped.

While being part of the mentorship program for adolescent girls, I became increasingly aware that the design and implementation of the program was based on pre-determined curriculum outcomes. These outcomes at times related to content that was not necessarily contextually and developmentally applicable. The content that was thought to be suitable for addressing the needs of the girls who came from diverse cultures, socio-economic backgrounds and educational experiences also did not really consider the voices or insights of the participants. At the time, this awareness led me to realise and acknowledge that each adolescent came with her own experiences and understanding of the concepts of lifestyle and leadership.

This realisation led me to further reflect on how the introduction of lifestyle and wellness intervention or awareness programs, may at stages not take into account the perspectives and needs of the adolescents the programs are aimed at. Programs may, in hindsight, be designed from the perspectives of experts or professionals. This in turn may create the perception that adolescents may not possess the knowledge that will allow them to contribute in identifying and solving problems relating to their own lifestyle habits, choices and factors that may influence their development. Subsequently, this can in hindsight affect the sustainability of a program and can influence the successful implementation of that particular program as the interests, thoughts, beliefs, perceptions of the adolescent as an active participant in the process may not have been explicitly considered.

This encouraged me to explore an avenue that could serve as a prelude in the (re)design phase of intervention programs, particularly in the field of educational and health psychology, that deal with the constructs of student or learner lifestyles and wellness. Here the initial focus would be centred on the inclusion of the experience and perceptions of the adolescent participants as part of the design phase through using personal constructs while considering the impact of bio-ecological factors on development (Hardison & Neimeyer, 2012:4). Personal constructs are based on the assumption that

we as people make meaning out of our own lives through continually assessing, evaluating, deconstructing or reconstructing and testing the personal views, perceptions of events, experiences and people around us (Hardison & Neimeyer, 2012:4) These personal constructs are also seen as unique to the person and the person is viewed as an expert of their own interpretations of his or her constructions (Hardison & Neimeyer, 2012:5).

I thus argued that by obtaining insight about the personal constructs of adolescents it can assist teachers or mental health professionals to firstly understand how adolescents perceive certain concepts or constructs, for example lifestyle and wellness. The assumption I thus made was that, through the means of facilitative workshops based on information gathered from these personal constructions, one can begin to explore and understand constructs such as lifestyle and wellness as seen from the adolescent's perspective. It is with this idea in mind that my interest to explore the perceptions of lifestyle and wellness amongst adolescent girls was directed (also see 1.3).

3.3 RESEARCH PARADIGM

A research paradigm can be interpreted as a model or framework that provides the way in which we observe and understand a phenomenon (Merriam, 2009:68). It can further shape the way we view the world or our basic belief systems that guide the way we investigate and interpret aspects of our realities (Tudge & Hogan, 2005:103; Christensen et al., 2011:10; Babbie, 2011:32). It also guides the research methodology, which can be seen as the practical methods the researcher applies to access and bring to the fore information about constructs that are not yet known to them (Terre Blanche & Durkheim, 1999:6; Babbie, 2011:4).

The research paradigm also includes the nature of the ontological and epistemological fundamentals researchers ascribe to. Ontology refers to the nature of the reality being researched and is involved with questions centred on that which can be known about the reality the researcher wishes to explore (Terre Blanche & Durkheim, 1999:6; Denzin & Lincoln, 2011:102). Epistemology on the other hand refers to the science of knowing or

systems of knowledge the researcher believes in and the interaction between the researcher and participants about what is known about the phenomenon being explored (Merriam, 2009:8). It can also establish what can be further known about the phenomenon or what the nature of the knowledge systems are that one wishes to explore (Terre Blanche & Durkheim, 1999:6; Babbie, 2011:4; Denzin & Lincoln, 2011:103). As a researcher, I hold the belief that each person has their own perception of events and as a result of this they construct meaning of their experiences in a diverse way that needs to be understood in order to make insightful interpretations of their experiences (Hardison & Neimeyer, 2012:5).

The process to gain an understanding of the experiences of adolescent girls as it relates to lifestyle and wellness, thus required the use of a paradigm that would allow me to access the world of the adolescent in order to make sensible meaning of their subjective worlds as they view and experience it. For this purpose, the interpretive paradigm was used as it offered me the opportunity to apply the paradigm's central theme which is to understand the construction of meaning making from adolescents' perspectives and not necessarily from that of the researcher (Christensen et al., 2011:369; Viney & Nagy, 2012:55). I do however realise that I am the interpreter and therefore had to implement trustworthiness measures (refer to 3.8).

This central theme also informed the aim of the study, namely to generate data through means of qualitative tools in a way that revealed the meaning making processes of the adolescent girl participants (Denzin & Lincoln, 2011:3-4). Qualitative data generation tools used within this paradigm may consist of interviews, observations and personal construct techniques such as the repertory grid (Denzin & Lincoln, 2011:6). These tools can allow the researcher to access the manner in which personal constructions and meaning about constructs such as lifestyle and wellness are construed and perceived by participants (Hardison & Neimeyer, 2012:5).

The interpretive paradigm also makes it possible to acknowledge the unique realities of each participant. This was reflected in the way the study was designed and how qualitative data generation tools were used to portray these realities (Merriam, 2009:9).

Lastly, the interpretive paradigm allows the researcher to gain insight not just into biopsychosocial factors and experiences impacting the person but also focus on revealing and paying attention to the interaction between the person and their ecological and cultural contexts that may influence the realities of the participant (Viney & Nagy, 2012:55).

In the following section I will guide the reader through my reasoning for the use of an integrative theoretical framework that aided me to understand and make meaning of the adolescent girls' experiences and perceptions of lifestyle and wellness.

3.4 INTEGRATIVE THEORETICAL FRAMEWORK

Before I continue to discuss the integrative theoretical framework it is important to understand what is meant with a theory or theoretical framework. A theory can be seen as a set of ideas and concepts that is ordered in such a manner that it can explain a phenomenon and inform the fundamental basis of a researcher's world views, expectations, assumptions, self-perceptions or ideas about certain aspects of reality (Creswell, 2009:51; Merriam, 2009:66; Swart & Pettipher, 2011:10; Babbie, 2011:33). A theoretical framework thus essentially forms the underlying structural basis of a research study (Merriam, 2009:66).

The integrative theoretical framework applied in this study drew principles from the fields of personal construct psychology and the bio-ecological model as a way to ascertain how adolescents attribute meaning to the constructs lifestyle and wellness. The selection and application of an integrative theoretical framework from this study related to acknowledging my chosen participant sample, namely adolescents, their complex developmental characteristics and the multidimensional nature of lifestyle and wellness.

As I stated in Chapter 2 (see 2.7), the period of adolescence is often seen as a period that is characterised by many complexities. These complexities may relate to changes in biological-; cognitive neurological-; and social-emotional processes (Santrock, 2008:21, 31; Papalia et al., 2006:40). Due to the complexities associated with the developmental

period of adolescence and the multidimensional nature of lifestyle and wellness, I reasoned that deriving meaningful interpretations from a one dimensional theoretical framework may result in a narrow and limited description of the experiences and perceptions of adolescents about these two constructs. The adoption of an integrative theoretical framework allows for the acknowledgement of the intricacies of adolescent developmental processes along with the qualitative interpretations of perceptions and experiences. Subsequently, the application of an integrative theoretical framework might allow researchers, teachers and mental health professionals to develop contextually relevant therapeutic, health and preventative support services as it pertains to adolescent lifestyles and wellness (Brown Kirschman et al., 2012:143). These support services can in turn be governed by qualitative knowledge that considers the experiences of adolescents and adolescent development in a holistic manner.

In the following section will discuss in detail the conceptualising principles on which the integrative theoretical framework of this study is built.

3.4.1 Personal construct theory

The theory of personal constructs can be traced back to the period of 1955 when George Kelly proposed that all people are capable of constructing their own personal theories (Hardison & Neimeyer, 2012:1). These personal theories Kelly referred to as constructs. According to this theory constructs are interpreted as the particular way a person views the world, give meaning to or construe the events or individuals in their lives or the world around them (Hardison & Neimeyer, 2012:4). The central focus in personal construct theory thus falls on the subjective experiences of people. It further emphasise that events can be interpreted by people in alternative, idiosyncratic and potentially infinite variety of ways (Burr et al, 2014:342). This alternative, multiple and varied way of interpreting the world Kelly referred to as constructive alternativism (Hardison & Neimeyer, 2012:3; Burr et al., 2014:342).

From an epistemological viewpoint, personal construct theory is also understood as one of the contextual constructivist theories (Burr et al., 2014:342). Personal construct theory

has the potential to explain the personal accounts of events, narratives and constructions about the person's experiences or perceptions of events or constructs (such as lifestyle and wellness). This can be done through applying qualitative methods such as the repertory grid technique which can be used as a qualitative assessment tool. Which makes the application of the personal construct theory suitable to use within the interpretive paradigm and qualitative research (Hardison & Neimeyer, 2012:5). This theory thus makes it possible to view the person in a holistic manner whereby their meaning-making systems can be captured for understanding and interpretation purposes (Hardison & Neimeyer, 2012:5).

The theory of personal constructs also propose that the way in which people attribute meaning to events or how they construe them is key in understanding their thoughts, emotions and behaviour and awareness that people possess the ability to continually deconstruct and reconstruct the way they make meaning of the world (Hardison & Neimeyer, 2012:3; Burr et al., 2014:342). A broad description that captures the main essence of this theory can also be found in Kelly's words, where he viewed personal constructs as a psychological theory that:

“...is not so much a theory about man as it is a theory of man...It is part of a psychologist's protracted effort to catch the sense of man going about his business of being human, and what on earth it means to be a person...Our theme is the personal adventure of the men we are and live with - the efforts, the enterprise, the ontology of individuals so convinced that there is something out there, really and truly, that they will relent, no matter what befalls them, until they have seized their own hands” (Kelly, 1963:83).

If one is to infer from this statement, the theory of personal constructs can be associated with a sense of dynamic movement whereby they may serve to guide the actions and behaviours people engage in, in order to help them to make sense of their worlds (Winter, 1992 cited by Hardison & Neimeyer, 2012:1-6). From this statement one can also deduce that personal events are construed through a system of meaning that each individual builds for themselves (Burr et al., 2014:342). This construct system in essence becomes

a lens through which the individual's world is perceived and may consist of a set of bipolar dimensions or constructs that may have contrasting properties i.e. balanced vs. unbalanced (Hardison & Neimeyer, 2012:3; Burr et al., 2014:342). These constructs may further occur in a hierarchical fashion as the individual may attribute more meaning to certain events or experiences (Hardison & Neimeyer, 2012:3).

However, this theory also acknowledges that, as the individual seeks to construe meaning to interpret their experiences, some processes may lay outside of their immediate awareness level (Burr et al., 2014:342). As such, personal construct methods are designed to aid the researcher in such a way that it can assist them to enable their participants to gain insight into their own construing processes (Burr et al., 2014:342). These methods may become effective in researching experiences that are difficult to articulate and the techniques such as the repertory grid, photo elicitation and audio diaries are often used to enable greater agency as they are less reliant on verbal fluency than one may encounter in conventional interviews (Burr et al., 2014:342-343; Merriam, 2009:88).

The advantages of personal construct techniques/methods for example, the repertory grid technique relates to it being intrinsically participative (Burr et al., 2014:343). It is also led through concrete methods or prompts and always occur in collaboration with the researcher (Burr et al., 2014:343). This type of collaboration ultimately seeks to emphasise or prioritise perspectives of the client/participant above that of the researcher's through a joint interpretive process (Burr et al., 2014:343). This joint interpretive process focuses on preserving the "voice" of participants, and aims to describe events in terminology used by the participants themselves. This is done through giving verbal and written labels to constructs, which allows the adoption and inclusion of words and terms used by participants. This may eventually aid in honouring the voices of participants in findings and can ensure that interpretive processes remain in their control as opposed to it being taken over by the researcher (Burr et al., 2014:342). In this way, the exploration of participants' world view takes preference rather than finding answers to specific research questions (Burr et al., 2014:342). Thus the use of personal construct theory

elements are well suited for research studies where the exploration of perceptions is the central aim (Burr et al., 2014:342).

An interesting key feature of personal construct theory is that it “can be used to explore construing not only from a client or research participant’s perspective but also from the clinician or researcher’s perspective” (Winter, 2013:5). Consequently, Winter (2013:3-8) citing Caine, Wijisenghe and Winter (1981) suggests that through the practice of reflexive application a researcher can reflect on their basic philosophical beliefs or personal styles.

In this study my personal belief was that, if I wanted to understand the meaning-making process of my adolescent participants, I first needed to pay attention to how each adolescent constructed meaning out of their own worlds, as proposed by George Kelly. Once insight was obtained into the meaning-making systems of the personal constructions of my participants we could, through a joint facilitative and interpretive process, further explore their perceptions of lifestyle and wellness and experiences of factors that could influence lifestyle and wellness. The practical application of this theory thus allowed me to understand and explore meaning-making systems of the adolescent participants, and as such this theory was an appropriate choice to form part of my integrative framework.

3.4.2 Bio-ecological model

More than 30 years ago, Urie Bronfenbrenner introduced his bio-ecological model (previously known as the ecological model) that was based on the theory of systems and human interactions (Bronfenbrenner & Morris, 2006:793). These interactions of the person with their environmental systems soon became one of the most influential approaches to understand human development (Smith et al., 2011:10; Bukatko & Daehler, 2004:29; Harwood et al., 2008:5). With his model, Bronfenbrenner emphasised the idea that development should be considered in the environmental or ecological settings it occurred, as the person and their environment are interrelated (Bronfenbrenner & Morris, 2006: 824; Smith et al., 2011:10; Harwood et al., 2008:5). This model further proposed that the unique personal attributes of the person should be considered

(Bronfenbrenner & Morris, 2006:795). In turn, these personal attributes could also influence or be influenced by the contextual systems by means of complex social interactions (Swart & Pettipher, 2011:10-12; Harwood et al., 2008:5).

The complex social interactions between the person and the environmental contexts are also referred to as proximal and distal processes (Swart & Pettipher, 2011:10). Proximal processes refer to the most immediate and direct social and physical environmental interactions the person engage in, such as with family members for example (Benner, Graham & Mistry, 2008:840; Smith et al., 2011:12). Distal processes on the other hand, refer to the indirect interactions the person has with their context such as that of historical, cultural, social, political and environmental conditions. All these processes may influence the development of the person as they move between these different ecological systems (Bronfenbrenner & Morris, 1998:993-1028; Benner et al., 2008:840).

The proximal processes (immediate, close or face-to-face interactions) that occur during the interactions between the person and his or her environment are seen as the core principle for development, as it continually operates over time as the primary mechanisms that produce human development (Swart & Pettipher, 2011:12). The proximal processes also require the element of meaningful and dynamically reciprocal relationships between the person and his or her immediate environment (Swart & Pettipher, 2011:12). However, as a consequence of holistic human development proximal processes alone cannot produce development and therefore require the involvement of both the personal characteristics of the person as well as the contexts they move in (Swart & Pettipher, 2011:12).

The personal characteristics may consist of dispositions such as emotional and temperamental traits that can serve to either mobilise or sustain proximal processes or hamper these processes (Swart & Pettipher, 2011:12). An example of differences in personal dispositions can be linked to the way adolescents' growth processes differ from that of children and adults, where the complexity of biological, cognitive, neurological and socio-emotional process in conjunction with personal traits can influence the way adolescents solve problems or process information. This in turn may influence how an

individual perceives and makes meaning of events that relate to them (Swart & Pettipher, 2011:12).

Another aspect of personal characteristics is that of ecological resources that can also be influenced by how the bio-psychological strengths or barriers of the person may influence their ability to effectively mobilize and engage in proximal processes (Swart & Pettipher, 2011:12). The last aspect of personal characteristics is the demand characteristics of the person, which can discourage or promote reactions from the social environment that can either enhance or impede psychological development (Swart & Pettipher, 2011:12). Although bio-psychological processes are seen as important aspects to explore in order to understand behaviour and development, the bio-ecological model proposes that they should not to be considered as the sole basis to describe development or experiences, but should be viewed in conjunction with the contexts they occur in as it may influence the distal processes that may impact the person.

According to the bio-ecological model, the different contexts (hereafter referred to as systems) of interactions individuals may experience can be divided up into five different systems (Swick & Williams, 2006:371; Smith et al., 2011:12). These systems consist of the microsystem, mesosystem, exosystem and macro-system that are all intertwined and encapsulated by the chronosystem. The microsystem refers to the most proximal level of face-to-face, physical and social interaction of the person (Swart & Pettipher, 2011:12; Wachs, 2003:366; Smith et al., 2011:12). The person's immediate family normally serves as this microsystem, which may also impact the way the person develops their personal constructs and frameworks from which they view the world (Swart & Pettipher, 2011:12; Swick & Williams, 2006:372; Wachs, 2003:366; Smith et al., 2011:12)

The mesosystem serves as a linking system that can link two or more microsystems to other microsystems (Swick & Williams, 2006:372). This system represents interactions between the individual and their friends, family neighbours, their school, work or church for instance (Swart & Pettipher, 2011:12; Swick & Williams, 2006:372; Wachs, 2003:366; Smith et al., 2011:12). The exosystem refers to the more distal interactions that might indirectly influence the development of the person (Swart & Pettipher, 2011:12; Swick &

Williams, 2006:372; Wachs, 2003:366; Smith et al., 2011:12). An exosystem might be the workplace of the person's parent, care-giver or spouse where work-related situations for example being retrenched, might indirectly influence the function of the familial microsystem and often the person. The macrosystem is the broader system that connects the individual to larger systems of cultural beliefs, societal values, political trends, community changes or policy changes that can distally and indirectly influence development (Swart & Pettipher, 2011:12; Swick & Williams, 2006:372; Wachs, 2003:366; Smith et al., 2011:12).

The chronosystem surrounds all these systems and encapsulates the dimension of time and history of the interactive relationships between the person, trajectory of their developmental processes and that of the different systems that they continually interact with (Swart & Pettipher, 2011:12; Swick & Williams, 2006:373; Wachs, 2003:366; Smith et al., 2011:12). The interactive relationships between the person's various systems suggests that a dynamic nature of participation exists and that development or construction of knowledge requires active participation from both the individual and that of the environment (Swart & Pettipher, 2011:12). This may also indicate the manner in which the individual person's or adolescent's knowledge base or belief systems are constructed about events or experiences. Thus making it possible to deduce that external factors continually interact with the person's own personal characteristics and in this way may influence how they experience their world.

In acknowledging this, one can reason that the multiple levels of complex human development and interactions within multiple contexts can shape or bring about transformation of the individual's personal constructs as they seek to position themselves within society or social relationships (Swart & Pettipher, 2011:12-13; Swick & Williams, 2006:371-373). If one brings into relation the constructs of lifestyle and wellness through reflecting on how the relationships and interactions that exist between the individual and, for example, biological and personal attributes such as genetics, intrapersonal and interpersonal attributes with the ecological environment, we can explore the impact this might have on perceptions and experiences of lifestyle and wellness.

The acknowledgement of the complexity between the interpersonal or intrapersonal social relationships and other bio-psycho-social factors may also influence the choices adolescents make that may direct the way they behave, the way they cope with adversities or solve pressing problems (Aldhafri, 2011:511-520). It may also influence their orientation towards the lifestyles they ascribe to by virtue of personal choices or as informed by cultural practices and societal standards they adhere to (Aldhafri, 2011:511-520). The bio-ecological model thus allows one to acknowledge that, in terms of lifestyle and wellness, various bio-psycho-social factors may play a role in the shaping of lifestyles and wellness perceptions amongst adolescents. Figure 3.2 gives a visual presentation of the integrative theoretical framework.

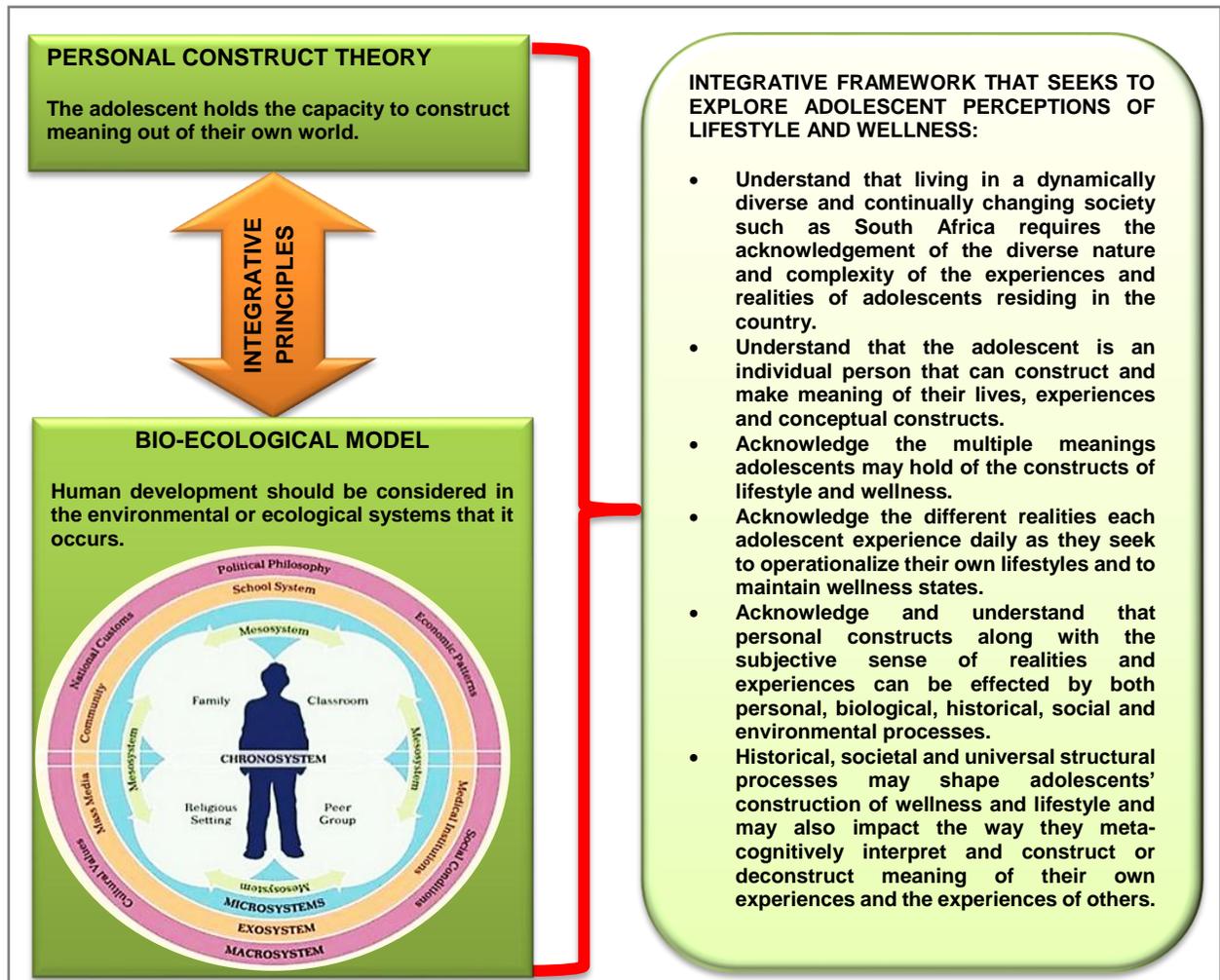


Figure 3.2: Illustration of integrative theoretical framework

3.4.3 Reasons for selecting an integrative theoretical framework

My reasoning as a novice researcher for understanding adolescents' experiences relating to lifestyle and wellness was based on the premise of an integrative reasoning pattern that utilised principles of constructive contextual approaches (personal construct theory and bio-ecological model). Through my integrative framework I proposed that, in order to understand adolescent experiences, I (or one) must:

1) Firstly, seek to understand how the adolescent as an individual person constructs and make meaning of their lives, experiences or conceptual constructs such as lifestyle and wellness. In doing so the implication exists that the adolescent must possess knowledge and awareness (or can develop awareness through techniques that seek to create awareness) of their own perceptions of lifestyle and wellness and subsequently also hold an awareness of the possible perceptions of others. This (tentatively termed) relational awareness of the perceptions of the self and others may allow for the emergent idea of a socially orientated dynamic that may connect the adolescent with others who might have the same or different experiences or interpretations of the same construct. By reasoning in this manner, the assumption that can be made is that this method may bring to the fore metacognitive awareness. This type of awareness, in conjunction with the existence of personal and social awareness, can open up spaces for the discussion of adolescents' diverse construction of their experiences, perceptions and realities, which is compatible with the interpretive paradigm.

2) Secondly, I needed to understand the manner in which personal constructs are shaped and acknowledge the subjective sense of realities and experiences. This required acknowledging that it can be affected by personal, biological, social and environmental factors. Hence the integration of the bio-ecological model that suggests that the individual can be seen as a system with interrelated subsystems. The person-centred processes and these subsystems are continually interacting and interactions may directly or indirectly influence the formation of experiences of wellness and shape the lifestyles we ascribe to or lifestyle choices we make.

3) Lastly, being a student of Educational Psychology and a prospective mental health practitioner in a dynamically diverse and continually changing society such as South Africa requires the acknowledgement of the diverse nature of the experiences and realities of the adolescents I engage with. This made adopting an integrative theoretical framework and a stance that values personal experiences and the influence of bio-ecological systems as part of the realities of adolescents a useful framework to hold.

3.5 RESEARCH DESIGN

The research design is a necessary tool that serves to guide a researcher in a constructive manner throughout the research process. The research design can be viewed as a structured conceptualization or plan of the research process you intend to use in order to answer your research question in a valid and systematic manner (Kumar, 2011:94; Merriam, 2009:55; Roberts-Holmes, 2011:68). It can also be seen as the “intersection of philosophy, strategies of inquiry, and specific methods” (Creswell, 2013:5). It further involves the purpose and motivation for your research study as well as the requirement of a foundation of literature reviewed to support a researcher’s motivation (Kumar, 2011:94).

3.5.1 Purpose and motivation of the study

The purpose of the research study was to identify and describe the way in which four adolescent girls made meaning of the constructs of lifestyle and wellness. This was executed in order to inform the process of understanding and acknowledging the valuable use of existing knowledge and perceptions of adolescent participants when dealing with lifestyle and wellness psycho-educational and preventative interventions.

This research study was explorative in nature and was directed to take into account the voices and perceptions of the four adolescent girls who took part in the study. The study focused on the adolescents’ perceptions of general factors that they perceived as having an impact on lifestyle and wellness. It also sought to incorporate the adolescent

participants' accounts of their contextual perceptions of lifestyle and wellness as it pertained to their families and community.

In Chapter 1 (see 1.2 and 1.3) I provided the background and motivation for the study. I have also conducted a literature review to support my motivation which can be found in both Chapters 1 and Chapter 2 for my reader to peruse.

3.5.2 Research question

Apart from the aforementioned, the research design also stipulates the central research question and sub-questions that guided the study which were also stated in Chapter 1, section 1.5.

The central research question related to: *“How do a small group of adolescent girls, through means of a facilitative research process, understand and experience the constructs lifestyle and wellness?”*

The central question was also guided by the following sub-questions:

- 1. What are the adolescent girl participants' descriptions of the meaning of lifestyle and wellness?*
- 2. What are the general factors that adolescent girl participants identified that can impact lifestyle and wellness?*
- 3. How do the adolescent girl participants' perceive their own, family and school community's lifestyles and wellness?*

3.5.3 Research approach

As indicated in Chapter 1 (see 1.8) this research study made use of a qualitative approach and research design, demonstrated through means of an instrumental case study that was adolescent-centred.

3.5.3.1 Qualitative approach

A qualitative approach often involves qualitative data collection methods (Roberts-Holmes, 2011:xvii; Christensen et al., 2011:29). For this study, a variety of qualitative data collection methods were used. These methods that will be discussed in depth in section 3.6.2 was used to elicit responses that produced rich data that related to the subjective experiences of the adolescent participants (Roberts-Holmes, 2011: xvii; Christensen et al., 2011:29-30; Kvale, 2009:1-7). Since the qualitative research approach does not attempt to generalise findings the validity of findings thus become specifically and contextually relevant to the group of participants one interacts with (Roberts-Holmes, 2011:69; Christensen et al., 2011:362-363). The qualitative approach is also viewed as dynamically process-orientated whereby the researcher's involvement, subjectivity and bias are acknowledged (Roberts-Holmes, 2011:69; Christensen et al., 2011:364).

3.5.3.2 Case study

In terms of selecting a case study as my approach to complement the research design and research process, I will specifically discuss how a case study is defined, and why I opted to place it under the discussion of the research approach. Furthermore, I will discuss what makes it suitably unique for this research study especially in terms of its features and the role of case study knowledge. Lastly, I will conclude the section with the discussion of what a case study is not.

A case study is defined by Merriam (2009:40), as an in-depth description and analysis of a bounded system. With bounded system implying the selection of a unit or a group of learners sharing the same characteristics, thus resulting in fencing in or delimiting the focus of the study to this bounded unit (Merriam 1998:27; Merriam 2009:40, 43). Creswell provided a more detailed description of the case study in research by stating that:

“A case study is a qualitative approach in which the investigator explores a bounded system (case) over time, through detailed, in-depth data collection involving multiple sources of information (e.g. observations, interviews, audio-

visual material and documents) and reports a case description and case based themes” (Creswell, 2007:73).

However, despite it being described by many as a method, methodology or a design, the debate exists as to whether it can be viewed as such. Some researchers refer to case study as a “research genre or an approach” because they argue that a case study per se is not “prescriptive in its structure, content or data analysis tools”, making it rather difficult to define in these terms (Hamilton & Corbett-Whittier, 2013:10). When it is arguably defined as a research genre, the case study is seen as “an approach that seeks to capture relationship complexities, beliefs and attitudes within a bounded unit, that makes use of different forms of data collection tools and is more than likely to explore multiple perspectives” (Hamilton & Corbett-Whittier, 2013:10).

Adding to this view, Swales (2004) defined it as “a way of framing a particularity (bounded unit) that provides guiding principles for the research design, process, quality and communication” (cited by Hamilton & Corbett-Whittier, 2013:10). After completing my research on case studies, the conclusion I came to was that it was difficult for me as a beginner researcher to decide whether to place the concept of a case study as my design or as an approach to my research methodology. Thus, the concept of viewing a case study as “a research approach or research genre” to support my research design and underlying processes, resonated with me and I opted to place its discussion under research approach instead of merely referring to it as my method, methodology or design.

Understanding that I view the case study as a “research approach”, it was also important to understand the special features that constitute a case study. These special features also made the case study unique and acceptable as a complimentary guiding principle for this study’s qualitative research design as well as the underlying (interpretive) paradigm I ascribed to. Merriam (2009:40,43) indicated that the case study has three special features, namely that it is *particularistic*, *descriptive* and *heuristic*. The feature *particularistic* indicates that a case study’s focus may fall on a particular situation, event, program or phenomenon. In this instance, the case itself is important for what it reveals about the phenomenon being studied and for what it represents (Merriam, 2009:43). This

makes it suitable for practical everyday problems, questions, situations or puzzling occurrences, as it looks at how certain groups of people may confront specific problems or perceive them, allowing for a holistic view of the situation (Shaw, 1972:2).

In terms of the feature *descriptive*, the end product of a case study is viewed as a rich, thick description (complete and literal description) of the incident or entity being investigated (Merriam, 2009:43). Furthermore, the case study may include many variables and may occur over a period of time. The case study can also be labelled as holistic, life-like, grounded or exploratory (like this study). Here descriptions are usually qualitative in nature and can be creative with the researcher using prose and literary techniques to convey his or her understanding of the case (Merriam, 2009:43-44). Lastly, the feature *heuristic* refers to the enlightenment of the reader's understanding of the case under study. This enlightenment can bring about the discovery of new meaning, extend the reader's experience or confirm what is known (Merriam, 2009:44).

However, the special features of a case study in itself do not solely make it unique, but it is also the role and utilisation of knowledge obtained and learnt from case studies, that contributes to its uniqueness. Merriam (2009:43-44) indicates that Stake (1981:35-36) suggested that case study knowledge has four particular roles, namely that:

- It is more concrete, as its knowledge may resonate with one's own experiences because it is more vivid, concrete and sensory abstract.
- It is more contextual, as our experience is rooted in context, as is the knowledge in a case study.
- It is more developed by the reader's interpretation, because the reader brings to the case their own experience and understanding, which leads to generalizations when new data for the case is added to old data of the case.
- It is more based on reference populations determined by the reader. This implies that in generalising (as described above) the reader has some population in mind. Thus unlike traditional research, the reader participates in generalisation to the referenced populations.

Knowing what makes the case study unique along with insight regarding the role of case study knowledge in order to derive understanding of a particular bounded unit or phenomenon being studied, contributes to understanding the role it plays in research. However, also knowing what a case study is not, further sets it apart as a research approach or genre from traditional research. Merriam (2009:45) emphasised that it should be kept in mind that a case study is not the same as case work, case method, case history or case record as these concepts each serve different purposes in different fields.

Now that my reader has an understanding of the usefulness of the case study in research, I can indicate why I selected the particular type of case study, namely an instrumental case study. An instrumental case study suggests that the focus is delimited to particular aspects of the bounded unit or case. For this study the case was delimited on the basis of gender (girls), a particular developmental phase (adolescence) and age group (girls aged between 16-18 years) (Merriam, 2009:48). These specific aspects (as it relates to my bounded unit), were concerned with the exploration of my participants' perceptions of lifestyle and wellness. This exploration was conducted through applying specific guiding questions that related to the way they made meaning of lifestyle and wellness, the factors they perceived to influence lifestyle and wellness as well as their perceptions of lifestyle and wellness as it relate to the contexts of their families and community. In the instance of my research study the case played a secondary and supportive role that served to facilitate my understanding as it pertained to their perceptions of lifestyle and wellness (Hamilton & Corbett-Whittier, 2013:11-12; Merriam, 2009:48).

3.5.4 The context of my research study

The field work of this study took place at a high school in the Cape Winelands district. This district is well known for its beautiful Winelands, but also reflects the devastating effects of poverty, domestic violence, drug and substance abuse, alcohol abuse, teenage pregnancy, gangsterism and mental health issues that are also prevalent in the broader context of South Africa.

The school is situated in an area where the above mentioned barriers are very evident as noted in my field observation note of day 1:

Researcher Field note 1: “...as I got out of my friend’s car to walk towards the school gate, I noticed three adolescent boys dressed in their school uniforms, standing and smoking by the door of the school bus. About 10 meters away from them stood three security guards, noticeably aware of this but they do not seem to be interested in telling them to put out the cigarettes...”

The school grounds are patrolled by security guards on a daily basis from 08:00 until 17:00 during the school week as the school and learners often become targets of muggings or assaults. In terms of sporting facilities the school does not have its own sport fields and learners participating in sports such as soccer, rugby, hockey and softball often train on three cement courts that are more suitable for the basketball and netball teams. The grass fields at the back of the school are also not well-kept and hold safety concerns in terms of ditches and uneven surfaces. Figure 3.3 below provides an example of limited sport training spaces at the school with Figure 3.4 providing an example of the middle training court.

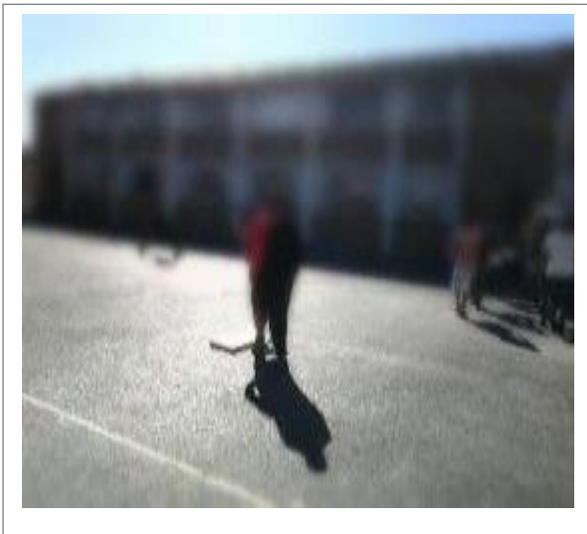


Figure 3.3: Example of limited spaces- the baseball team (left) and school music band (right)

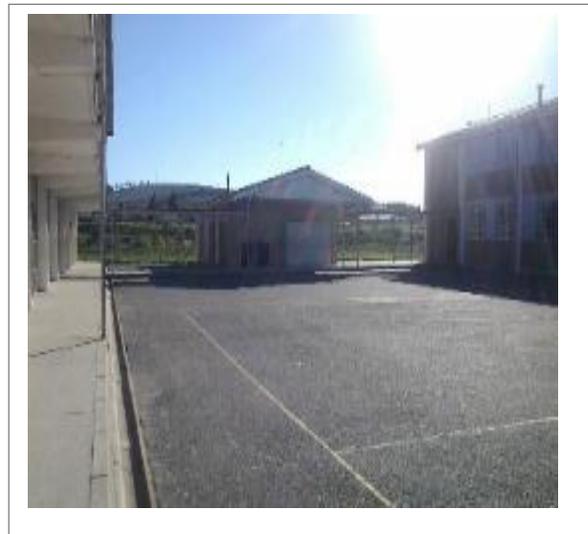


Figure 3.4: Example of sport training spaces (middle training court)

The lack of suitable surfaces as well as the limited space has led to the school making use of the municipal sporting grounds that are open to the community. Despite not having the most ideal facilities, the school strives to provide opportunities for learners to participate in these sports. Sporting opportunities are not the only opportunities that the school provides learners. During the afternoons that the research study took place the school's band also practiced. Afternoon classes for learners who needed additional academic support also occurred. The school also has university students from the university's residences to assist learners with academic work or with extramural activities such as drama and dance.

In terms of the school staff, the school principal and staff members are supportive and open to community engagement projects and outreach projects to be run at the school. The general workers were also very helpful and accommodating and lent a hand wherever they could, whether it is to lock up the classroom we used or to give directions to different areas of the school. The general attitude of the school principal and staff was one of collaboration and openness to outsiders' involvement and it made my time during my research study an experience that I will always treasure.

3.6 RESEARCH METHODS

I will now discuss the research methods that include the sampling technique used, the data collection methods and the method of data analysis that informed the philosophy of a qualitative research methodology and design.

3.6.1 Selecting the participants

This study made use of convenience sampling (also known as purposive sampling) due to the qualitative nature of the study. This sampling technique was used to purposefully select a small and particular group of participants, (i.e. adolescent girls), that shared similar characteristics for the purpose of the study (Merriam, 2009:77; Christensen et al., 2011:162). The assumption that the researcher holds in terms of convenience sampling is that they want to discover, understand and gain insight about certain phenomena (i.e.

perceptions of lifestyle and wellness) and because of this they must select a sample from which the most information can be gathered (Merriam, 2009:77). This sampling technique further allows the researcher to gather in-depth qualitative information from the small group of information rich cases selected for their research study (Christensen et al., 2011:162).

The sample for this research study was limited to one school and a small number of participants were required due to the limited scope of the study, the contextual nature, extent and depth of data required to explore the research question. In terms of selection criteria, participants had to be female and were required to be between the ages of 16 and 18 year. The initial intention was to include grade 12 girls in the study however, due to examination commitments grade 12 girls were not included.

Due to the exclusion of the grade 12 learners, I had to adapt my approach and my criteria for inclusion in order to meet the characteristics of an instrumental case study. With this in mind I was cognisant that I wanted to explore, understand and gain insight about adolescent participants' perceptions of the constructs of lifestyle and wellness. As such I needed to select a sample from which I could learn the most from regarding these constructs (Merriam, 2009:77). I thus decided to approach the manager of the after school hockey development program who had Grade 10 and 11 learners as part of the existing sports program. This sport program also had a set time and occurred outside the space of a normal school day in order to not infringe on the academic contact time of participants. Through collaborating with the school teacher who served as the school coach, and the hockey mentor managing the after school hockey program five adolescent girls were identified. The initial sample consisted out of four grade 11 and one grade 10 adolescent girls. However, from these five participants, one participant did not attend the last two sessions. Her data was subsequently excluded from analysis leaving the final sample that was used for data analysis and discussion at four.

Specific details regarding the purpose of the research study and the process of the research were explained to participants during a face-to-face contact session as well as in the participant information letter and assent form (see Addendum A). A letter explaining

the purpose of the research study as well as parental consent forms were also sent to the parents/guardians of the adolescent girls who were interested (see Addendum B). Participants also understood that participation in the research study was voluntary, and they could withdraw at any time from the research study without any consequences.

Interaction between myself and my adolescent participants took place on four Friday afternoons after school hours during the time slot assigned to the after school hockey program at the school the participants attended (see Addendum E).

3.6.2 Data collection methods

The qualitative data collection methods used consisted out of focus group discussions, individual reflective writing worksheets with open-ended questions and creative picture line constructions. Supplementary data collection methods consisted out of unstructured observations, retrospective reflections and an adapted form of the repertory grid technique. (Christensen, Burke Johnson & Turner, 2011:53; Hardison & Neimeyer, 2012:6).

The main data sources used for analysis to gain understanding of participants' perceptions and experiences included the verbatim transcriptions compiled from the focus group discussions, participant selections of their creative picture line constructions as well as their individual reflective writing worksheets. The adapted repertory grid, reflections and unstructured observations were used as secondary methods to further enrich the data collected and to obtain an understanding of the unique individual perceptions of participants. Researcher field notes were used where it was thought to be relevant and to give a description of the context.

3.6.2.1 *Focus group discussions*

Liamputtong (2011:48) indicates that a focus group is a special type of group in terms of purpose, size, composition and procedures. One of the important aspects relating to the focus group is determining the sample size. In terms of the sample size of a focus group,

the size is determined by the preference of the research design (i.e. specifics of the group that needs to answer the research questions) and the practical constraints in terms of time, accessibility and availability of participants (Liamputtong, 2011:43).

However, different opinions regarding the sample size of focus groups exist (Liamputtong, 2011: 42). For example, in general it is recommended that the ideal sample size be between four and ten, however in some instances researchers may work with smaller groups as few as two or four and not more than eight in order to preserve in-depth interactions (Liamputtong, 2011:42-44). Liamputtong (2011:43) indicates that some prominent focus group researchers like Mary Anne Casey refers to focus groups with sample sizes of two to four “mini-focus groups”. These smaller groups have also become more popular especially when working with children and adolescents as utilising small focus groups may allow for better interaction, more opportunities for all to speak, reduction in noise level for transcribing and to have detailed and in-depth discussions of topics being investigated (Liamputtong, 2011:42-43). This smaller group size can result in relevant and interesting data to be generated which may not have been accessible in bigger groups or normal group interviews. Thus making the small focus group sample sizes a popular choice when researchers require in-depth information about a particular phenomenon.

For the purpose of this research study selecting the focus group as method was complementary to the research design that required a small sample to explore in depth the perceptions of adolescent girls as it related to lifestyle and wellness. As indicated in section 3.6.1 the study’s sample size originally consisted out of five participants, however one participant withdrew from the research study towards the end of the process which changed the composition of the focus group to four participants. Thus, in order to clarify and sensibly provide the rationale for the continued use of the term focus group, I will refer to Liamputtong (2011:42) that suggests a focus group can exist out of four or less participants.

Next to the importance of the purpose and sample size the focus group is also guided by specific principles that makes it more than just a group of people being put together for a group interview (Liamputtong, 211:48). In essence the group becomes “focused” as

participants are engaged in exploring the particular topics or constructs the researcher wishes to investigate in an active manner through facilitative processes.

One of the unique features of the focus group is the interactions within the social context of the group (Liamputtong, 2011:43). In terms of this research study the focus group discussions that were conducted in a small group context, allowed for interactive dialogues between myself as the researcher and the participants. This small group context thus allowed me to further gain insight into the subjective group interactions and the subjective worlds of participants (Punch, 2009:145). This small group size also allowed me to act as a facilitator where I could apply active listening skills as I could respond authentically to participants whilst monitoring and recording group interactions through means of a digital voice recorder. In this way I could clarify and make sure I understood participants responses without worrying about missing out participants or miscapturing their responses. I also made use of a semi-structured interview guide and reflective worksheets to further facilitate group interactions (see Addendums F, H and I for examples). These consisted out of pre-selected questions and topics relating to lifestyle and wellness and the factors influencing these constructs as proposed by the research literature (Punch, 2009:147).

The advantage of focus group discussions lay in the use of it facilitating group interaction to generate rich data and insightful knowledge that may not have been possible outside of the group interaction context (Liamputtong, 2011:42; Punch 2009:147; Smith, 2008:57). Another advantage of this type of data collection method relates to the establishment of rapport and dialogue building between the researcher and participants (Smith, 2008:57). This may create an opportunity for individual participants to share their experiences, views, beliefs as well as knowledge about the particular topics or bring to the group implicit and underlying information (Punch, 2009:147).

Focus group discussions allow for flexibility and are also economic in terms of its time management and financial expenses. It further allows for the generation of rich data (Punch, 2009:147). However, conducting focus group discussions required me to be familiar with the group of participants I selected (Roberts-Holmes, 2011:152). In order to

familiarise myself and to gain the trust of participants, I attended some of their hockey sessions and was also invited as a volunteer on one occasion when they held a hockey clinic in conjunction with a touring school from the Netherlands. This gave me time to do unstructured observations as they went about in their natural environment and also to have rapport building conversations.

Focus group discussions may require well-developed and proficient interviewing skills on the part of the researcher in order to facilitate adequate group interactions and establish rapport (Punch, 2009:147). Thus, as a novice researcher, I opted to construct my group discussions in such a manner that I could stay on track with what was happening in the group. I made use of simple open-ended questions relating to lifestyle and wellness that participants could discuss and share their thoughts on. Sharing of their opinions either occurred on an individual level or in pairs. Time was given to reflect on the questions that were posed to the group and each participant was given an opportunity to share their views if they wished to do so.

The order of feedback also became an area that I needed to consider as a disruptive structure would have made it difficult to capture on record the views of participants. Secondly, problems relating to cultural differences and educational levels of experience may also influence the dynamic nature of the group interaction process and thus needed to be kept in mind (Punch, 2009:147). To address this I had to look at the language I used when addressing the group to ensure that I expressed myself in a way that was understood. I also communicated with participants in their home language namely, Afrikaans. I made use of clarification and summarisations after every participant contributed to make sure I understood what was meant.

3.6.2.2 *The use of creative picture line constructions*

Qualitative researchers also make use of artbased approaches or activities such as picture line constructions as methodological tools (Merriam & Tisdell, 2016:65). These methods are used in recognition that people can make meaning and express their views in different ways and not only through spoken or written words (Merriam & Tisdell,

2016:65). This according to Merriam and Tisdell (2016: 66), may allow for deeper meaning making which is a central focus of qualitative research. It can also extend the limits of discursive communication and holds the value that it can circumvent the challenges of language expression and interpretation (Barone & Esner, 2012 cited by Merriam and Tisdell, 2016:65; Reavey & Johnson, 2010:296).

Furthermore, as indicated by Bach (1998:88) and by Reavey and Johnson (2010:296), the purpose of the use of the visual as an artbased method is therefore an expressive technique to elicit certain responses making it a useful medium to use to explore in a safe and non-threatening manner, the inner subjective world of participants. It can bring forth insight of existing knowledge, mind states or beliefs that they may hold. These artbased approaches are often used as a method when conducting research with children or adolescents as these creative and non-threatening methods can allow for the expression of thoughts and feelings which may not always be accessible to the researcher. In this way the interpretation of meaning-making through the use of artbased activities can encourage the discussion of meaningful constructions or experiences that can be interpreted (Reavey & Johnson, 2010:296).

For the purpose of this study creative pictureline constructions served as the artbased activity. The creative picture line constructions consisted out of a string of rope where pre-existing images were connected to the string of rope with washing pegs. Participants could select these pre-existing images from a variety of magazines, newspapers and books (i.e. *Teen magazine, You, People, Shape, Huisgenoot, Eikestad News, Die Burger, Garden and Home, National Geographic, Sarie, Cosmopolitan* etc.). A portion of the magazines, newspapers and books was provided by the researcher and participants were also at liberty to bring along their own selection of magazines, newspapers, books or pictures. They could also create their own drawings if they could not find pictures or images that best represented their perceptions. The use of the picture selections served as a method to elicit verbal responses from the participants regarding their interpretation of lifestyle and wellness. Based on participants picture selections interactive discussions were held in the group where each participant could give feedback about the meaning the

images she selected or drew held for her. Figure 3.5 below is a visual example of creative picturelines being constructed by participants.



Figure 3.5 Example of a creative picture line construction

3.6.2.3 *The repertory grid technique*

George Kelly originally developed the personal construct theory along with personal construct theory methods such as the repertory grid technique to focus on psychotherapeutic clients' personal theories that consisted out of the their unique constructions and personal world views in their own terms (Kelly, 1963; Hill, Wittkowski, Hodgkinson, be & Hare, 2015:1-3; Touw, Meijer & Wubbels, 2015:1-3).

The repertory grid technique subsequently became a widely used technique to investigate, measure and clarify personal constructs underlying personal world views of individuals (Hill, et al., 2015:2). It can also be used in a variety of contexts such as psychology, education and nursing and can be administered in a group or individual context (Hill, et al. 2015:1-3; Touw et al., 2015:3). It is also applicable to use both in qualitative and quantitative research (Hill, et al. 2015:3; Touw et al., 2015:1-2).

An advantage of the repertory grid technique is that it is neither subject to the limitations and biases of interviews, focus groups and surveys, such as interviewer characteristics or response biases (Touw et al., 2015:3). The usefulness of the repertory grid technique is that it can further assist a researcher to explore the nature of personal constructs in terms of bio-ecological factors when dealing with the impact of these factors on the shaping of lifestyle and wellness perceptions of adolescents.

The repertory grid technique therefore requires the participant to consider the 'elements' of interest (e.g., events and persons) to produce bipolar constructs (i.e. balanced-unbalanced, happy-sad or healthy-other) based on the ways that they perceive the elements to be similar and different to each other (Hill, et al., 2015:3).

One of the ways to determine or find elements as proposed by Kelly's technique, which can be adapted in research studies, can consist out of asking simple or probing questions (Hill, et al., 2015: 3; Touw et al., 2015:2). For example, in this research study during the exploration of adolescent participant's perceptions of lifestyle one of the activities related

to exploring participants' perceptions meaning of lifestyle by asking the question: i.e. "What does lifestyle mean to you?" Participant 4 for example answered: "Lifestyle is about a balance for me". From this answer the element, namely, *Balance (or balanced lifestyle)* with its bipolar element (*Unbalanced*) can be recorded and further explored with the next activity, such as was done in this study with the use of picture constructions that further explored balanced lifestyles. In this activity participants could further demonstrate their understanding of these elements *balanced-unbalanced* as it related to the construct lifestyle types. The responses to these elements could then be linked or grouped with similar elements or themes that may arise as the data gets analysed. This can result in enriching the data and allowing the researcher to develop an understanding of a participant's view of the different elements as it relate to the main constructs (i.e. lifestyle and wellness) that is being investigated.

The repertory grid technique can be made concrete (i.e. written worksheets, picture creations, drawings) in order to obtain relevant data. Open ended questions can be asked where participants can share in their own time, their own thoughts about the element that is being explored (Hill et al., 2015:3). For example in this research study I thus designed an adapted form of the repertory grid technique that could be administered on an individual level. In terms of its analyses however it could be analysed both on an individual and group level. In the adapted versions of the repertory grid, the repertory grid elements may also be pre-selected where elements can be determined by virtue of the existing literature that relates to the constructs or events the research wishes to explore (Hill et al., 2015:3).

For the introduction of the pre-selected elements associated with lifestyle and wellness, I opted to make use of elements that are often used in the research literature that related to lifestyle and wellness intervention programs (see Chapter 2). I also based selected elements on areas where there seemed to be a proneness for developing mental and physical health concerns amongst adolescents as it related to lifestyle and wellness. The elements I selected related to 1) physical activity levels; 2) stress coping skills; 3) risk behaviours that related to smoking, alcohol consumption as well as drug and substance

use; 4) nutrition and dietary knowledge and habits; 5) social interaction, with the focus on belonging to social groups and lastly 6) aspects relating to the environment with exploration of the safety and health aspects of the adolescents' perception of their environment.

Once I decided on the pre-selected elements I divided this adapted repertory grid into three levels on which the exploration of these elements occurred. These levels included (i) the *pre-determined element* I wanted to explore (i.e. physical activity), the (ii) *level or degree of engagement* with the element (i.e. how often do you engage in physical activity?) and lastly the (iii) *qualitative exploration of responses* to the *element* that were introduced (If you participate in an activity: what type of activity is it?).

The use of posing open-ended and explorative questions in the adapted repertory grid along with the pre-determined elements also provided valuable insight about factors that impacted adolescent girls on an individual level, as well as their individual responses to these factors. The themes that were generated from this individually administered repertory grid activity, I integrated with themes that were derived from the focus group discussions and picture line constructions. This was done to further add depth to the description of participants' perceptions as it related to lifestyle and wellness, both on a personal and contextual level.

The method of analysis will be discussed in more depth during the discussion of data analysis. Addendum H provides a completed example of participant 4's grid.

3.6.2.4 *The use of retrospective reflections and individual reflective writing worksheets*

The use of reflections, as indicated by Pinter and Zandian (2015:235-237), allows for retrospective reflection that can serve as a valuable tool to explore participants' experiences and interpretations of the research process.

Grover (2004:81-89) went as far as to indicate that participants aged between 16 and 18 years are not always given opportunities to continue to provide relevant data that relate to their personal experiences in terms of their thoughts and feelings about the particular research topic they were introduced to.

The use of reflections and reflective writing worksheets for this study was thus deemed important because often during research with children or adolescents little room is made for them to reflectively engage with research material or topics that allow them to make sense of their participation retrospectively (Pinter & Zandian, 2015:235-237).

3.6.2.5 *The use of unstructured observations*

The last supplementary method related to unstructured participant observations.

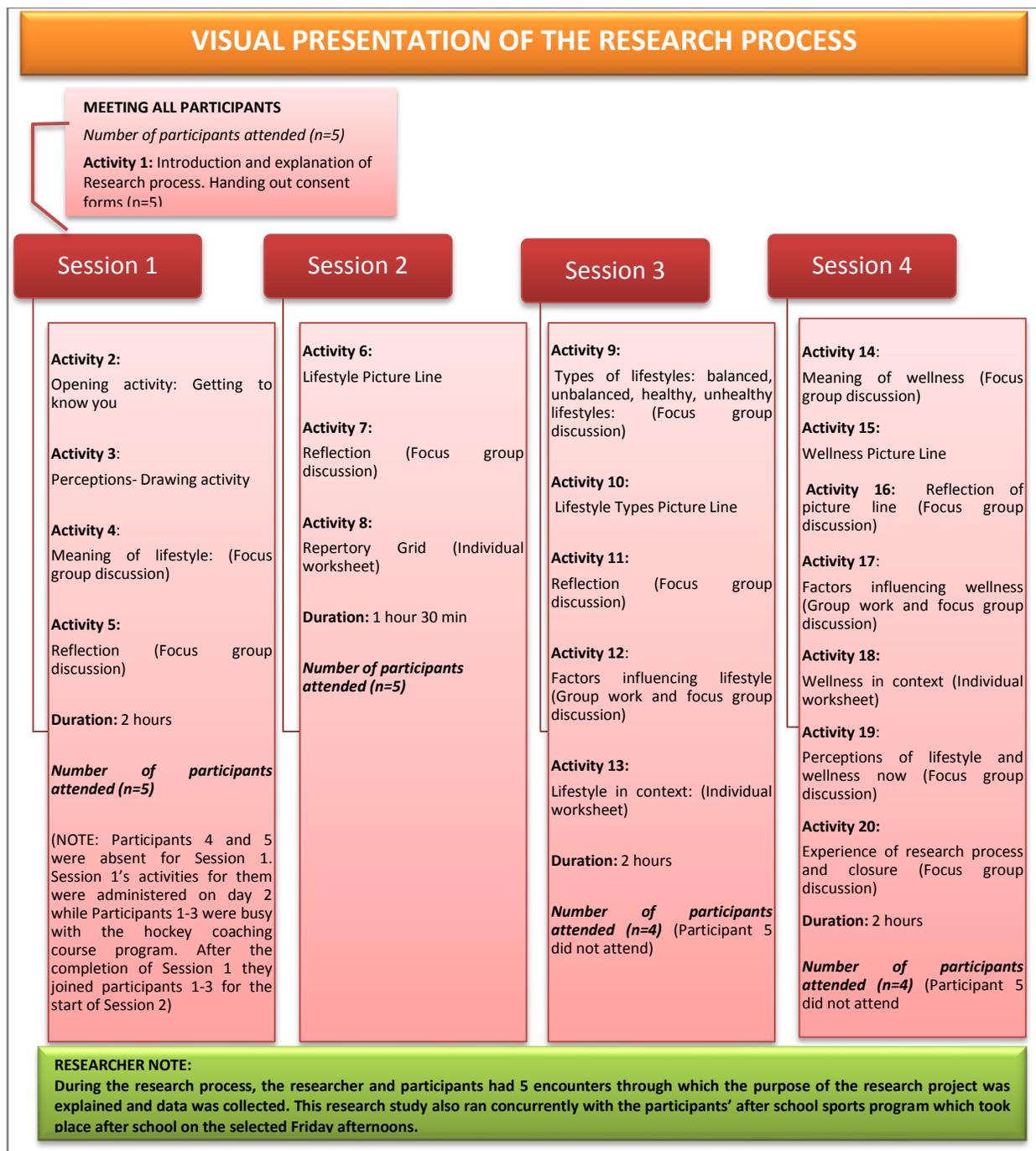
Unstructured participant observations during selected field attendance days as well as during the focus group discussions served as my subjective reflective records of the process.

Unstructured observations captured as field notes were also used as a secondary method to further enrich the data collected and to also contribute to understanding the different contextual systems of the participants (Roberts-Holmes, 2011:115).

3.6.3 Step-by-step description of data collection sessions

Before I continue to describe the process of data collection and the respective activities in detail, I have provided figure 3.6 below as a visual representation that serves as an overview of the activities used during the data collection process.

Addendum E also provides a complete guide of the field session program.



¹Figure 3.6: Visual presentation of the data collection process

In the following section I provide the reader with a step-by-step account of the data collection process.

¹ The study originally consisted out of five participants, however one participant withdrew from the research study towards the end of the process which changed the composition of the focus group to four participants. The reference to participant 5 is only to provide the context to my reader of how the study progressed.

3.6.3.1 Session 1

Activity 1: Introduction to the research project

- In this session I explained to the participants what the project was about and why I selected them to participate in the study. I explained that the study was voluntary and they could at any moment decide to not be part of the project. I also explained to them what is meant by doing research. We also spoke about ethics and confidentiality and why we make use of digital voice recordings.
- They also each selected a pseudonym. The pseudonyms they chose were *Vicky (Participant 1)*, *Avril (Participant 2)*, *Half Sewe (Participant 3)*, *Messi (Participant 4)* and *Monie (Participant 5)*.

Activity 2: Opening activity- Getting to know you, hobbies and leisure activities

- This activity took place in a focus group and also served as a method to establish rapport where participants were asked to introduce themselves and share their nickname or what they were called by their friends or at home. In this activity participants were also asked to state the expectations they had about the research project. Participants were also asked about their hobbies and the leisure activities they engage in at home or after school.

Activity 3: Perceptions activity: drawing myself

- This drawing activity served as an ice breaker before commencing with our activities. In this activity participants took part in a drawing activity to demonstrate to them what is meant with perceptions. This activity was also deemed necessary because young participants might often be worried about the correctness of their responses or feel pressured to give responses that they think the researcher would like, which might take away from their real experiences. During this drawing activity, participants were given the task to draw a picture of themselves in any way that they like but with their eyes closed. They were also instructed to draw with their dominant hand and then for the next activity swop their pen or pencil around to draw with their non-dominant hand.

- The rationale for this method was merely to indicate that we all have different perceptions of situations and in the research process there is no right or wrong way, just opportunities to develop understanding by learning from each other's perceptions. In other words, the way we perceive ourselves whether we draw ourselves for example with eyes open or closed, the way others perceive us might differ or it might be the same.

Through this activity, participants were put at ease and they understood that they can say anything they wish or if they did not want to say anything that it was also okay. After the completion of the activity each participant had the opportunity to share her experience and to explain from her viewpoint what they thought the activity's purpose was. Their perceptions were reflectively summarised. Figure 3.7 below is an example of participant 4's icebreaker drawing activity.

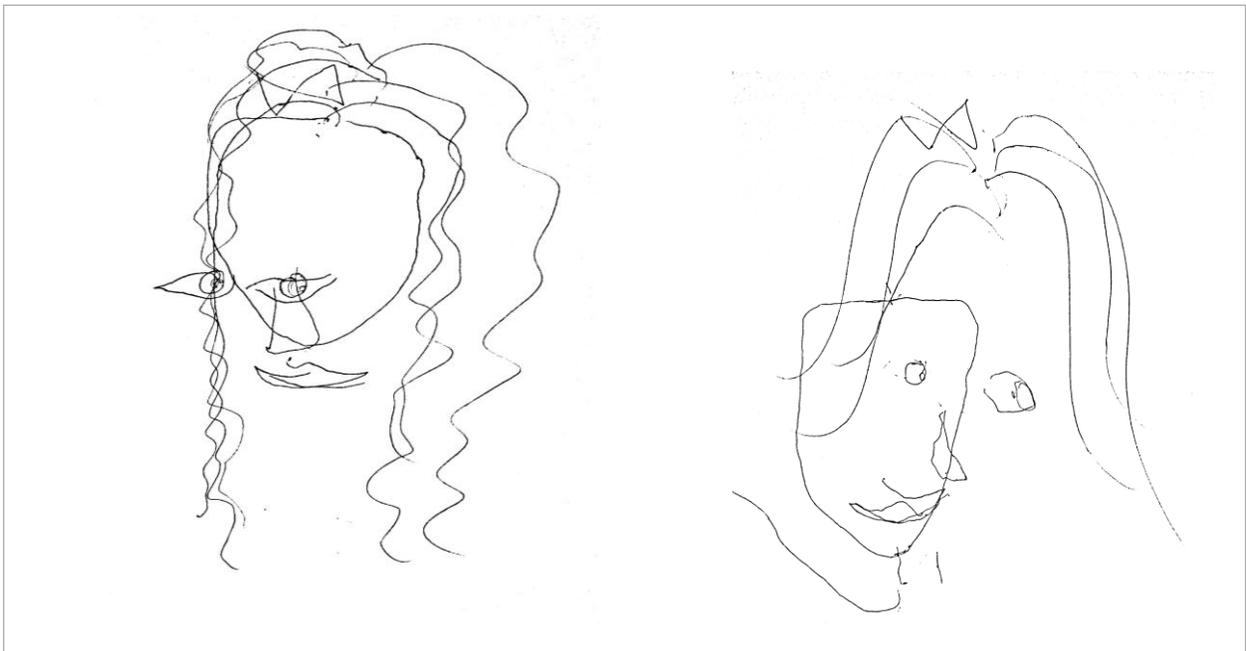


Figure 3.7 Example of Participant 4's icebreaker drawing activity

Activity 4: Meaning of lifestyle

- For this activity, participants were asked what they thought about when they hear the word lifestyle and what this word meant to them. Each participant was given time to

think about the question. They could also write down their thoughts and afterwards share their view or feedback with the group. Participants' views were reflected on and summarised and we continually checked back to see if we understood each person's view.

Activity 5: Reflective question about experience of listening to self and others' perception of lifestyle:

- After completing the activity on what lifestyle meant, the participants were then asked what their experiences were when they shared and listened to their own perceptions as well as to other participants' perceptions.

3.6.3.2 *Session 2*

Activity 6: Lifestyle picture line

- In this activity, participants were asked to select from a collection of magazines, books and newspapers any picture or pictures that they thought portrayed their meaning, understanding or perception of lifestyle. Participants were asked to number their pictures in the order that they were going to speak about it and then hang their pictures up on the lifestyle picture line that was assembled in the front of the classroom. Each participant then took us through her pictures as she explained what each picture meant to her.

Activity 7: Reflective question about experience of listening to self and others' portrayal of lifestyle pictures

- After participants finished sharing their pictures with the group they were asked how they experienced sharing their perceptions about their lifestyle pictures and listening to other participants' perceptions and what they have learnt.

Activity 8: Repertory grid

- In this activity, the participants completed their repertory grids individually.

3.6.3.3 Session 3

Activity 9: Types of lifestyles: balanced, unbalanced, healthy and unhealthy

- In this activity, learners were asked what they thought was meant with a balanced, unbalanced, healthy and unhealthy lifestyles. They were also asked to provide an example of the particular lifestyle they decided to speak about. Some participants spoke about one lifestyle type and others spoke about more than one.

Activity 10: Lifestyle types picture line

- In this activity, participants were asked to again select their own picture or pictures that portrayed their perception of balanced, unbalanced, healthy or unhealthy lifestyles.

Participants were also asked to indicate what lifestyle their picture was portraying and also to indicate what about the picture/s is portraying aspects that made them think of the lifestyle they chose to associate the picture with. Each picture was marked at the back and numbered in the order the participant decided she wanted to present her pictures in.

Activity 11: Reflective question about experience of listening to self and others perception of lifestyle types:

- After activity 10, participants were once again asked how they experienced sharing their perceptions and to listen to other participants' perceptions.

Activity 12: Factors influencing lifestyle

- In this activity, participants could work in pairs or as a group. Here participants were asked to discuss with each other the factors they thought can influence lifestyle in a negative or positive way.

They were then given the opportunity to give feedback about what they thought were factors that influenced lifestyle as well as to explain why they thought the factor was affecting lifestyle in a positive or negative manner.

Activity 13: Individual reflective writing worksheet: lifestyle in context

- In this activity, learners completed an individual reflective writing worksheet (see Addendum I for an example) that related to the awareness of their lifestyle, their families and their community's lifestyles.

3.6.3.4 *Session 4*

Activity 14: Meaning of wellness

- In the beginning of the session, brief time was spent on recapping what we have talked about and have completed in the research project thus far. After recapping we commenced with the activity that explored participants' meaning of wellness. Here participants were asked what they thought of when they hear the word wellness, or what it means to them. Each participant then shared her view or perception of what wellness meant to her.

Activity 15: Wellness picture line

- In this activity, participants were asked to select their own picture or pictures that portrayed their perception of wellness. Participants were also asked to indicate what aspects of wellness their picture or pictures were portraying. Each picture was again marked at the back and numbered in the order the participant decided she wanted to present her pictures in.

Activity 16: Reflective question about experience of listening to self and others' portrayal of wellness pictures

- After participants finished sharing their pictures with the group they were again asked how they experienced sharing their perceptions about their wellness pictures and to listen to their own and other participants' perceptions.

Activity 17: Factors influencing wellness

- In this activity, participants could work in pairs or as a group. Here participants were asked to discuss with each other the factors they thought can influence wellness in a

negative or positive way. They were also given the opportunity to give feedback about what they thought were factors that influenced wellness as well as to explain why they thought the specific factor was affecting wellness in positive or negative manner.

Activity 18: Individual reflective writing worksheet: wellness in context

- In this activity, learners completed an individual reflective writing worksheet that related to the awareness of their own sense of wellness, their families and that of their community's wellness.

Activity 19: Reflective conclusion of perceptions of lifestyle and wellness after the research process

- Upon conclusion of the research sessions on lifestyle and wellness, participants were asked to think back in terms of how their perceptions were of lifestyle and wellness at the beginning and now after the end of the research process. They were also asked if they thought their perceptions of lifestyle and wellness were the same or different than before.

Activity 20: Research project conclusion

- The project was concluded by asking participants what their experience of the entire research project was.

3.7 DATA ANALYSIS

Data refers to the actual information or facts that one has generated through the research process (Aneshensel, 2002:2). Analysis refers to the breaking down of this information into smaller components to determine its meaningful nature (Aneshensel, 2002:2).

Subsequently, the data analysis process can be interpreted as the systematic ordering of information through sifting and sorting it into meaningful patterns (Aneshensel, 2002:2-3).

3.7.1 Steps for data organisation and the data analysis process

Before I commenced with my data analysis I firstly had to transcribe my audio data. I also had to organise the different data sources I intended to use to address my research question. I continued to refine my data organisation process. I continued to read through my transcripts and reviewed the information obtained from the individual reflective writing worksheets and repertory grids.

After thoroughly reviewing the data I proceeded with organising the activities that I grouped together to answer the respective sub-questions. After this process of data organisation, I readied myself to begin the data analysis process.

For the data analysis process I included a combination of open coding, selective and focused coding strategies to deal with identifying common themes and linking them together (Christensen et al., 2011:379). Through open coding I searched for common themes, views and ideas that I first underlined. I then went on to export these marked words onto a new sheet of paper. I then assigned a number to the marked words. After numbering the words, I made use of the constant comparative method. I began to constantly compare and group corresponding coded numbers that represented the chosen word or appropriate short phrase into corresponding categories or theme names that described the essence of the core ideas (Christensen et al., 2011:379).

As data within the set of the repertory grid was already coded according to the pre-determined elements, information from the repertory grid was used to supplement emerging themes. This was done through applying focused coding to link emergent themes derived from the open questions relating to activities used to address the sub-questions posed (Charmaz, 2008:96-100).

Figure 3.8 below provides a visual summary of the steps I undertook in terms of data organisation analysis up to this point.

ORIGINAL TRANSCRIPT	CODING STRATEGY	CATEGORISE AND REFINE	THEMES
<p>Transcribe audio data</p> <p>Read carefully and thoroughly through original transcript of focus group interviews and picture line explanations.</p> <p>Find common phrases, ideas and beliefs, mark them.</p> <p>Export Transfer markings onto new sheet.</p>	<p>Open coding</p> <p>Assign numbers to exported ideas, themes, beliefs to form emerging themes.</p> <p>Focused coding</p> <p>Use numbers assigned to emerging themes by linking existing elements/themes derived from the repertory grid and individual reflective writing worksheets.</p> <p>Constantly compare</p>	<p>Category or theme name</p> <p>After linking emerging themes with existing themes, assign final category or theme name.</p> <p>Continue to constantly compare and refine until sufficiently condensed and no further refinement can be conducted.</p>	<p>Themes generated</p> <p>Record final themes generated for discussion.</p>

Figure 3.8: Summary of steps for data organisation and analysis

Detailed description of data analysis process:

I will now describe in detail the way in which I went about to analyse the data I obtained:

- Firstly, in order to answer the central research question I divided the question into sub-questions that were organized in such a way that it could follow a logical progression towards answering the central research question.
- Upon gaining an understanding of the logical progression and selection of activities needed to answer my sub-questions, I could continue with the theme generation process.
- In order to answer sub-question 1: *“What are the adolescent girl participants’ descriptions of the meaning of lifestyle and wellness?”*, I analysed data obtained from

the focus group activity and creative picture line constructions as it pertained to lifestyle first. Here I read through my transcribed data and began to look for common themes and phrases which I open coded by assigning a number to corresponding themes. I continued to constantly compare and refine themes until I was satisfied with the density of themes that emerged. This way of analysing saw me generate 11 themes for lifestyle which I will discuss in detail in Chapter 4.

- I applied the same method of analysis for wellness. This way of analysing saw me generate five themes for wellness which I will discuss in detail in Chapter 4.
- Lastly, I also made use of reflections and a repertory grid that served as supplementary tools to aid further understanding.
- Figure 3.9 below demonstrate the activities used to generate themes to answer sub-question 1, as it related to both lifestyle and wellness.

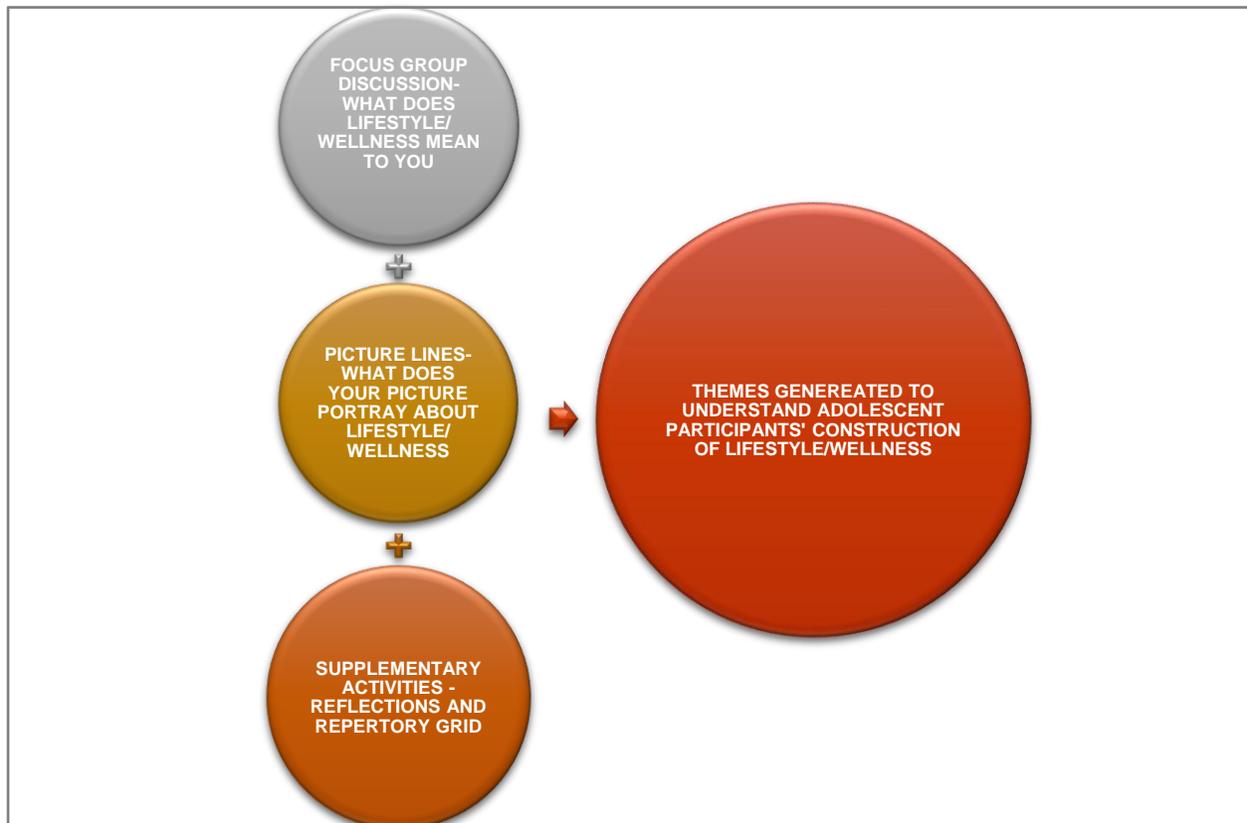


Figure 3.9: Activities used to gain understanding of meaning of lifestyle and wellness constructs

My next step was to answer sub-question 2:

- In order to answer sub-question 2: “*What are the general factors that adolescent girl participants identified that can impact lifestyle and wellness?*”, I used participants’ paired group work activity where they explored the factors that they perceived could impact lifestyle and wellness.
- I used the same coding principle that I applied for sub-question 1 to analyse data from this activity.
- This saw me generate nine factors that can influence wellness positively and eight that can influence it negatively. Factors impacting lifestyle positively translated to 12 factors and nine factors respectively that could impact it negatively, these factors will be reported on in detail Chapter 4.
- Figure 3.10 demonstrates the ²activities used to generate themes to answer sub-question 2 as it relates to both lifestyle and wellness.

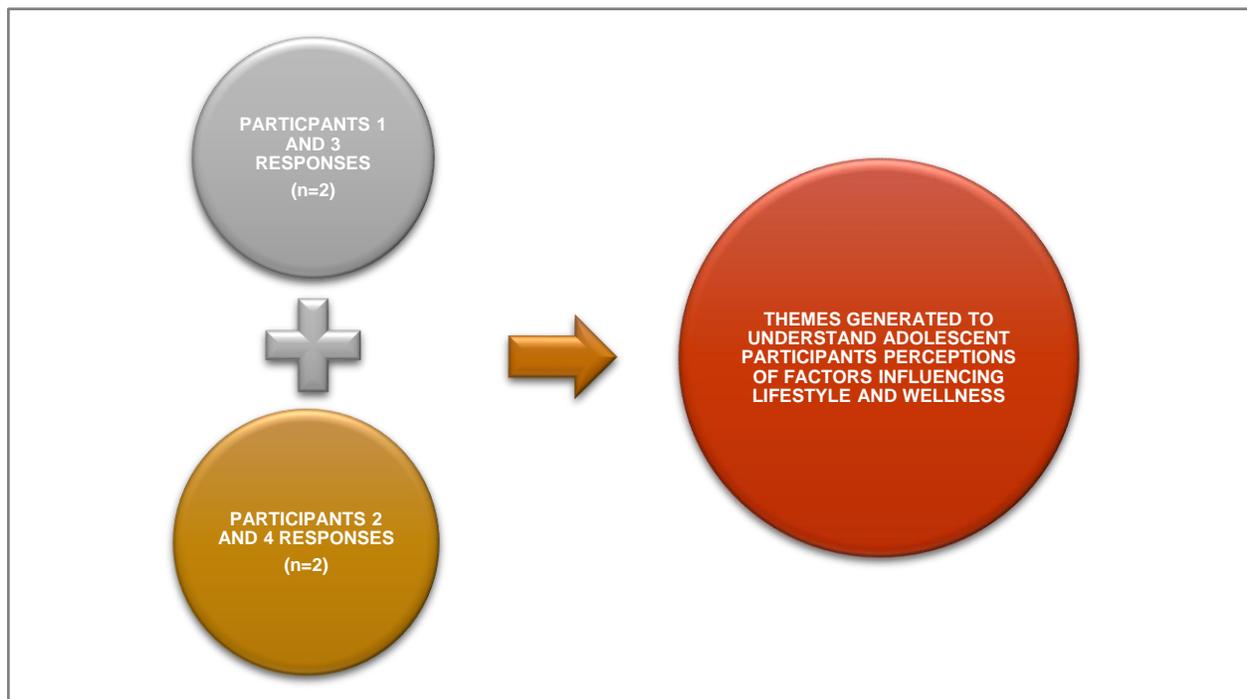


Figure 3.10: Activities used to gain understanding of factors influencing lifestyle and wellness

² For this activity participants worked in pairs, hence the separate depiction.

My last step was to analyse data to answer sub question 3:

- In order to answer sub-question 3- *“How do the adolescent girl participants’ perceive their own, family and school community’s lifestyles?”*, I used the Individual reflective writing worksheets from participants.
- During this activity, I also looked for corresponding themes relating to the wellness states (positive or negative wellness states) and lifestyles (healthy, balanced, unhealthy or unbalanced) along with participants’ reported reasons for perceiving their own, family and school communities’ wellness states and lifestyles in the way that they reported it on their individual reflective writing worksheets.
- I then made use of the repertory grid that were already organized by virtue of pre-determined categories as a supplementary tool to contribute in giving insight of the of participants perceptions of their own experiences.
- Figure 3.11 below gives a visual presentation of activities used to generate themes to answer, with figure 3.12 providing a compact overall picture of the process.

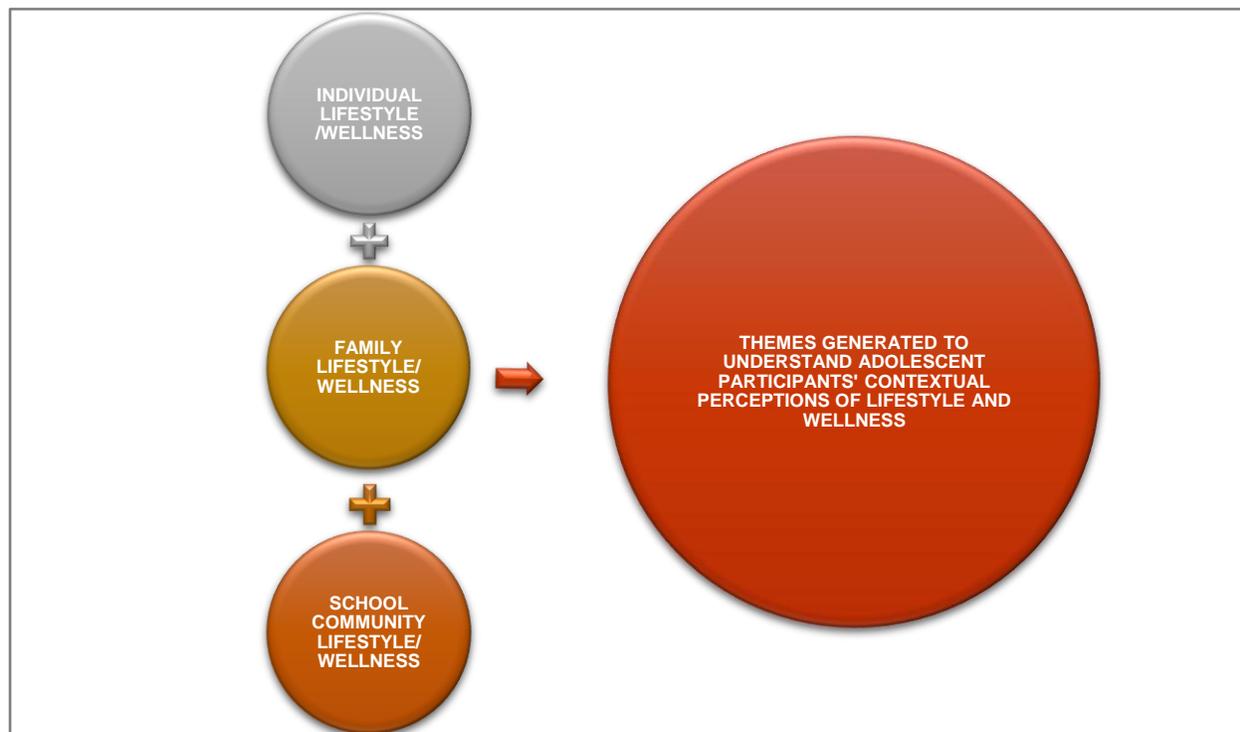


Figure 3.11: Activities used to gain understanding of participants’ contextual perceptions and experiences of lifestyle and wellness

QUALITATIVE INSTRUMENTAL CASE STUDY Exploration of adolescent girls' perceptions of Wellness & Lifestyle	NUMBER OF PARTICIPANTS	SUB-QUESTIONS ADDRESSED TO GUIDE CENTRAL RESEARCH QUESTION	ACTIVITIES USED FOR THEME GENERATION	DATA ANALYSIS METHOD	Supplementary data sources to aid understanding: adapted repertory grid, retrospective reflections and unstructured observations
	Participants 1-4	1. What are the adolescent girl participants' descriptions of the meaning of lifestyle? (Meaning of lifestyle)	<u>Focus group:</u> Meaning of lifestyle <u>Creative picture line constructions:</u> Portrayal of lifestyle	Constant Comparative Method	
	Participants 1-4	2. What are the general factors that adolescent girl participants identified that can impact lifestyle? (Factors influencing lifestyle)	<u>Paired work:</u> Factors influencing lifestyle		
	Participants 1-4	3. How do the adolescent girl participants' perceive their own, family and school community's lifestyles? (Contextual perceptions of lifestyle)	<u>Individual reflective worksheets:</u> Perceptions of own, family, and school community lifestyle		
	Participants 1-4	1. What are the adolescent girl participants' descriptions of the meaning of wellness? (Meaning of wellness)	<u>Focus group:</u> Meaning of wellness <u>Creative picture line constructions:</u> Portrayal of wellness		
	Participants 1-4	2. What are the general factors that adolescent girl participants identified that can impact wellness? (Factors influencing wellness)	<u>Paired work:</u> Factors influencing wellness		
	Participants 1-4	3. How do the adolescent girl participants' perceive their own, family and school community's wellness? (Contextual perceptions of wellness)	<u>Individual reflective worksheets:</u> Perceptions of own, family, and school community wellness		
THEME GENERATION PROCESS TO ANSWER CENTRAL RESEARCH QUESTION: <i>"How do a small group of adolescent girls, through means of a facilitative research process, understand and experience the constructs lifestyle and wellness?"</i>					

Figure 3.12: Compact overview of overall activities used to generate themes to answer central research question

3.8 TRUSTWORTHINESS OF DATA

Trustworthiness or credibility refers to the truthfulness of the inferences that are formed of the research results as inferred by the researcher (Christensen et al., 2011:302). Trustworthiness can be established through strategies such as triangulation, member checking and reporting researcher bias that ensure the internal validity (Merriam, 1998:204-205). Internal validity further reflects the extent of how research findings are

congruent with reality. It further refers to how the researcher strived to accurately portray the meanings given by the participants about their perceptions of (i.e. the constructs lifestyle and wellness) or the phenomenon that the researcher set out to explore (Christensen et al., 2011:305; Merriam, 1998:201; Viney & Nagy, 2012:58).

To ensure internal validity, I made use of triangulation. Triangulation refers to making use of multiple sources of data and multiple methods to confirm emerging themes (Merriam, 1998:204). I made use of three different methods of data collection, namely focus group discussions, individual reflective writing worksheets and the use of creative picture line constructions. Reflections, adapted form of the repertory grid, unstructured observations and researcher field notes served as supplementary methods (Hayes, 2000:135).

These triangulation methods allowed me to view the research problem from various perspectives in order to gain knowledge and insight into the perceptions of lifestyle and wellness as portrayed by the adolescent girl participants (Yardley, 2008:239; Hayes, 2000:135; Christensen et al., 2011: 366; Viney & Nagy, 2012:58). I also made use of low inference descriptors that refer to the very close descriptions of words or direct verbatim quotes of the participants (Christensen et al., 2011:305). To further establish internal validity I also made use of reporting researcher bias as a strategy, which refers to the extent to which the researcher clarifies his or her own assumptions, worldview or philosophy and theoretical orientation (Merriam, 1998:205). I reported and disclosed my own philosophical view (see 3.2.1). I also reported my theoretical standing in terms of the paradigm I ascribed to (see 3.3) as well as the principles of the integrative theoretical framework I applied (see 3.4).

Reliability refers to the extent to which the research study and findings can be replicated (Merriam, 1998:206). This can be ensured through also applying strategies such as triangulation, reporting the role of the researcher or research bias as well as keeping an audit trail (Merriam, 1998:206-207). In terms of reliability, I made use of triangulation as mentioned above. I also kept an audit trail that mapped the process of the data collection by providing my field program schedule (see Addendum E). I provided a step-by-step description of my data collection process (see 3.6.3).

I also described in Chapter 3 the method in which I went about to organise and analyse my data under section 3.7.1. In terms of text trail, I made use of direct verbatim quotes and participant picture line constructions. I also kept my field notes, original transcripts of the transcribed focus group discussions with participants. I also kept the handwritten notes of my data analysis and coding system of the transcribed focus group discussions, individual reflective writing worksheets and repertory grids as a method to further ensure the reliability and trustworthiness of the data and research results (Yardley, 2008:241-243; Viney & Nagy, 2012:63).

3.9 ETHICAL CONSIDERATIONS

Research ethics refer to that which is perceived as right and wrong when conducting any type of research and requires conduct that are morally acceptable (Bynard, Hanekom & Bynard, 2014:94).

It is imperative for the researcher to take into account ethical considerations when working with vulnerable populations such as the youth. To ensure that no human rights, ethical or constitutional rights of any participant were violated I followed the following ethical guidelines:

3.9.1 Permission from various stakeholders

Before I commenced my research study I had to obtain the following necessary permissions:

- I obtained clearance from my university's Research Ethics Committee: Human Research (Humaniora) to conduct my study. For this I had to complete an application form that contained my research proposal that was accompanied with the necessary ethical forms that was required by the Research Ethics Committee.
- I also had to obtain permission to conduct my research study within the school that I identified. As such I had to apply to the Western Cape Education Department (WCED)

to do so. I obtained an approval letter (see Addendum C) from the WCED that provided me with the necessary permission to enter the school grounds.

- Next to obtaining permission from the WCED, I also had to write a letter to the school principal by which I informed him about the nature of my research study and my request to enter the school grounds to conduct my research study. Through acting in a courteous manner I scheduled an appointment with him to deliver my permission letter and the WCED letter in person and to provide him with the necessary information relating to the study (see Addendum D).
- I also obtained permission from the school teacher that coached the hockey team as well as the hockey manager coordinating the after school hockey program to meet with them and to also provide them with the necessary information and to explain the nature of my research study. After my meeting with them they agreed to adapt their program to include my research study. They also went about to identify girls who were interested and helped me to arrange a time to address the girls.

3.9.2 Voluntary Participation and Informed consent

Upon gaining the necessary permissions to conduct my research study and to access school grounds, my next step was to address those girls who were interested in the study by introducing myself and to talk about the nature of the research study and what it entailed:

- Participants also knew that participation was voluntary and they were under no obligation to be part of the study. They were also informed that if they were to choose to be part of the study but later on wish to discontinue their participation they were welcome to do so and it would not count against them in any way.
- After the initial introduction, those girls who were present also received a participant information letter, participant consent form and parental consent form. Addendum A provides an example of the parental consent form and Addendum B provides an example of the participant information letter and assent form. Participants could take the consent form, assent form and the participation information letter home to read

through with their parents and to complete once they were certain that they wanted to partake in the research study.

- Only once the signed informed consent and assent forms were completed and collected did the research study continue.

3.9.3 Anonymity and Confidentiality

Anonymity and confidentiality was employed as cornerstones of this study:

- *Anonymity* refers to protecting the identity of participants outside of the research setting. This was ensured by allowing participants to select their own pseudonyms that were used during the study. I also allocated a corresponding number to each participant, for example Participant 3 was also known by the pseudonym “*Half Sewe*”. Furthermore, throughout the write up of the text discussion I used the assigned number or their selected pseudonym when using verbatim quotes.
- *Confidentiality*, or privacy, were also discussed and applied within the group context. Although confidentiality may not always be guaranteed by the researcher, striving to maintain it through the researcher’s professional conduct is vital. Thus, as a researcher, I also strived to maintain confidentiality through my actions by applying the principle of confidentiality outside of the group. This I did through the safe keeping of transcripts, participant individual reflective writing worksheets and my field notes. I stored electronic files and photos on my computer that is password protected. I also stored hard copies of collected data in my filing cabinet at home that only I had access to.

3.9.4 Professional Code of Ethics

Additionally, as an educational psychology student, I was guided by the following professional codes of ethics:

- The *Ethical Rules of conduct for Professionals Registered under the Health Professions Act 1974* (Health Professions Act No. 56 of 1974).

- I also prescribe to the Professional Board of Psychology's Rules of Conduct Pertaining specifically to the Profession of Psychologists (Form 223, Annexure 12, 2006).
- Furthermore, I adhered to the protection of the right of the adolescent participant as stipulated in the Bill of Rights of South Africa (1996) to avoid that any participant is exploited during the duration of this study.

3.10 CONCLUSION

In this chapter, I took my reader through my research process as it related to my research methodology and design. I discussed aspects of the research methodology as it related to my research philosophy, research paradigm and integrative theoretical framework. This informed the questions I asked and the way I orientated myself within the research process.

I also reported on the research design, through addressing elements that related to the research sample, as well as the context of the participants. Under this section, I elaborated on aspects of the research methods, for the benefit of the reader. This included a discussion of the combination of qualitative data collection tools I used which consisted out of focus group discussions, creative picture line constructions, an adapted form of the repertory grid technique, individual reflective writing worksheets, retrospective reflections and unstructured observations.

I also took my reader through the route of data collection that I followed by giving a step by step account of this process. Furthermore, I addressed the aspects of data organisation and analysis. I included a discussion on how I ensured trustworthiness and reliability. I ended the chapter with a discussion on the ethical considerations and principles that I followed whilst working with the adolescent participants.

CHAPTER 4

REPORTING AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

In this chapter I will discuss the findings of the research study. The purpose of the study was to explore four adolescent girls' perceptions of lifestyle and wellness. This exploration included a synthesis of participants understanding of lifestyle and wellness, general factors influencing lifestyle and wellness as well as accounts of the contextual perceptions of participants as it related to themselves, their families and community.

As I stated in Chapter 1 (see 1.5) and in Chapter 3 (see 3.5.2) in order to answer the main research question of: *“How do a small group of adolescent girls, through means of a facilitative research process, understand and experience the constructs lifestyle and wellness?”* I divided it into the following sub-questions:

1. *What are the adolescent girl participants' descriptions of the meaning of lifestyle and wellness?*
2. *What are the general factors that adolescent girl participants identified that can impact lifestyle and wellness?*
3. *How do the adolescent girl participants' perceive their own, family and school community's lifestyles and wellness?*

In order to coherently report on findings, I will first begin my discussion by reporting on my findings of lifestyle by addressing all three sub-questions as it relate to the lifestyle construct. After addressing the lifestyle construct, I will proceed in the same way by reporting on my findings of the wellness construct.

Lastly, I will conclude the chapter by providing a brief overview of what was discussed.

4.2 REPORTING OF FINDINGS

4.2.1 Lifestyle theme discussion

In this part of the discussion, I will report on the findings that address the three sub-questions used to explore participants' perceptions of lifestyle.

4.2.1.1 *Meaning of lifestyle*

In order to report on the meaning of lifestyle, I will discuss the themes generated to answer sub-question 1 – “*What are the adolescent girl participants' descriptions of the meaning of lifestyle and wellness?*”. Table 4.1 demonstrate the themes generated for the discussion on addressing sub-question 1.

Table 4.1: Meaning of lifestyle themes

THEMES GENERATED TO UNDERSTAND MEANING OF LIFESTYLE	
a) Lifestyle is a way of life and it varies	g) Balance
b) A dynamic process	h) Health- physical health
c) Intrapersonal processes: experiences and personal expressions	i) Nutrition and diet
d) Religion, spirituality and purposeful living	j) Stress-management and relaxation
e) Time-bounded processes: time management and free time expenditure	k) Anti-social behaviour and negative emotions
f) Interpersonal relationships: family, friendships, shared knowledge	

a) *Lifestyle is a way of life and it varies*

As indicated in Chapter 2 (see 2.3.1), the general definition often used to describe lifestyle seeks to define it in terms of the particular way in which an individual or group of people live their lives on a daily basis. This general referral to lifestyle was reflected by Participant

1. Participant 1 indicated that to her lifestyle “is the manner of how you lead your life” (P1³, TP12:L321).

However, lifestyle is not only defined as a way of life and can also be understood in terms of lifestyle variances. Variances may relate to the different actions for example the personal choices that individuals make in order to construct and operationalise their lifestyles through the activities that they engage in daily resulting it to differ from person to person.

For instance Participant 2 acknowledged with her understanding that her view of lifestyle is that “everyone has a different lifestyle”. Both her and Participant 1 indicated that lifestyle related to “the different things that you do” or “how you do things in a different manner” (P1, TP11:322-323; P2, TP11:308). According to Participant 2 lifestyle differences may also include “what you wear, how you see things, how you go through life and maybe even the religion, the faith that you belong to” (P2, TP11:309-313).

With reference to lifestyle differences between people, it emerged that participants could also identify these differences in each other (P4, TP14:L422-426). The reflection of Participant 4 for example indicated that she learnt that they do not necessarily share the same lifestyles, that they operationalise their lifestyles in different ways and that they had little in common. Below is an example of Participant 4’s statement:

“I have realised that we have different perceptions of lifestyle and that uhm I can now see that it is not the same. Cause, how we see a lifestyle...that her lifestyle is different. That she has , another idea of lifestyle. That maybe she performs her lifestyle in a different manner than mine” (P4, TP14:L422-426).

More insight regarding differences in lifestyles were obtained from the reflective activities that took place after the focus group discussions and picture lines. These reflective

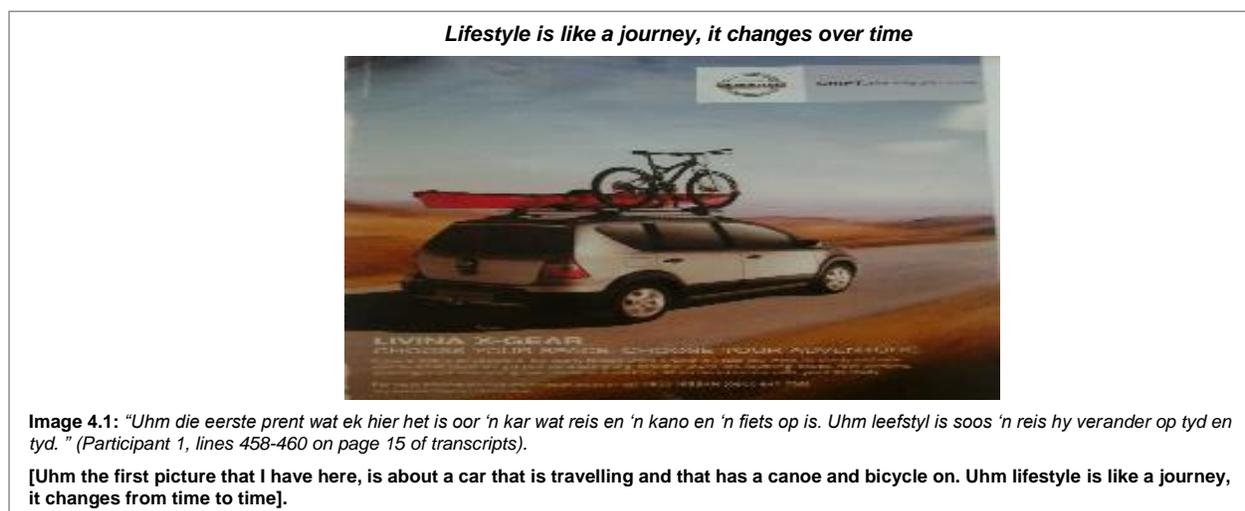
³ The following manner of referencing i.e. (P1, TP12:L321) represents: P1= Participant (P) and participant number=1; TP12=Transcript (T), page (P) and page number/s= 12; L312= Line (L) and line number(s) =312 thus i.e. L312. This will be used throughout the chapter.

activities saw participants acknowledging that lifestyle has different components, which people in general have different lifestyles and that people live their lives in different ways. Section 4.2.3.1 (*Reflections of lifestyle*) further demonstrate participants' reflections on differences and complexities of lifestyle.

b) A dynamic process

Lifestyle can also be viewed as an on-going and dynamic process that may change over time and across one's developmental life span. For example, during adolescence, the adolescent begins to experiment with the kind of lifestyles that best fit them, as they move towards their own sense of independence (Santrock, 2008:469).

Participant 4 interpreted lifestyle as a progressive and dynamic concept that can unexpectedly change over time, however you may have a personal choice to plan and live your lifestyle. She indicated this by stating that: "Lifestyle...it goes...it goes on and on, but it can also change in a minute's time". She continued by stating that "...you don't know what to expect, but it depends on yourself how you...you plan your own lifestyle, because you live it and it is your choice" (P4, TP21:L631-635). The dynamic and changing nature of lifestyle was also described by Participant 1 with her picture below as she reflected that lifestyle is like a journey and that changes over time.

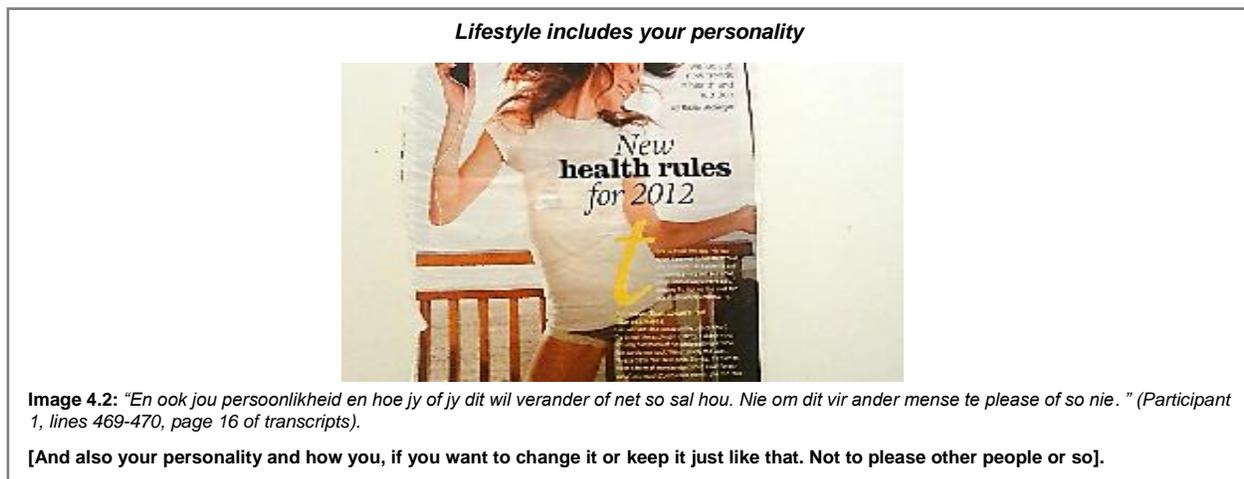


c) *Intrapersonal processes: experiences and personal expressions*

Lifestyle can also be understood in terms of actions i.e. the personal choices that individuals make in order to construct and operationalise it through the activities that they engage in daily.

Participants 1, 2 and 3 also indicated that personal expressions and processes may form part of one's lifestyle. According to them these personal expressions and processes may relate to "the manner of how you react to things; what you wear and how you see things; how you see yourself in the future and how life is now; your interests; how you experience things and new experiences daily" (P1, TP11:L322; P2, TP11:L310-311; P3, TP10:L296-298).

From their picture lines, the theme of personal expression in terms of your personality, self-image and body image (P1,TP:12:L469-470; P2, TP16:L491-493; P2, TP17:L513-515). Participant 1 indicated that to her an aspect of lifestyle also includes your personality and whether or not you want to change it or keep it the same and not to please others. Participant 2 demonstrated the concept of self-image as part of your lifestyle with her pictures. She indicated that your image and the way you portray yourself to the world also forms part of your lifestyle. For her, the choice of clothing plays a role in how you are viewed and express yourself to the world. Below are the pictures that capture their respective views:



Create a picture of how you express yourself to the world



Image 4.3: "Uhm my eerste prentjie is uh van 'n vrou wat vir haar uhm grimering aan sit, nou sy wys uit hoe sy haarself uitbeeld hoe sy nou haar prentjie gaan skep daar buite." (Participant 2, lines 491-493, page 16 of transcripts).

[Uhm my first picture is of uh a woman that is putting on uhm make-up for her. Now she is showing how she is portraying herself, how she is going to shape her image out there].

Choices of clothes and what you wear is part of your lifestyle



Image 4.4: "En sy hierso, sy't uhm klere. Keuses van klere hoe jou voorkoms daar buite, wat jy watter kleredrag jy aan trek is ook deel van jou leefstyl..." (Participant 2, lines 513-515, page 17 of transcripts).

[And here, she has uhm clothes. Choices of clothes, how your appearance out there, what you what type of clothing you wear is also part of your lifestyle].

d) Religion, spirituality and purposeful living

In Chapter 2 (see 2.2.3), it was indicated that religion and spirituality differ. Religion is viewed as the means by which one is able to direct one's behaviour in order to express one's spirituality, where spirituality on the other hand reflects the expression of one's beliefs and values (Miller & Foster, 2010:16). The theme of spirituality and purposeful living for Participants 1, 3 and 4 included seeing spirituality as a lifestyle, applying spirituality as a means of coping with stress and perceiving God as important to one's existence (P1, TP16:L482-483; P3, TP18: L559-561; P4, TP19:L583). Participant 1 for instance indicated that for her, her picture of the horizon symbolises faith, which she viewed as part of your lifestyle with her picture below.

The horizon symbolises your faith

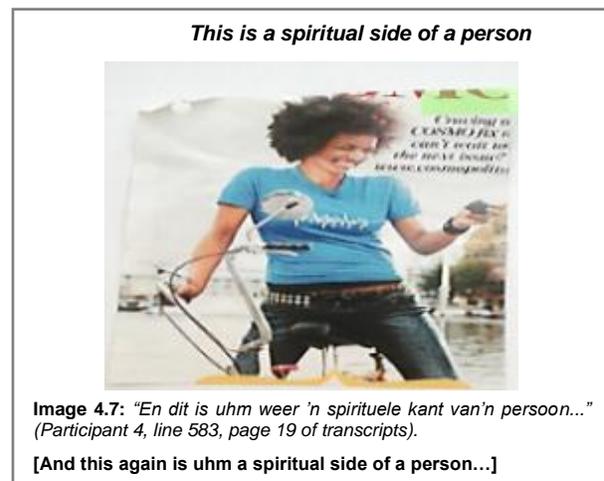
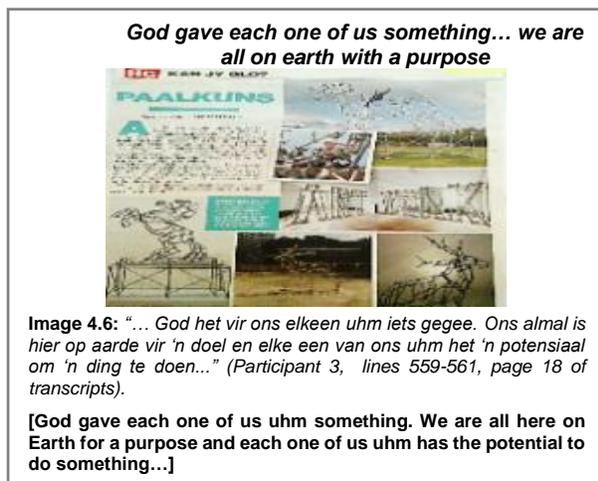


Image 4.5: "En die laaste ene is die horison, dit simboliseer vir my jou geloof en daai is ook leefstyl wat jy het." (Participant 1, lines 482-483, page 16 of transcripts).

[And the last one is the horizon, it symbolises for me your faith and that is also lifestyle that you have.]

Spirituality may further reflect aspects of seeking meaning and purpose in one's existence, creating your own values and beliefs towards finding a life purpose, transcendental experiences and understanding one's relationship with others, community, nature, universe and a higher power (Miller & Foster, 2010:15; Renger et al., 2000).

Participant 3 shared her insight on the importance of a higher power by indicating that God has given us each something, that we all are placed on Earth with a purpose and that we all have potential. Participant 4 viewed spirituality as way to cope with stress by engaging with nature. The pictures below captured their respective views.



e) Time-bounded processes: time management and free time expenditure

The concept of time, especially the way in which one manages time so that it includes the things that are important to us, together with daily school or work tasks, becomes an important life skill to master as we progress through life.

Adolescent participants emphasised time management as an important aspect of lifestyle. Managing time for them included organising or making time for your interests, academics, family, friends, for yourself as well as ways in which to spend your free time. Free time activities for them may include doing what you like for example reading, going out, having

a braai, going on fun rides or exercising. A demonstration of participants' indication of what free time expenditure is for them can be found in their pictures below.

What you do in free time- braai, go out, go on fun rides



Image 4.8: "En dan ook hoe jy jou tyd behels soos in wat doen jy in jou vrye tyd. Soos hierso is nou of jy uitgaan of jy nou braai saam met jou Pa of net op fun rides gaan of so." (Participant 1, lines 475-477, page 16 of transcripts).

[And then also what your time entails, like what you do in your free time. Like here is now whether you go out or if you braai (barbeque) with your Dad or just go on fun rides or so.]

Exercise in free time



Image 4.9: "...n prentjie van 'n vrou wat jy kan sien sy het oefen klere aan so sy oefen. Daai is wat sy in haar vrye tyd doen. Daai is ook deel van 'n soort leefstyl..." (Participant 2, lines 494-496, page 16 of transcripts).

[...a picture of a woman where you can see she is wearing exercise clothes so she is exercising. That is what she does in her free time. That is also part of a type of lifestyle...]

You need time for yourself and to spend with your friends



Image 4.10: "...jy het tyd nodig om jou eie vrye tyd te het en tyd te spandeer met jou vriende." (Participant 3, lines 520-521, page 17 of transcripts).

[...you need time to have your own free time and time to spend with your friends.]

f) Interpersonal processes: family relationships, friendships and shared knowledge

The theme of interpersonal or social relationships also emerged. Interpersonal processes refer to social processes between the individual and his or her relational systems. These processes may be direct and relate to proximal entities such as friends, family, teachers or neighbours or it may be indirect and relate to distal entities such as work of parents, policy or economic changes.

Participants indicated that, for them, social relationships such as impacting others' lives building and sharing knowledge with others, the type of relationship and activities you

engage in with your family, friendships as well as using social networks to communicate with friends were part of lifestyle. Participant 3 indicated that, to her, lifestyle included what type of changes you can make in other peoples' lives (P3, TP10:297-298). Participant 4 also indicated that building knowledge and having people to share your knowledge base with is an important part of constructing your lifestyle. She demonstrated this this by saying: "...when you have learnt things...you have to pass it on to others. Like she now has experience now she is passing it on to them. And they are also important to like, uh, build up good knowledge in your lifestyle" (P4, TP19:L594-597).

Participants 1 and 2 indicated that family formed part of your lifestyle (P1, TP:16:L471-473; P2,TP16:L494-496). Participant 2, especially, indicated that the type of activities you do together as a family and the time you spend with them is a type of lifestyle for her. Participant 1 also indicated that what you do together as a family as well as the type of relationship you have with your family is part of your lifestyle. The pictures below capture their views:

Lifestyle includes your family, what you do with them and the type of relationship you have



Image 4.11: "En dan die prentjie is oor familie. Leefstyl gaan ook oor jou familie en hoe jy tyd spandeer met hulle en watter verhouding het jy saam met hulle." (Participant 1, lines 471-473, page 16 of transcripts)

[And then this picture is about family. Lifestyle is also about your family and how you spend your time with them and what type of relationship you have with them.]

It is not about the Simpsons, it is about the family- what they do together as family

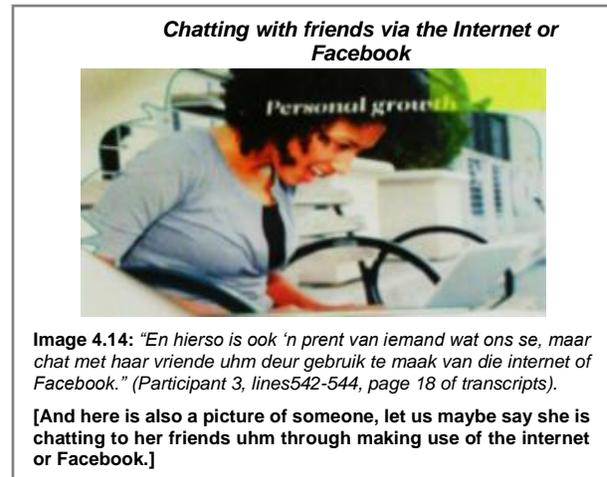
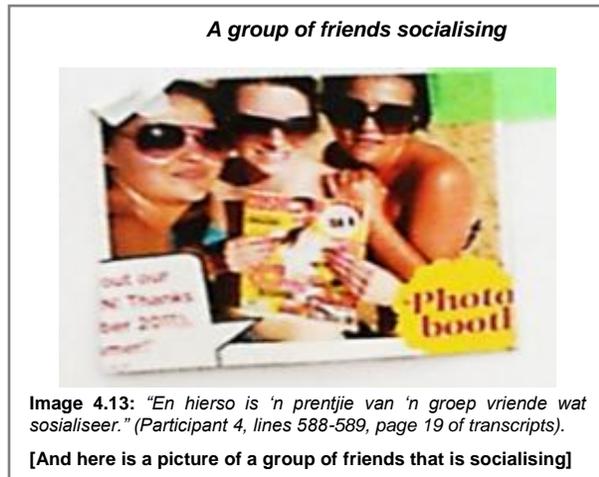


Image 4.12: "Dit is nou 'n prentjie van The Simpsons, maar dit gaan nie oor The Simpsons nie dit gaan oor die familie. Nou wat hulle as 'n familie saam doen is hulle kyk TV (lag). Nou hulle doen hulle kyk permie (permanent) TV. So jy kan nou miskien hulle familie doen alle goed saam die heelyd. Daai is ook 'n tipe van 'n leefstyl." (Participant 2, lines494-496, page 16 of transcripts).

[This is now a picture of The Simpsons, but it is not about The Simpsons, it is about the family. Now what they do together as a family is to watch TV (laughs). Now they do, they watch TV permie (permanently). So maybe now you can, their family do all things together the whole time. That is also a type of lifestyle.]

The importance of friendship as a social process also emerged (P3, TP18:L542-544; P4, TP19:L588-589). Participant 2 indicated that your lifestyle also included "who your friends are, and the things that they do and what you do together with them" (P2, TP17:L503:505). Participant 3 indicated that you must make time for your friends and that you can stay connected with them by chatting on the internet. The types of activities one

can engage in with your friends were also reported by Participant 4. Participant 4 indicated that socialising in a group was a way to engage with friends with. Their pictures and captured statements demonstrating these activities can be found below:

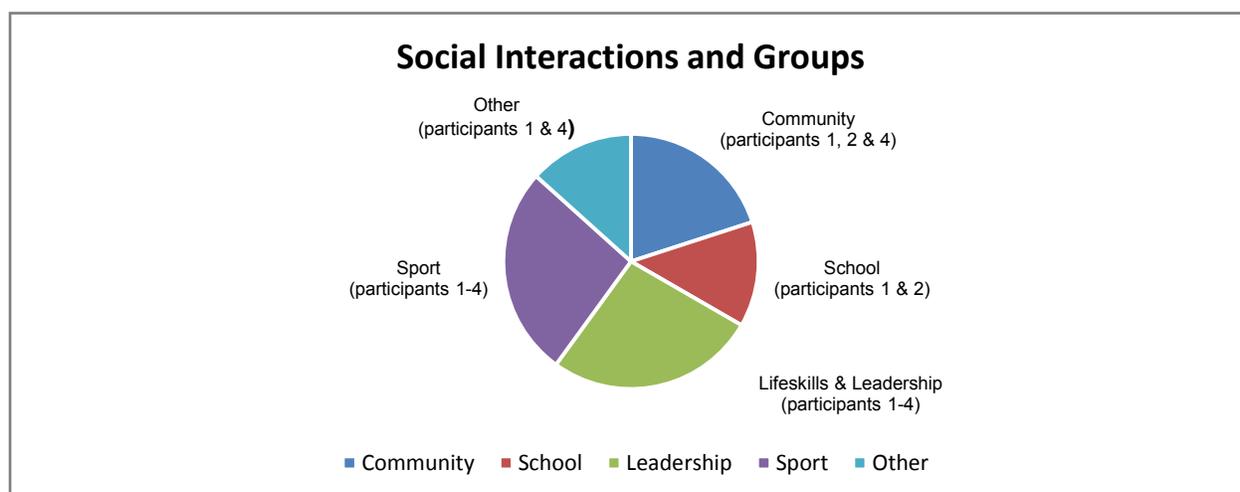


Participants also spent time reporting on their own social interactions or groups they belonged to. Participants 1, 2 and 4 indicated that they belonged to school and community based groups such as youth groups.

All four participants indicated that they belonged to school sport groups such as the hockey team, with participant 4 also belonging to the soccer team. Participants also belonged to life skills and leadership groups with participants 1 and 2 belonging to the school learner board, participant 3 to a girls' leadership group and participant 4 to a life skills group that works with abused children.

Participants 1 and 4 also indicated that they belonged to groups that they perceived to fall within the category *Other*. Participant 1's group served the purpose of helping her to develop and build her Christian life with Participant 4 indicating that her group allowed her to connect with other youth leaders.

The pie chart below is a summary of their social group involvements.

Graph 1: Social Interactions and group**g) Balance**

The theme of lifestyle being viewed as a balance between the different facets of one's life also emerged.

In terms of perceiving lifestyle as a balance, Participant 4 for example stated that: "When I hear the word lifestyle I think of balanced lifestyle. Is to be active, academics and eating healthy and also to have a social life. That for me is lifestyle" (P4, TP12:L352-357).

Participants' understanding of what they perceived as balanced or unbalanced lifestyles were further explored by using focus group discussions and creative picture lines that was constructed in session 2.

For them a balanced lifestyle meant placing the emphasis on engaging in all events or activities in a balanced manner. This included managing the different dimensions of their lives in such a way that you have time for yourself, time for family and friends, time for socializing, time for going to church, time for academic work, time to relax, time to follow your interests, time to participate in sport or physical activity and to eat healthy and balanced meals (P2, TP22:L690-692; P4, TP22:L666-675).

The statement below captures Participant 4's description of a balanced lifestyle:

“I think a balanced lifestyle is when you, your schoolwork, you...you are up to date, you do your work, you learn. And then you are not just academically good, but also your sport and you have a good social life, but not too much. There is time for everything. And you eat healthy. But sometimes also junk food, but not a lot just certain times. And your faith, you go to church on Sunday. And you don't have to like church-church-church every day, but is balanced. There is time for everything. And then it is. Yes, and there is also time for your family and so. I think that is a balanced lifestyle” (P4, TP:22:L66-675).

h) Health: physical health

One's health is an important determining factor in quality of life and overall experience of wellness (Schuster et al., 2004:363). Health can greatly influence the way an individual engage with daily activities, impact their social relationships and financial wellbeing. In chapter 2 (2.8) it was indicated that lifestyle related diseases such as HIV/AIDS and chronic heart disease have significantly increased amongst the adolescent population. It was therefore no surprise that health emerged as a theme for lifestyle (and wellness).

Participant 1 for example indicated that “lifestyle involves your health and how good it is and how bad it is” (P1, TP:15:L464-466). Participant 4 also indicated that physical health is part of lifestyle with referring to how lifestyle “involves your health and how you take care of your body” (P4, TP19:L572-574). Participant 3 also demonstrated an awareness of chronic disease as part of your lifestyle. Her statement and picture can be found below.

A little boy born with disease that is part of the rest of his life



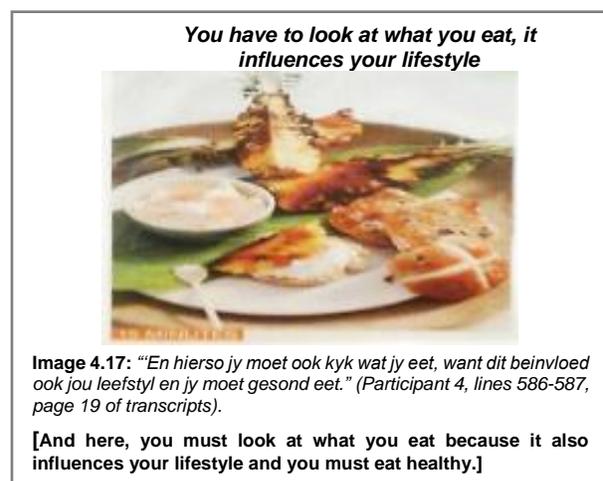
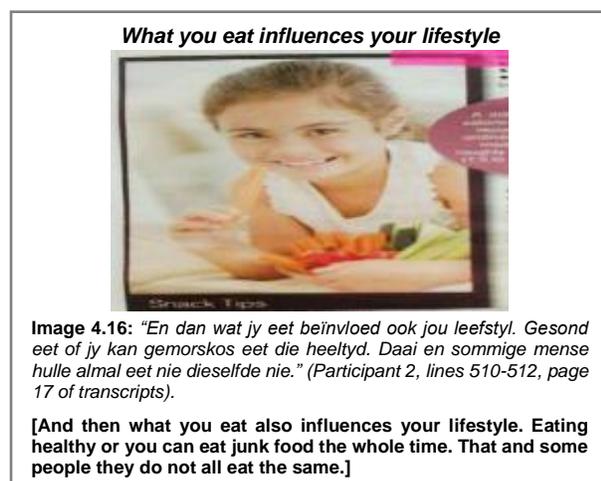
Image 4.15: “En hierso is 'n seuntjie. Hy is gebore met n siekte. En uhm so dit is 'n 'n siekte wat elke dag moet genees wat jy elke dag moet medisyne kry daarvoor. So dit is deel vir die res van sy lewe.” (Participant 3, lines 549-552, page 18 of transcripts).

[And here is a little boy. He was born with an illness. And uhm so it is an illness that must heal every day, that you must get medicine for every day. So it is part of the rest of his life.]

i) **Nutrition and diet**

The theme of nutrition and dietary intake also emerged. One's lifestyle also includes your nutritional intake and dietary preferences which plays an important role in your general health. Not having adequate nutrition may lead to malnutrition, obesity or illnesses such as anaemia. Iron deficiency or anaemia that results from poor dietary intake is often prevalent amongst women and adolescent girls and may lead to experiencing low energy levels, heart arrhythmia, concentration and mood related disturbances.

Participants indicated that nutrition and diet is an important aspect of lifestyle. To them, lifestyle includes making choices of the type of food that you consume, as well as maintaining a balance between consuming healthy and unhealthy foods. Participant 1 indicated that to her, "the food that you eat is also your lifestyle" (P1, TP16:L473-474). Participant 2, indicated that what you eat influences your lifestyle, whether it is healthy eating or junk food that you consume. She also acknowledged that people have different eating preferences. Participant 4 emphasised that you must eat healthy and demonstrated an awareness of what types of food you must eat. Their pictures demonstrate their understanding:



Participants also spent time on exploring the influences of nutrition and diet in terms of the value of healthy diets and the consequences of an unhealthy diet. From these views, it became evident that participants had a good understanding of the benefits of a healthy

diet and the effects it has on one's body, health and aspects of mental health. They also demonstrated the negative impact an unhealthy diet may have on a person's health, body and mental health. Table 4.2 captures their views as they reported them on their repertory grids.

Table 4.2: Participants' views on the value of healthy and unhealthy diets

RESPONDENT	VALUE OF HEALTHY DIET	CONSEQUENCES OF UNHEALTHY DIET
Participant 1	<ul style="list-style-type: none"> • It helps your body to grow. • It improves the value of your organs' functions. • It lowers your chances of developing a type of illness or dysfunction. • It improves your concentration and the use of your body. 	<ul style="list-style-type: none"> • Increase your chances of developing an illness. • You can become obese that can lead you to develop a poor self-image of yourself. • You can fall into depression because of being overweight or underweight. • Your organs and bones can't develop fully because it does not have the necessary nutrition values.
Participant 2	<ul style="list-style-type: none"> • A healthy diet will prevent you from becoming overweight. • You will have a healthy live. • If you are overweight it can lead to heart disease as well as obesity. • Your body feels more clean and healthy and you also feel good. 	<ul style="list-style-type: none"> • You can fall ill quicker. • You are often tired. • Unhealthy diet leads to obesity. • It is not good for the body.
Participant 3	<ul style="list-style-type: none"> • Vegetables, fruit, water, food. 	<ul style="list-style-type: none"> • Junk food i.e. fish and chips, pizza and burger. • Cool drink i.e. fizzy drinks, cola • Sweets
Participant 4	<ul style="list-style-type: none"> • It is important to eat healthy especially when you do sports because the different types of food groups you eat provide energy and endurance to you. • It also helps to develop a beautiful body. 	<ul style="list-style-type: none"> • It can cause you to be easily infected by diseases. • It can cause you to become fat as well as thin when you eat too little.

j) Stress management and relaxation

Living in modern day society with its busy and highly stressful environments, it has become a necessity to have well-developed coping and stress management skills in order to thrive.

From the themes generated that related to stress management, it became evident that participants regarded that being able to deal with stress effectively and finding the time to relax as essential parts of your lifestyle. For participants, stress management skills and

relaxation techniques were centred on sleeping, taking walks or rides in nature or going to health spas. Participant 4 indicated that, for her, the manner of how to deal with stress is by going to sleep. She also indicated that when you do feel stressed, that you should cycle in order to get some fresh air. Participant 3 indicated that when you feel stressed out that you should go to a place where you can relax. She also indicated that you should eat out. Participant 2 on the other hand indicated that when you feel tired or frustrated that you should go to a luxury spa. Participant 5 also indicated that when you want to relax you should also go to a spa and enjoy nature. Their different pictures with statements can be viewed below:

How do you deal with stress? You sleep



Image 4.18: "Okay dit is amper soos nou hoe hanteer jy jou miskien jy is vandag baie gestres en so om te gaan slaap." (Participant 4, lines 569-571, page 19 of transcripts).
[Okay this is almost like now how do you handle your, maybe you are very stressed today and so you go to sleep.]

When feeling a bit stressed, cycle and get fresh air



Image 4.19: "...is om as sy miskien nou gestres is en somer miskien net die bike te vat en te gaan ry en bietjie lug te kry." (Participant 4, lines 584-585, page 19 of transcripts).
[...is to maybe if you are now stressed, and just like you maybe take the bike and to go cycle and get fresh air.]

When you feel stressed go to a place where you can relax



Image 4.20: "...wanneer jy voel jy is gestres of iets dan gaan jy uh na uh plek toe waar jy kan ontspan en soorte." (Participant, lines 539-540, page 18 of transcripts).
[...when you feel that you are stressed or something than you go uh to uh place where you can relax and things like that...]

Go eat out



Image 4.21: "En daar is nou mense wat sit en eet en ja." (Participant 3, line 541, page 18 of transcripts).
[And there is now people that is seating and eating and yes.]

What to do when tired or frustrated? Go to a luxury spa to relax



Image 4.22: "Uhm as jy moeg is of gefrustreerd of enige iets soos daai, wat gaan doen jy u m om nou daai van jou af te kry?" Soos die ene gaan miskien nou na 'n luxury something hulle gaan spa toe om te relax." (Participant, 2, lines 506-509, page 17 of transcripts).
[Uhm when you are tired or frustrated or anything like that, what are you going to uhm do to get that off you? Like this one is now maybe going to a luxury something they are going to a spa to relax.]

As mentioned in Chapter 2 (see 2.5), adolescence in itself is seen as a developmental phase that is characterised by many stressors and it thus becomes crucial for adolescents to identify and develop coping and stress management skills in order to deal with the difficulties they face in a constructive manner. Apart from participants' picture portrayals of stress management and relaxation, they also spent time reporting on their own levels of stress and ways of dealing with stressful events in their repertory worksheets.

For example, for them, dealing with stress ranged from exercising, listening to music, reading, talking to self or friends, playing with friends, or thinking through their problems. From the data it can be deduced that participants recognised the impact stress has on them and others. They could also identify factors causing stress as well as their own ways of dealing with stress. Table 4.3 below captures their levels of stress, factors causing stress and ways of dealing with stress.

Table 4.3: Stress management and relaxation

RESPONDENT	STRESS LEVEL	FACTORS CAUSING STRESS	WAYS OF DEALING WITH STRESS
Participant 1	<ul style="list-style-type: none"> • Medium 	<ul style="list-style-type: none"> • School work. • Family. • Silly TV soapies that do not make sense. 	<ul style="list-style-type: none"> • Listen to music (gospel). • Read (something inspirational). • Talk to myself. • Lie on my bed.
Participant 2	<ul style="list-style-type: none"> • Medium 	<ul style="list-style-type: none"> • School work. • Sometimes family. 	<ul style="list-style-type: none"> • Listen to music. • Read a book (forget about everything). • Exercise.
Participant 3	<ul style="list-style-type: none"> • Medium 	<ul style="list-style-type: none"> • School work i.e. assignments. • Personal problems. • Relationships. 	<ul style="list-style-type: none"> • Play. • Do activities with friends or small children. • Relax i.e. watching TV.
Participant 4	<ul style="list-style-type: none"> • Medium 	<ul style="list-style-type: none"> • When I can't understand for example my accounting homework or any other homework • When someone lies to me • When I have to perform a lot of tasks in a short time (under pressure) 	<ul style="list-style-type: none"> • I go to my friends. I drink a cup of tea with them and share my problems with them. Afterwards we laugh again and I feel better.

k) Anti-social behaviour and negative emotions

Most literature on adolescence spends time highlighting it as a period characterised by increased risk-taking behaviour. The theme of risk behaviour, along with negative emotions, was identified. Information was obtained from participants' demonstrations with

their pictures as well as from their own experiences. Participants identified risk behaviour in themselves, fellow students and within their community. Behaviours relating to self and fellow students included smoking, drinking and bullying. Behaviours relating to community included drug abuse, violence and parent-child conflict.

Participant 3 identified bullying with associated negative emotions within the school context with her picture of a boy in a wheelchair. With her picture, she indicated that sometimes people in school may seek to break you down or your life down. This in turn may result in you feeling sad or unhappy, without you knowing what it is that you have done to deserve the treatment. She also indicated that politics and the police may impact your lifestyle. She expressed her concern relating to the impact that the protective services that the police must provide may have on people. She conveyed her concern by stating that: “Here is police people. People that should protect us but they also hurt us, so we don’t know who can protect us right” (P3, TP18:L545-548). This may result in feelings of distrust as people may not know who they can trust to deliver this particular service. Her pictures with statements are found below.

A boy bullied- sometimes people break you down... it happens at school...you're sad cos you don't know what you did



Image 4.23: “...sommige tye is daar mense wat jou vir jou wat jou lewe net wil afkraak en dat jy vind dit by die skool. Sommige tye is jy ongelukkig, want sekere jy weetie wat het jy vir die mense gemaakie, maar hulle voel om vir jou af te knou. Dit is ‘n seuntjie wat hier sit met klompie uhm gemors wat op hom gegooi.” (Participant 3, lines 522-527, page 17 of transcripts).

[...sometimes there are people that just wants to break you and your life down and that you find at school. Sometimes you are unhappy, because you don't know what you did to the people, but they feel to bully you. This is a little boy that is sitting here with a lot of uhm junk that was thrown on him.]

Politics impact lifestyle- the people that must protect us hurt us; we don't know who should protect us



Image 4.24: “Politiek is ook ‘n impak op in uh deel van die lewenstyl. Hierso is polisie mense. Mense wat vir ons moet beskerm uhm maak vir ons ook seer, so ons weetie eintlik wie kan ons reg beskerm nie.” (Participant 3, lines 545-548, page 18 of transcripts).

[Politics is also an impact on in uh part of the lifestyle. Here is police people. People that should protect us uhm hurt us as well, so we do not know who can protect us right.]

Participants also spent time reporting on their own engagement in risk behaviour with completion of the repertory worksheet. On this worksheet risk behaviour was explored in terms of participants engaging in smoking and substance use such as alcohol or other substances along with reasons for use or abstinence.

From the data obtained from the individual reflective writing worksheets, in terms of smoking, Participants 1, 2 and 4 indicated that they do not smoke, with the exception of Participant 3 who indicated that she has smoked before. Participant 3 indicated that she smoked at least one to five cigarettes per week. In terms of abstinence from smoking, Participant 1 in particular indicated that what keeps her from smoking is that her mother was a smoker and according to her this contributed to her mother falling ill and sadly passing away. She also indicated that her mother smoked while being pregnant with her and this has affected Participant 1's health negatively.

In terms of alcohol consumption, all four participants indicated that at some point they have consumed alcohol as result of religious festivities, peer group pressure and as a way to relax or escape. Participant 1 indicated that she normally does not consume alcohol except during church festivals. She elaborated her main reasons for refraining from substance misuse by stating that: "I don't misuse alcohol or drugs, because it gets you in trouble. Also as a Christian it is wrong to misuse it. I also don't use it because I can see in my community what it does to you and others" (P4, RW). With regards to reasons for alcohol usage, Participant 2 indicated that her friends consumed alcohol and she also wanted to experiment because she wanted to know what it felt like. Participant 3 also indicated that she wanted to show her friends that she could do the same as what they were doing. Participant 4 indicated that she started consuming alcohol as a result of peer pressure. She also stated that: "It is also another way how I can enjoy myself and not be shy. It gives me sort of comfort" (P4, RW).

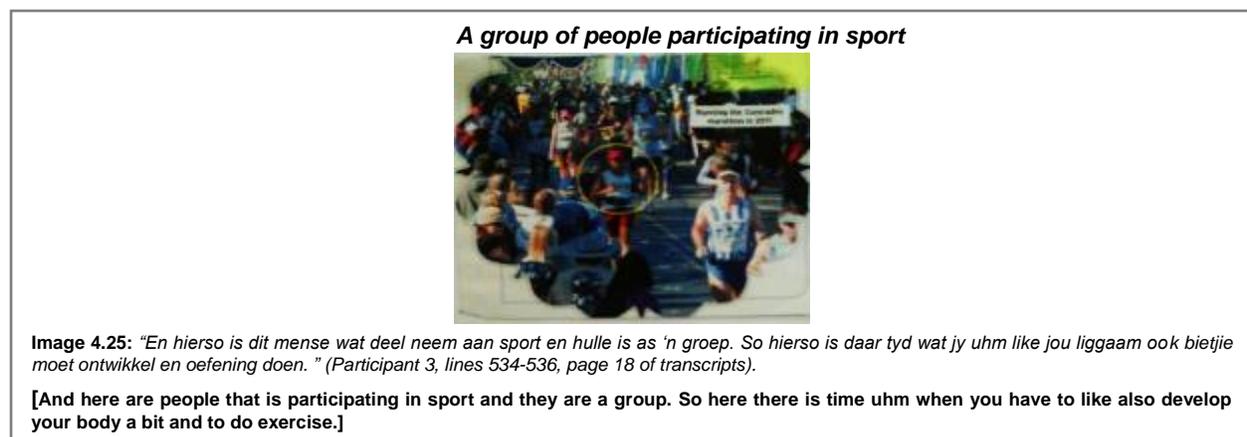
From these personal accounts it was evident that participants had their own unique reason for engaging or abstaining from risk behaviours. Peer group pressure and the desire to fit in with peers seemed to be the most common contributing factors for engaging in alcohol consumption or smoking. Personal factors, such as using it as a way to experiment or to escape, also emerged. The data obtained from this could possibly serve as guidance to address responsible drinking amongst these adolescent girls.

⁴ The following manner of referencing i.e. (P4, RW) represents: P1= Participant (P) and participant number=4; R=Repertory and W=worksheet. This will be used throughout the chapter.

1) **Sport, exercise and physical activity**

Sport, exercise, physical activity or organised participation in such activities is associated with healthy development of the adolescent in terms of general health, self-esteem, social skills development, and identity formation. It is also viewed as an important contributor to wellness (Coatsworth, Palen, Sharp & Ferrer-Wreder, 2006:158).

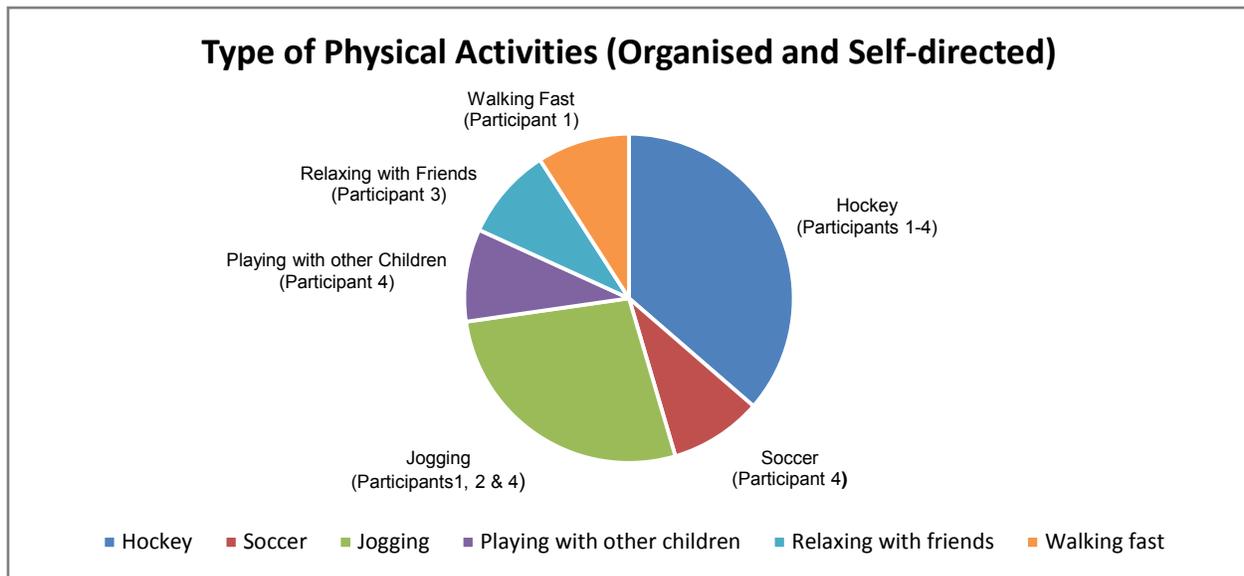
Participants demonstrated the role of sport, physical activity or exercise with their interpretations of their selected pictures (P2, TP16:L496; P3, TP18:L534-536). Participant 3 indicated with her picture that to her, participating in sport as group in order to develop your body and to exercise was part of lifestyle. During the exploration of balanced lifestyles, Participant 3 also indicated that a sports person would exercise to keep his body in shape. Examples of Participant 3's picture and statement can be found below:



Participants also shared their insights on sport and exercise, by reporting on their own participation in sport, exercise and physical activity. All four participants indicated that they would describe their activity as medium level (3-4 activities per week). In terms of sport, all four participants indicated that they participated in hockey. They each also engaged in different types of self-directed physical activities. Participant 1 indicated that she also jogged or walked fast to and from school on school days. Participant 2 reported that she liked to jog in the late afternoons with Participant 3 indicating that she enjoyed relaxing with her friends. Participant 4 reported that she enjoyed playing games such as soccer or to just kick a ball around with other children. She also indicated that she too

liked to jog. The chart below demonstrate their type of sports and physical activities they engage in.

Graph 2: Type of Physical Activities



From the data generated it appeared as if participants had a firm understanding of the importance of sport, exercise and other play activities for themselves. This may be as a result of direct participation in sport at school. They also recognised the importance of sport and exercise in terms of lifestyle for others. The purpose or goal of exercise varied for participants where they either perceived it as a way to develop and keeping the body in shape or as way to relax.

4.2.1.2 Factors influencing lifestyle

It is also proposed that an individual's lifestyle can be shaped by external structural factors or processes such as the environment, socio-political processes, culture or the type of education system.

Therefore an understanding of factors influencing lifestyle plays an important part in the identification of risks or resources in the external environment of the person or internal to the person.

This leads me now to answer the second sub-question of - “*What are the general factors that adolescent girl participants identified that can impact lifestyle?*”. In order to answer this question, participants also spent time on group related activities where they were asked to identify factors that they thought could influence lifestyle positively or negatively. Table 4.4 is a compilation of the factors that they indicated could affect one’s lifestyle.

Table 4.4: Factors influencing Lifestyle

FACTORS INFLUENCING LIFESTYLE			
Positive/Protective Factors		Negative/Risk Factors	
Factor	Reason	Factor	Reason
Healthy diet	<ul style="list-style-type: none"> Determines how you will feel tomorrow. If you eat healthy you will feel good, because you will have more energy. (P2&P4,TP30:L924-927). 	Media	<ul style="list-style-type: none"> The media is negative...when children watch TV and see the models, they see the girl is so skinny and then they also want to become that skinny and then they become sick. It is the same when they want to be fat. (P2&P4,TP30:L942-946).
Exercise	<ul style="list-style-type: none"> Is important because it determines body weight and body image. If you look pretty and good, you will feel good about yourself. (P2&P4,TP30:L928-930). 	Socializing and peer group pressure	<ul style="list-style-type: none"> Socializing can be bad because it can sometimes cause peer group pressure with your friends. (P2&P4,TP30:L947-948). Peer group pressure, you just do what your friends expect of you and not your own decisions, so you can’t lead a good lifestyle. (P1&P3,TP31:L971-973).
Doing things you like	<ul style="list-style-type: none"> You have to do things you like or have a passion for i.e. music, you must do it because it is part of your lifestyle. (P2&P4,TP30:L931-933). 	Junk food (unhealthy diet)	<ul style="list-style-type: none"> Junk food is also a negative factors and is just not good for you, because you don’t feel good if you eat too much of something or too much chocolate and then you feel nauseous. (P2&P4,TP30:L949-952).
Relaxation	<ul style="list-style-type: none"> Relaxation is important, you have to relax, you can’t always be doing things. (P2&P4,TP30:L934-935). 	Family problems	<ul style="list-style-type: none"> When you have family problems and say you want to learn. So then you can’t concentrate because you always think of what is happening at home. (P2&P4,TP31L53-955). Family, when there is problems and divisions in family. (P1&P3,TP31:L969-970).
Religion	<ul style="list-style-type: none"> Religion is also important, because you always need God. 	Environment	<ul style="list-style-type: none"> Environment can be negative. When you have to walk to school and you get “skollies” (gangsters)

FACTORS INFLUENCING LIFESTYLE			
Positive/Protective Factors		Negative/Risk Factors	
Factor	Reason	Factor	Reason
	<p>(P2&P4,TP30:L936-937).</p> <ul style="list-style-type: none"> Religion is a positive factor, because you feel good about God. When you believe in God you will always be positive and everything will be just right for you. (P1&P3,TP32:L997-1000). 		<p>that robs you next to the road. And then you can't concentrate well at school and psychological affects you. (P2&P4,TP32:L959-963).</p> <ul style="list-style-type: none"> Your environment can be negative, because we live in an environment where the lifestyle isn't good... it can affect you...and you grow up with this lifestyle. (P1&P3,TP31-32:L981-984).
Socializing and friendships	<ul style="list-style-type: none"> You must also socialize with your friends and get to know other people because you also get opportunities (P2&P4,TP30:L938-939). Socializing, sometimes when you feeling depressed or not like yourself, you go out and do different things. (P1&P3,TP32:L993-996). Friends are not always bad, there are times when they stand by you and sometimes give you the right choices. (P1&P3,TP32:L1008-1011). 	Feelings	<ul style="list-style-type: none"> Feelings can influence your lifestyle, maybe you feel depressed. (P1&P3,TP31:L966-968).
School	<ul style="list-style-type: none"> School is also important. Actually the most important factor because it determines your future. (P2&P4,TP3:L940-941). 	Work	<ul style="list-style-type: none"> And your work, maybe the whole time you are a workaholic, you do too much work, and there is never a balanced work in your home. (P1&P3,TP31:L974-976).
Environment	<ul style="list-style-type: none"> Your environment is important...it can motivate you to get out of it and to do good things (P2&P4,TP31:L956-959). 	Economic Status	<ul style="list-style-type: none"> Economic status can influence your lifestyle, it determine how you will eat, what you will wear, how you will socialize. (P1&P3,TP31:L977-978).
Family	<ul style="list-style-type: none"> Family is there mostly for good times when you are feeling lonely. (P1&3,TP32:L991-992). 	Health and illness	<ul style="list-style-type: none"> Health can determine your lifestyle, maybe you have an illness where you can't eat certain things that can also be unhealthy. (P1&P3,TP32:L984-987).
Feelings	<ul style="list-style-type: none"> Feelings can be is also a positive factor for example joy. (P1&P3,TP32:L989-990). 		

FACTORS INFLUENCING LIFESTYLE			
Positive/Protective Factors		Negative/Risk Factors	
Factor	Reason	Factor	Reason
Health	<ul style="list-style-type: none"> Health is a positive factor because you feel good about yourself. (P1&P3,TP32:L997-998). Health is a positive factor...when you feeling sick you must tell yourself you will use something to get the illness out of you... you can't be sick forever...you have to like put effort in and tell yourself that you will feel better. (P1&P3,TP32:L1001-1007). 		
Economic Status	<ul style="list-style-type: none"> When you have enough money, it can be positive (P1&P3,TP31:L979). 		

4.2.1.3 *Lifestyle in context - participants' contextual perceptions*

Experiences of lifestyle do not occur in isolation as was seen in the previous section (see 4.2.1.2), and as proposed by my integrative theoretical framework in Chapter 3 (see 3.4). Lifestyle is influenced by both internal and external factors such as family, friends, or the broader society. As the adolescent participant becomes more autonomous and grow into becoming her own person, it is important for practitioners like myself to understand the insight she has of her own perceptions and experiences in terms of lifestyle as well as that of her family and community, if we wish to accurately make sense of her experiences.

This brings me to answer the third sub-question of- *“How do the adolescent girl participants' perceive their own, family and school community's lifestyles?”* In order to answer the sub-question, participants completed their own individual reflective writing worksheets that gave insight into views of their perceptions of contextual experiences of lifestyle in three different contexts namely their own lifestyles, their families' lifestyles and that of their school (and broader) community's lifestyle. An example of Participant 2's

completed individual reflective writing worksheet on lifestyle can be found in Addendum I.

a) *Perceptions of own lifestyle*

It is suggested that it is during adolescence that the adolescent begins to experiment with the type of lifestyle that they desire for themselves (Santrock, 2008:467-469). Exploring adolescents' insight into their own lifestyles thus becomes an important avenue in health promotion and preventative work for instance.

From the individual reflective writing worksheet activity, participants indicated that they either viewed their lifestyles as balanced, unbalanced or healthy, with the exception of Participant 3 who indicated that her lifestyle was both healthy but unbalanced. Participant 1 indicated that she perceived her lifestyle as unbalanced. She explained this by saying that: "I don't engage a lot socially. I exercise though and make time for my school work. I have a habit of not drinking enough water" (⁵P1, IW6:TDCL).

Both Participant 2 and 3 viewed their lifestyles as healthy, with the exception of Participant 3 who indicated that her lifestyle was both healthy but unbalanced. Participant 2 described her lifestyle as having a balance in terms of the time she spends on certain things and individuals. She explained that when she is busy with schoolwork her full attention would be on that as she knew that there will be time for other things. She further explained that she made time for her friends, spent time with her family and made time to relax. She also indicated that she exercised regularly, however she did not always eat healthy (P2, IW6:TDCL).

Participant 3, who indicated that her lifestyle was both healthy but unbalanced, went on to describe the healthy part of her lifestyle. She described this by stating that:

⁵ The following manner of referencing i.e. (P4, IW6:TDCL) represents:
P1= Participant (P) and participant number=4; IW6=I(Individual), Worksheet(W) and worksheet number=6; TDCL= the different contexts of lifestyle. This will be used throughout the chapter.

“I participate in sport and eat healthy food i.e. vegetables and fruits. Unbalanced lifestyle. There are things that I do that is not right for my body or certain things I do too much of i.e. sleep 4-5 times a day sweets” (P3, IW6:TDCL).

Participant 4 indicated that she perceived her general lifestyle as balanced. She explained this by saying: “The reason why I say so is because I do sport and perform well in it. My academics I always do my best. I see to it that I always spend time with my family and friends to relax”. She also indicated that although she had a balanced lifestyle she indicated that she, like Participant 2 and 3, also did not eat healthy, but that she tries to balance this (P4, IW6:TDCL).

b) *Perceptions of family’s lifestyle*

Although the adolescent seeks to become more autonomous from her (or his) family unit, the family unit plays an important role in the life of the developing adolescent (Gouws et al., 2008:7; Louw & Louw, 2014:379). It is within the family unit, beginning from childhood throughout adolescence, where the developing adolescent learns about aspects that may impact or shape her (or him) to develop a lifestyle that may either enhance or impede her (or his) wellbeing.

As such, spending time on including the closest socio-ecological system to her (or him), namely the family and their collective lifestyle, can be as deemed important. The importance of the inclusion of family lifestyle along with the perceptions the adolescent may hold about her (or his) family’s lifestyle can be viewed as an important determining factor impacting or shaping lifestyle, adolescent development and adolescent resilience (Allen et al., 2014:604-605; Lerner et al., 2012:275-276; Ungar et al., 2011:287).

Results obtained from adolescents’ perceptions on their families’ lifestyles were centred on participants indicating that the lifestyles of their families were either healthy or balanced as indicated by Participants 1 and 4, unhealthy as indicated by Participant 2 as well as unbalanced as indicated by Participant 3.

A healthy and balanced lifestyle for Participants 1 and 4 translated into the identification of positive aspects that related to engaging in shared family activities and time, shared positive emotions, having personal time within the family unit, in terms of nutrition having balanced meals or a variety of food, and being able to determine the functional level of one's family. Participant 1, who mainly described her family's lifestyle as healthy but balanced, stated that they spend most of their time together, they also spend time together by walking or laughing. She also indicated that even though they may eat take-away food, it is not in excess. To her the food that they ate always varied (P1, IW6:TDCL).

Participant 4 described her family's lifestyle as healthy and functional by stating the following: "It is a healthy lifestyle because we have times where everyone goes to work, school or college. That is between 08h00-17h00 and after that we are all together and talk and we eat together". She went on to state that on weekends they drive out to their other family members. She concluded this view by stating: "Our family functions well" (P4, IW6:TDCL).

An unbalanced family lifestyle, as indicated by Participant 3, related to her identifying limitations of her family unit in terms of family time activities. According to her, her family "don't do any extra activities" and they "don't make time for family outings" (P3, IW6:TDCL). Participant 2 indicated that to her, her family's lifestyle could be viewed as unhealthy. She explained this by stating: "They focus too much on their work and do not have time for exercise. The healthy food in the house is a lot less than the unhealthy food". She however identified one positive aspect of her family, namely that when they engaged in relaxation activities they do it quite well. She did not provide an example of relaxation activities (P2, IW6:TDCL).

c) *Perceptions of school (and broader) community's lifestyle*

School communities can be viewed as smaller functioning units of the broader community. During the research process, Participant 1 indicated that you spend your life growing up in a place that may influence you and that it may impact your lifestyle as in you may grow up with that particular lifestyle. By keeping this in mind, along with drawing

principles from the integrative theoretical framework (i.e. person does not exist in a vacuum but is influenced by systems and factors in the environment), it is important to understand how the adolescent views the lifestyle of her community, which she is part of.

Participants 2 and 4 viewed their school community's lifestyle as unhealthy. Participant 2 described her view of her school community's unhealthy lifestyle by saying that: "...they do not always make time for exercise and the environment is a bit polluted, because people throw their garbage on any place". According to her, people also "relax too much sometimes, and drink too much and don't look at the things that matters" (P2, IW6:TDCL).

Participant 4 viewed the community's lifestyle as unhealthy in terms of the high prevalence of drug use, high teenage pregnancy rate along with a high unemployment rate within the community. She also indicated that people did not always spend their money wisely, but rather used it for things that impact them negatively. To her, negative parental and child communication also contributed to an unhealthy lifestyle. She explained that parents did not always know how to communicate with their children. She also stated that the people in the community have become dependent on the government. She concluded her view on community lifestyle by stating that the community can no longer function in this way (P4, IW6:TDCL).

Although Participant 4 gave no explanation as to what she meant with her statement on how people become dependent on the state or government, it is worthwhile to inform my reader that in South Africa, a vast number of people, especially our country's children and youth (between 15-35) in South Africa are unemployed or still living in severe poverty (Hall, 2013:90-92; De Lannoy, Leibbrandt & Frame, 2015:22-23). As a result of the country's historical racial segregation, the on-going conflicted political climate and economic crises, many people from marginalised groups did not have access to resources that is more readily available today (De Lannoy et al., 2015:23). However despite advances made after the establishment of a more democratic society in 1994, the cycle of on-going unemployment and "intergenerational transmission of poverty" is still at large today with vast numbers of young adults and older citizens facing unemployment or living on the streets for example (De Lannoy et al., 2015:23-24).

Furthermore, the slow distribution of resources, particularly in terms of wealth distribution has left most of our country's citizens in financial debt. The *South African Child Gauge* of 2013 and 2015 indicated that most of our children and youth particularly from previously marginalised groups continue to live in impoverished households that falls below the income poverty line of approximately 6R 620 per month (Hall, 2013:90-94; De Lannoy et al., 2015:23-24). This dire state of affairs has contributed to an increasing number of people, particularly in very poor communities to seek relief or support from the government. One of the forms of support the government provides is that of social grants from the South African Social Security Agency (SASSA), which is a national agency of the South African government that was established in 2005 (SASSA: 2016). These grants can consist out of for example disability grants, care dependency grants or child support grants (SASSA: 2016).

However, limited knowledge or *'forgetting'* the sad history of South Africa and the reason for the existence of the social grant system as one of the solutions to address for example intergenerational poverty may result in the perception that people are reliant or dependent on the government.

4.2.2 Wellness theme discussion

In Chapter 2 (section 2.2), it was demonstrated that wellness, like lifestyle, is multidimensional and complex. Fetter and Koch (2009) indicated that wellness is generally viewed as the absence of disease or striving to live a life whereby an individual seeks to apply and maintain a balance between different areas or dimensions of his or her life (cited by Watson & Lemon, 2011:71). In Chapter 2 (section 2.2.3) and as depicted in figure 2.1 it was also indicated that wellness is more widely understood and described in terms of the seven most prominent dimensions it covers. These dimensions consist out of the physical, emotional, social, cognitive, spiritual, environmental and occupational dimensions.

⁶ R= refers to the South African currency unit the rand

However, the above mentioned views are only a few ways in which wellness can be understood. In the next section I will report on the findings of how my participants perceived wellness as it related to the meaning they attribute to it. I will also report on the factors that they perceived may influence wellness as well as provide insight into their contextual perceptions as it relate to their own, family and community's wellness.

4.2.2.1 Meaning of wellness

I will now discuss the themes generated to answer sub-question 1 – “*What are the adolescent girl participants' descriptions of the meaning of wellness?*” From the activities relating to wellness, the following themes, as presented in table 4.5 below, were generated.

Table 4.5: Meaning of wellness themes

THEMES GENERATED TO UNDERSTAND MEANING OF WELLNESS	
a) Health	d) Success-orientated
b) Positive emotional processes	e) Financial security
c) Nature and the external environment	

a) Health

Although only one participant indicated that her understanding of wellness related to health, the theme of health also surfaced in participants' explanations of lifestyle and was deemed relevant to include as part of the discussion. In simpler terms, health is often understood as the absence of disease or ill health.

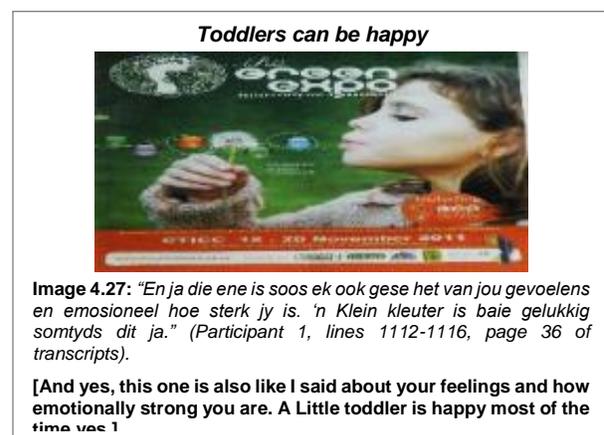
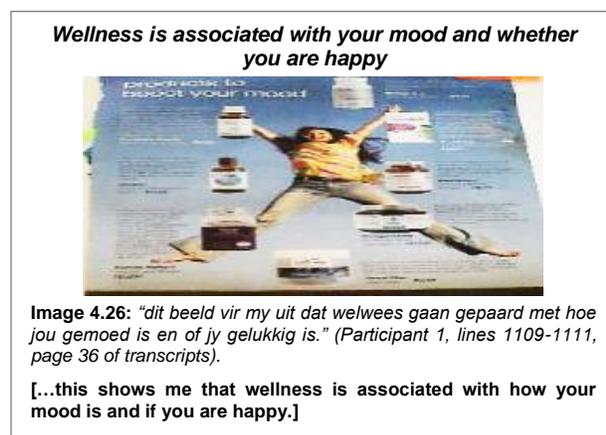
Participant 1 stated that when she hears the word wellness she “thinks of health” (P1, TP32:L955). Upon further probing as to what she meant with wellness as health she explained that: “You do not have a lot of ailments. You see the doctor less. And yes, you do not have many problems with your organs or so” (P1, TP32:L955). Participant 3 also portrayed the theme of health, happiness and nurturing associated with the process of

growing or nurturing plants with her selection of a picture of women which she pointed out were busy growing plants that took a long time to grow (P3, TP37:L1140-1147).

b) Positive emotional processes

From the activities it also emerged that some participants understood wellness in terms of positive emotional processes. These positive emotional processes related to positive emotions such as happiness or striving to be happy, emotional strength, your mood and engaging in activities that brought forth positive emotional states.

Participant 1 indicated that to her, wellness is “also how emotionally strong you are” (P1, TP34:L1055-1056). She further indicated that wellness also included your mood and whether you are happy. She also stated that wellness was about your feelings or emotions and how emotionally strong you are. To demonstrate this, she chose pictures of a woman jumping (to demonstrate wellness and your mood), a toddler (to demonstrate feelings and emotional strength) and a heart (to demonstrate your emotions) that can be viewed below:



Participant 2 indicated that she thought wellness “is about yourself. How your life is”. She further explained that wellness is also about “how, if you are happy or unhappy” (P2, TP34:L1067-1068). She also selected pictures that demonstrated activities that brought forth positive emotions such as happiness and confidence, which to her, signified wellness. She demonstrated this with her picture of a couple that got married and seemed happy to her, which she viewed as a sign of wellness. She also selected a picture of a talented girl doing ballet, which she perceived portrayed being happy and confident. Her pictures can be found below:

Happily married and being happy is a sign of wellness



Image 4.29: “...’n couple wat net getrou het, op hul trou dag en dit het goed afgeloop en hulle is nog gelukkig, happily married. En ek bedoel dit is vir my ’n teken van welwees want hulle is gelukkig” (Participant 2, lines 1082-1085, page 35 of transcripts).

[...a Couple that just got married on their wedding day, and it went well and they are still happy, happily married. And I mean that for me is a sign of wellness because they are happy.]

Being talented, happy and confident



Image 4.30: “En dan die meisie sy het ’n talent sy kan uhm ballet... En sy is baie confident en gelukkig met wat sy doen. Dit is vir my ’n teken van welwees.” (Participant 2, lines 1089-1092, page 35 of transcripts).

[And then the girl she has got a talent, she can uhm ballet...And she is very confident and happy with what she is doing. That is a sign of wellness for me.]

Enjoyable experience, playing with friends



Image 4.31: “...hierso is ’n prent waar uhm jong mense wat vir hulle self geniet en wat uhm speel met mekaar. So dit gaan nie net altyd om as jy klein is moet jy speel nie, maar wel as jy groot is kan jy nog altyd wegkruipentjies speel en verskillende speletjies speel.” (Participant 3, lines 1148-1152, page 37 of transcripts).

[...here is a picture where uhm young people that are enjoying themselves and uhm that is playing with each other. So it is not always about playing when you are little, but also well when you are grown you can still also play hide-and-seek or different games.]

Walking on the beach, everything is good



Image 4.32: “En dan het ek ’n prentjie van ’n gesin wat op die strand gaan, ’n bietjie uitgegaan het. Hulle staan hulle is ook gelukkig. En alles loop goed.” (Participant 2, lines 1086-1088, page 35 of transcripts).

[And then I have picture of a family that is going to the beach, went out for a bit. They are standing, they are also happy. And everything is going well.]

Participant 3 further elaborated on the theme of happiness by indicating that she sees wellness as including animals, who she viewed can also be well and happy (P3, TP36:L1127-1129). To her, like Participant 2, engaging in shared activities such as playing with friends could also result in feeling happy or be seen as an enjoyable experience. Participant 2 also indicated that by engaging in shared experiences such as

shared family time or walking on the beach could bring forth feelings of happiness. Their pictures with accompanying statements can be found below:

c) *Nature and the external environment*

The theme of nature and the external environment also emerged. Participant 3 indicated with her initial understanding of wellness was contextually based by stating that wellness had “something to do with what goes on around you, like nature. Uhm like your Community...” (P3, TP32:L967-968). Relaxation facilities, an appreciation for beautiful buildings in the natural environment were also portrayed by her. The statement and picture with translation below captures her understanding:

How I think wellness is- happy animals, nature, relaxation facilities and a beautiful building



Image 4.33: “En hierso is ‘n prent, prentjie van hoe uhm ek dink is wel ugh welwees ja. En daarso soos mens kan sien daar die diere is ook wel gelukkig daarso die natuur en daar is ‘n ontspanningsplekkie en daar is ‘n gebou wat mooi gebou is.” (Participant 3, Picture 2, lines 1029-1030, page 34 of transcripts).

[And here is a picture of how uhm I think uh well ugh wellness is yes. And there like a person can see there the animals are also well happy, there is nature and there is a relaxation place and there is a building that is built beautifully.]

For Participant 1, the theme of nature related to how you express yourself in nature, particularly how you allow yourself to feel free in nature or the environment around you. Nature and the environment were further portrayed by Participant 4 through her pictures. She also associated nature with expressing yourself through feeling free, which was overtly visible through her picture selection. She also demonstrated engaging in a shared activity whilst in nature with her picture of a couple cycling in nature, which to her signified wellness. Their pictures and captured statements can be viewed below:

Cycling in nature



Image 4.34: “Ek het hierso ook ‘n couple, wat fiets ry in die natuur en dit is ook ‘n teken van dat hulle wel ja van welwees.” (Participant 4, lines 1095-1096, page 355 of transcripts).

[I also have a couple here, that is cycling in nature and that is also a sign that they are well yes, of wellness.]



Participants' perceptions and experiences of their own environment were also explored with the repertory grid and were measured in terms of safety and the state of pollution. From this, all four participants indicated that they perceive their environment as unsafe, with the exception of Participant 1 and 2 who indicated that it was both safe and unsafe. Reasons for perceiving the environment as unsafe related to being subjected to emotional and physical harm, being mugged, dangerous situations after dark, gangsterism, gun violence, burglary, substance abuse, the uncertainty of what to expect, living amongst gangsters and unreliable security at school. Perceptions of safety related to proximity in terms of the street you live in where people know you as well as awareness of the time of day and feeling safe amongst others or groups of people.

Participant 1 indicated that her entire community was unsafe. She explained this by saying: "People can hurt you physically and emotionally. They can hurt you by throwing you with things or by saying mean things. They rob you and sometimes the gangsters shoot". For her the only safe place in her community was her street, where everyone knew her (P1, RW). She also indicated that in terms of environmental pollution, her school and community were both polluted. She stated that at school "some learners throw their papers just where they sit". In terms of pollution in her community she stated that in her community "Some people dumped their things where there is space". She also stated that "old and young people throw their papers next to the road" and that they had little appreciation for their environment as "people do not care how their environment looks" (P1, RW).

Participant 2 indicated that in terms of unsafety in the environment the time of day, especially at night, presented a higher risk to be robbed as it was dark with fewer people around to help you. In terms of safety during the day she explained that: “It is safe during the day because a lot of people still walk around and you do not feel so alone. If someone must do something to you someone else can quickly call the police” (P2, RW). In terms of environmental pollution, she also indicated that “people do not care where they throw their papers”. She mentioned that this happens “because they already see that papers lay in the street or open pieces of fields they will not make the effort to throw the paper in a bin” (P2, RW).

Participant 3 indicated that her community was not a safe place because of the gangsters and drug abuse. She further indicated that people’s houses were no longer safe due to gangsters breaking into some of the houses in her neighbourhood. She, like Participants 1 and 2, indicated that her environment was polluted by the people that lived there and who did not keep the place neat and tidy or dispose of their refuse in black garbage bags (P3, RW). In terms of unsafety in the community, Participant 4 associated it with the degree of unpredictability and gangsterism in her environment by stating that: “In our environment a person never knows what to expect. We live amongst ‘skollies’ (gangsters) and here is a lot of gang violence”. Furthermore, she mentioned that what made her perceive her school as unsafe was that the “school’s security is also not always very reliable” (P4, RW).

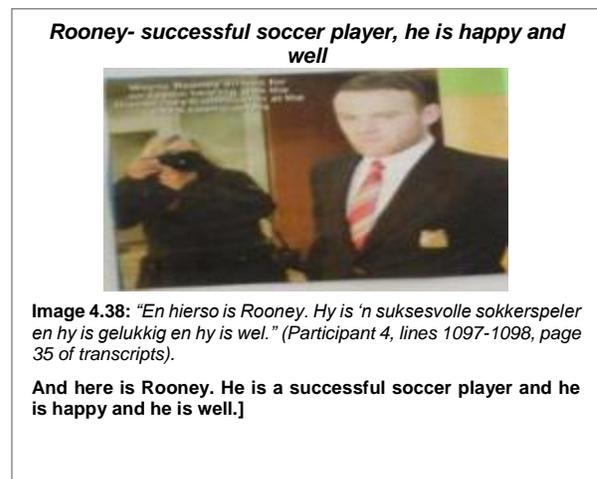
Through these portrayals it became possible to infer that the contextual dimension as captured by the theme of nature and the environment played an important role in participants’ perceptions of wellness. It may be possible to further infer that positive experiences and feelings may emerge by spending time in nature or in environments that are perceived as safe. However, it is also possible to deduce from participants’ own experiences that, in some instances, elements of one’s environment or nature may also result in negative experiences or feelings and can be influenced by factors such as violence, high levels of crime, environmental pollution or habitual negativity. Environmental pollution may further result in the spread of diseases that can affect both people and other living organisms.

d) **Success-orientated**

Being successful or aspiring to be successful in your career, personal life and sport also became one of the themes that portrayed wellness, especially for Participants 3 and 4.

Participant 4 in particular indicated through her understanding of wellness, that when she heard the word wellness it made her "...think of it has to do with success, and to achieve success...". She explained that wellness in terms of success for her meant that "you have a good life, your money is good, your work is good". She concluded her explanation by emphasising that wellness was mostly about success (P4, TP32:L969-971). The theme of success was further portrayed in her pictures where she also selected a picture of a mother and her children that she indicated portrayed being successful in your career and personal life. To her, this picture captured what it meant to be a good mother and being successful in her work. The further demonstrated being successful in her picture of a soccer player whom she described as successful in his sport, that he was happy and that she perceived him as doing well.

Being hardworking and dreaming of being successful was further portrayed by Participant 3. Through her picture selection of a cricket player, she indicated that to have a dream and working hard towards achieving that dream and to be part of a successful team, where everyone knows you, was part of her understanding of wellness. The three pictures of Participants 4 and 3 on success are captured below:



Having a dream of being successful

Image 4.39: "En hiero is 'n 'n prentjie van 'n krieketspeler, wat nou hard geoefen het en wat droom gehad het. Of wat droom dat hy eendag die suksesvolle span sal behaal en wat ja ook op die TV sal kom. En almal weet wie jy is." (Participant 3, lines 1132-1335, page 36 of transcripts).

[And here is a picture of a cricket player that trained hard and that had a dream. Or dream that one day he will make the successful team and that yes, will also be on TV. And everyone knows who you are.]

e) **Financial security**

Financial security also emerged as a theme. One's financial status can affect access to basic necessities such as food, clothes, health care, and shelter. It may also influence for example consumer behaviour. In the South African context many people still live in poverty and have been negatively affected by the economic recession and high inflation rates. The stress related to financial worries may have debilitating effects on a person's health, mental health and subjective wellbeing. In the same instance, being financially secure may serve as a protective factor and may contribute to positive experiences in terms of your health or a decrease in worry for instance.

Participants 3 and 4 in particular indicated that to them, financial security forms part of their understanding of wellness (P3, TP35:L1121-1126; P4, TP36:L1104-1106). Participant 4 indicated that to her, wellness was about living a good life meaning that you have enough money and a good job. She also associated financial security with being happy and having access to buy the things that you desire, through her picture portrayal of a girl who she indicated had lots of shoes and money readily available to buy things.

Participant 3, through her understanding, demonstrated that financial security may lead to engaging in certain types of consumer behaviours such as spoiling yourself, buying groceries or getting a make-over, with her picture portrayal of a woman who worked hard and had earned her first salary. Both their pictures and captured statements can be viewed below:

Working hard for first salary and spoiling yourself



Image 4.40: “Hierso het ek 'n prent van 'n dame wat uhm nou nou heel hard gewerk het, wat hard gewerk het uh (lag), wat kan ons se? Sy het hard gewerk en nou het sy haar salaris verdien. Is haar eerste salaris en nou voel sy maar sy wil bietjie vir haarself uhm uh bietjie treat en inkopies gaan doen en klere vir haar koop. So sy voel sy makeer 'n nuwe uhm make-over.” (Participant 3, lines 1121-1126, page 35 of transcripts).

[Here I have a picture of a lady that uhm worked hard now, that worked hard uh (laugh), what can we say? She worked hard and now she earned her salary. It is her first salary and now she feels she wants to uhm uh treat herself a little bit and to go do groceries and buy clothes for her. So she feels she needs a new uhm make-over].

Everything is ready to be bought with money, she seems happy



Image 4.41: “En dan het ek die meisie wat uhm in haar kamer. Sy het klomp skoene en alles is gereed om te koop met geld en sy lyk gelukkig en ja” (Participant 4, lines 1104-1106, page 36 of transcripts).

[And then I have this girl that uhm is in her room. She has a lot of shoes and everything is ready to be bought with money and she looks happy and yes].

4.2.2.2 Factors influencing wellness

Participants also spent time on group related activities where they were asked to identify factors that they thought could influence wellness. Table 4.6 below is a compilation of the factors that they indicated could impact wellness.

Table 4.6: Factors influencing wellness

FACTORS INFLUENCING WELLNESS			
Positive/Protective factors		Negative/Risk factors	
Factor	Reason	Factor	Reason
Family	<ul style="list-style-type: none"> Family helps you to deal with problems. (P2&P4, TP:39:L1204-1205) Family (P1&P3, TP39:L1238). 	Career and negative feelings	<ul style="list-style-type: none"> When you are in a job that you don't like, you can be unhappy the whole time. When you have a boss that is on your case the whole time it can make you unhappy. (P2&P4, TP39:L1217-1221).
Friendships and Social relationships	<ul style="list-style-type: none"> Friends can help you to deal with problems. (P2&P4, TP39:L1206). Relationships can build you up (P1&P3, TP39:L1235). You have a positive outlook of others. (P1&P3, TP39:L1236). 	Friendships and bad influences	<ul style="list-style-type: none"> Your friends can maybe break you down the whole time or have a bad influence on you. (P2&P4, TP39:L1222-1223).
Career and positive feelings	<ul style="list-style-type: none"> When you are a positive that you will get the job you are happy it influences your emotional side and you carry positive feelings over to others. 	Family problems	<ul style="list-style-type: none"> When your family have problems you will feel it too and it will make you very unhappy. (P2&P4, TP39:L1224-1225).

FACTORS INFLUENCING WELLNESS			
Positive/Protective factors		Negative/Risk factors	
Factor	Reason	Factor	Reason
	<ul style="list-style-type: none"> This is your psychological side, how you handle good things. (P2&P4,TP39:L1207-1212). 		
Mood and feelings	<ul style="list-style-type: none"> Your mood, how you feel. (P1&P3,TP38:L1132). 	Poor health	<ul style="list-style-type: none"> Illnesses or heart disease. (P1&P3,TP40:L1252).
Values and attitude	<ul style="list-style-type: none"> Respect for others, discipline, you have sympathy for others. (P1&P3,TP39:L1220-1222). Positive outlook on life (P1&P3,TP39:L1223-1236). 	Media	<ul style="list-style-type: none"> When they show pretty skinny girls and you feel that you are not pretty or good enough. It won't make you feel happy. (P2 &P4,TP39:L1226-1229). When you want to share something with the media and people don't take you seriously. (P1&P3,TP39:L1267-1270). Politics has to do with the media, sometimes people agree with you or not there are ups and downs. (P1&P3,TP40:L1272-1275).
Interests	<ul style="list-style-type: none"> Your interests. (P1&P3,TP39:L1237). 	Personal problems	<ul style="list-style-type: none"> When you have your own problems and can't deal with it, but listen to other people's problems. Sort out your own problems first before helping others. (P1&P3,TP41:L1276-1281).
Health	<ul style="list-style-type: none"> You have ailments but they are not so serious. (P1&P3,TP39:L1239-1240). 	Feelings	<ul style="list-style-type: none"> Feelings can hurt, when someone tells me off or makes a joke that I take seriously, I won't be happy. (P1&P3,TP40:L1253-1260).
Environment	<ul style="list-style-type: none"> Your environment isn't dirty, there are trees, plants that make you feel good. (P1&P3,TP40:L1241-1242). 	Environment	<ul style="list-style-type: none"> Sometimes there isn't cooperation in your environment. (P1&P3,TP40:L1263-1264).
Planning ahead	<ul style="list-style-type: none"> You must get your things in order and plan what goes for what and how you want your life to be. (P1&P3,TP40:L1243-1250). 		

4.2.2.3 *Wellness in context - participants' contextual perceptions*

As with the discussion on lifestyle in context, I will now discuss my participants' perceptions of their own, family as well as school community's wellness.

a) Perceptions of own wellness

In general participants indicated that they perceived their wellness as positive, healthy or good.

Participants 1 and 2 indicated that they perceived their wellness as positive. Participant 1 explained that the reason for her perceiving her wellness as positive was that she “see things on a positive side”. She further stated that: “Problems do not get me under, but I always strive to be happy. Most of the time I am happy”. She indicated that what further contributed to her perceiving her wellness as positive was that she had family and friends who influenced her positively (⁷P1, IW4:TDCW). Participant 2 also indicated that she experienced her wellness as positive as she always has people that care about her and friends that make her laugh and feel good. She further stated that she was happy to have people like that in her life (P2, IW4:TDCW).

Participant 4 perceived her general wellness as healthy and good most of the time. She explained this by stating that: “I know how to handle my problems. I respect others”. However, despite having a positive view of her wellness she further reported that at times her wellness state is not always good. She explained this by stating that it is “...not always good because I am a sinner and I can sometimes also be nasty because I do not know how to handle my problems” (P4, IW4:TDCW).

Participant 3 opted to indicate the factors which she viewed as contributing to her wellness. These factors included her values and ability to apply self-regulation. To her, she considered her values as most important in her life as it included who she is now and how she behaved amongst other people. For her in terms of self-regulation, the ability of planning ahead was an important aspect of wellness as she indicated that “you cannot always do things without planning it first” but that you should rather plan ahead before you do it (P3, IW4:TDCW).

⁷ The following manner of referencing i.e. (P1, IW4:TDCW) represents: P1= Participant (P) and participant number=1; IW4=(Individual), Worksheet(W) and worksheet number=4; TDCW= the different contexts of wellness. This will be used throughout the chapter.

b) Perceptions of family's wellness

As in the discussion of lifestyle, wellness is also influenced by contextual factors or systems such as the family unit. It was noticeable from the discussion on factors influencing wellness (section 4.2.2.2) that the family unit can serve as either a risk or protective factor and thus have an important impact on the wellness of the adolescent.

In terms of perceptions of their family's wellness, Participants 1 and 3 indicated that they perceived their families' wellness as positive and good which related to having positive family dynamics or relationships. Participant 4 however, indicated that her family's wellness were more negative as she identified the impact of external factors as well as limitations within her family.

Participant 1 indicated that what contributed to her family's positive wellness state was having a positive family environment. She indicated that they go out together as a family, they laugh together and when problems arise that they find solutions together (P1, IW4:TDCW). Participant 2 also indicated having a positive family environment contributed to her perceiving her family's wellness as positive. She described this positivity by stating that:

“It is positive because they are not angry at one another or dislike each other for one reason or the other and they always help one another out and there is a good relationship between them and they always stay in contact with one another” (P2, IW4:TDCW).

Participant 3 further emphasised a positive family environment and the importance of relationships with the following statement:

“My family are people that are always there for me in good or bad times. Relationships can also be a good feeling, to be in a relationship with people or a person that has different factors, and so you even learn from other people's interests” (P3, IW4:TDCW).

Participant 4 indicated that she perceived her family's wellness as negative or not good, and explained it by stating that: "My family, I think is not so well in terms of wellness, because they are also affected by negative factors like i.e. the politics, recession". She further identified limitations or things that she perceived as lacking in her family which included not being patient with one another as well as having too little time for relaxation and exercising (P4, IW4:TDCW).

c) *Perceptions of school (and broader) community's wellness*

The participants also shared their perceptions of their school community's wellness. Participant 1 and 2 both indicated that they perceived their school community's wellness as negative and positive, with Participant 4 indicating that to her, in general it was negative.

Positive perceptions of school community wellness related to identifying resources, opportunities as well as positive social relationships and interactions. Participant 1 indicated that what made her perceive the school community's wellness as positive was that: "At the school I have (a) teacher and friends that care about me. Here's sporting opportunities. And our school has stairs that influences you because you get exercise which makes you feel good" (P1, IW4:TDCW). Like Participant 1, Participant 2 also indicated that to her, what made her view of the broader community positive was that people were courteous by greeting each other and being friendly to one another (P2, IW4:TDCW).

Participant 3 indicated that in her view, the school provided educational opportunities of which she viewed education as a positive factor that contributed to aid you to better plan for your future. She did not further elaborate on what she meant with how education as a positive factor in terms of wellness can help you to better plan for your future. However, it is helpful to mention that the pursuit of educational opportunities has received much emphasis in our country as well as globally. Through pursuing educational opportunities, individuals can develop their cognitive skills, critical and analytic thinking skills, improve

decision-making skills, obtain valuable life skills such as time management, goal setting and planning and to pursue careers that can provide financial stability.

Perceptions of a negative wellness state related to identifying anti-social and risk behaviours, life dissatisfaction and negative external factors. Participant 1 indicated that what made her perceive the school community as negative was that there were some “learners that smoked at school and that made other children feel unworthy and portrayed a poor image of the school” (P1, IW4:TDCW). In terms of unhealthy community wellness, Participant 2 stated that what made her perceive the community’s wellness as negative was that “many people in the community are unhappy about their lives” (P2, IW4:TDCW). Participant 4, who indicated that her general perception of the school and community’s wellness was negative attributed it to various external factors, increased dependency on the state (government) and environmental pollution that impacted the community. The following statement explains her view of negative community wellness:

“A negative sense of wellness because we are influenced by a variety of negative factors i.e. media, peer pressure, politics (economic status) in the recession phase. As well as the state that is particularly influenced by it” (P4, IW4:TDCW).

Deducing from participant 4’s statement on negative factors influencing the community and the government, I would like to refer to sections 4.2.1.2 (table 4.4, *Factors influencing lifestyle*) and 4.2.2.2 (table 4.6, *Factors influencing wellness*) in particular. Here the media for instance was indicated as a factor that may impact one’s wellness (or lifestyle) in a negative manner through for example the portrayal of body image.

In today’s time, the concept of “body shaming” through the use of the media or popular social networks have become a trending occurrence (Roodt, 2015:1-2). The effects of “body shaming” and the intensification thereof through media platforms can adversely affect how children, adolescents and even adults perceive their own bodies, it may impact self-esteem and the formation of self-identity for example.

Another factor that was mentioned by Participant 4 related to the recession as a negative factor that may have a trickledown effect on different bioecological systems for example general society, one's community and family as a whole. During a recession, prices may go up for food or petrol or businesses may begin to lay off staff, which may leave already poor or financially strained and depleted households under immense financial pressure. This can further lead to unstable homes marked by increased stress, anxiety or depression as people may struggle to cope with making ends meet. As we move further away from the immediate home and work environments, the state (government) may seek to find ways to compensate for the impact of the recession through increasing tariffs or employing strategies to create job opportunities for those who have become unemployed or provide funding for those who seek social support etc.

With reference to the bio-ecological model (see 3.4.2) and the personal construct theory (see 3.4.1), the statement of Participant 4 is one practical example of how different systemic factors, no matter how distal from us and our communities, may impact our socioecological systems and other subsystems. This may inevitably impact our perceptions and experiences off our own, family or community's wellness in either a negative or positive manner.

4.2.3 Reflections of lifestyle, wellness and the research process

Post hoc reflections also formed part of the research process. As indicted in section 3.6.2.4 the use of retrospective reflections can serve as a valuable tool to explore participants' experiences and interpretations of the research process.

As this was a qualitative, explorative and very much processes orientated research study, making use of on-going reflections throughout the study thus served as an invaluable tool to further track and obtain information from participants about their experiences. It also served as an opportunity for participants to share thoughts they previously were unaware of or wished to share after the initial activities of the focus group discussions and creative picture line construction activities were completed.

4.2.3.1 Reflections of lifestyle

Insights that related to participants' initial perceptions of lifestyle saw participants acknowledging that lifestyle varies from person to person and that each person expressed her lifestyle differently. Participant 1 for example indicated this by stating that "we all have different views of the topic" and that "everyone's view differs from person to person" (P1, TP28:L878-881).

Reflections about the lifestyle picture lines resulted in participants acknowledging that, by listening to other people's perceptions of lifestyle, it also made them more aware of what they knew about lifestyle and further broadened their own perceptions. For example Participant 2 stated that she found it interesting to listen to other people's views because she also heard the other participants' perceptions of lifestyle and she now has a "more, bigger explanation of lifestyle" (P2, TP28:L869-871).

Participant 3 on the other hand reflected that these activities made her more aware of her own lifestyle and how she can change it by stating that: "One of their pictures made me realise that I want to change my lifestyle to a healthy or balanced lifestyle. Although now it might be unhealthy but I can change it to something good" (P 3, TP28:L882-890). She also indicated that she learnt that animals have lifestyles and that we as people can impact them. Participant 4 reflected that she did not realise that the concept of time, especially punctuality, was also part of one's lifestyle. She further reflected that she learnt from Participant 3 that even animals have lifestyles and that we impact them (P4, TP28:L872-877).

Lifestyle was also indicated to consist out of different sections such as health, family, the self, clothes and how you view yourself. Participant 1 indicated that even though differences in lifestyles existed along with the different sections thereof, that despite of this, if she put all the views together it would portray a broader picture of lifestyle (P1, TP21:L637-641). More on lifestyle variances can be found in an earlier section (4.2.1.1 a) of this chapter.

4.2.3.2 Reflections of wellness

Insights obtained from reflections on wellness saw participants revealing that wellness, just like lifestyle, may have different meanings for people; uncertainty existed towards their own understanding of wellness as well as viewing wellness as an on-going process. The desire to learn more about wellness were also expressed by some participants.

With reference to wellness and lifestyle as similar, during the reflection on wellness picture lines, Participants 1, 2 and 4 indicated that they perceived that wellness is similar to lifestyle and that it had different meanings to different people. Here Participant 2 stated that for her wellness “is almost the same as lifestyle” and that “wellness has a variety of explanations” (P2, TP37:L1163-1169). With participant 4 also indicating that she saw that “everyone has a different view of what wellness is and that it is not the same” (P4, TP38:L1172-1174). Participant 1’s reflection of wellness led her to indicate that “it was interesting to see another person’s picture and the explanations of everyone’s differed”. She also stated that if she were to “put it altogether it will actually give you a good picture of what wellness is” (P1, TP38:L1175-1178).

The uncertainty towards participants’ own understanding of wellness were reflected by Participants 2, 4 and 3 who indicated that they were unsure of whether their understanding of wellness was correct. Participant 2 indicated her uncertainty by stating that: “I don’t actually know if my description is right, what is right or wrong?” (P2, TP37:L1167-1168). Participant 4 went on to state that when she heard what everyone’s explanations were she wondered if hers was correct and that even after the process that she still didn’t know if it was (P4, TP38:L1170-1171).

Lastly, Participant 3 also indicated her uncertainty about wellness by stating: “Uhm I still don’t understand what wellness really is...” (P3, TP38:L1179-1180). However, despite Participant 3 indicating her uncertainty of what wellness meant, she also stated that: “uhm I think wellness is a thing that is like lifestyle there is no wrong answer...okay how can I say it? Nobody’s answer is right or wrong, it is just a thing that exists and something that is on-going and on-going...” (P3, TP38:L1180-1184).

4.2.3.3 Reflections of the research process

Reflection of the entire research process and about participants' perceptions of lifestyle and wellness after the conclusion of the field sessions were also conducted.

Reflections of participants' perceptions of lifestyle and wellness revealed that they learnt more about lifestyle and wellness and that the way they look at lifestyle and wellness had changed. Participant 3 for example indicated that her view was going to be different because she learnt what wellness and lifestyle is and that there were different factors involved with each (P3, TP42:L1317-1324). She also stated that even though in the beginning she didn't know what lifestyle was that she decided to take a chance to just sit and listen and in the end she understood it and what it meant as well as why it exists (P3, TP43:L1361-1366). Participant 4 also said that her view will be different: "...because I am almost going to put everyone's perceptions together and then that is now my idea of how I came up to describe what wellness and lifestyle is" (P4, TP41:L1304-1307).

For some participants, this research process led them to confirm their existing knowledge about lifestyle and wellness. It also served as an opportunity to learn about other people's perceptions. Participant 1 for example stated that before the research process "wellness and lifestyle were just words that I knew. But I never knew the deeper meaning thereof". She also stated that she found out more about what others and she herself thought of it (P1, TP43:L1365-1360). Participant 2 however stated that although her view of wellness and lifestyle has changed because of her hearing other people's explanation, which she will keep referring to her own explanation (P2, TP41:L1298-1303).

Reflections of participants' experiences of the entire research process also saw participants expressing a desire to think more about wellness and lifestyle and to learn more about wellness in particular. For example Participant 2 indicated that she didn't know that wellness had so many different meanings or perceptions existed for it and she will now have to go think about the words more, especially about what is right and wrong (P2, TP43:L1344-1351). Participant 4 on the other hand stated that although at times she

did not know what wellness was that the research process motivated her to want to find out more about it (P 4, TP43:L1352-1355).

Lastly, the use of reflections during and after the research study does not only have to pertain to the participants. As indicated by Pinter and Zandian (2015:235), reflections may also assist in the development of researcher reflexivity. The research process thus allowed myself as the researcher to reflect about the process. During these reflections, I learnt more with each passing session about the valuable information each participant had of lifestyle and wellness. The more I listened to participants, the more I began to experience this research process as an authentic learning experience (for both participants and myself) and that it led to the transformation of knowledge (Researcher, TP43:L1367-1374). An excerpt of a reflection of my own experience as it pertained to the research process can also be found in Addendum I for my reader to peruse.

4.3 CONCLUSION

In this chapter I sought to provide my reader with a detailed description of the themes that emerged for exploring lifestyle and wellness amongst the four adolescent participants. I included participants' perceptions of factors including lifestyle and wellness. I further provided accounts of their contextual perceptions as it related to their own, family and community's lifestyles and wellness. I presented to my reader with a descriptive account of participants' reflections of their experiences of exploring lifestyle and wellness as well as reflections of their experiences of the entire research process.

In the next chapter the interpretation of the findings will be discussed.

CHAPTER 5

INTERPRETATION OF FINDINGS, IMPLICATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this final chapter of the research study I will discuss the interpretation of the findings of the research study as it aligns with the main research question of *“How do a small group of adolescent girls, through means of a facilitative research process, understand and experience the constructs lifestyle and wellness?”* I will also discuss the implications of the research findings, the limitations of the study as well as share suggestions for future research studies.

5.2 INTERPRETATION OF FINDINGS OF LIFESTYLE AND WELLNESS

In this section I will provide an interpretation of the findings as reported in Chapter 4.

Before I continue my discussion I would like to remind my reader that the purpose of the research study was to identify and describe the way in which adolescent girls made meaning of the constructs lifestyle and wellness. In order to gain an understanding of the constructs of lifestyle and wellness, I sought to explore the adolescent participants' perceptions through a facilitative and reflective process characterised by the principles of authenticity, empathy and attentiveness. I also attempted to stay as close to the original process of inquiry by presenting original statements and relevant emergent themes to my reader in order to effectively demonstrate how understanding and exploration was obtained throughout the process. Where applicable translations were incorporated in order to make my participants' experiences accessible to readers who do not speak Afrikaans.

For the discussion of the interpretation of findings, I have kept in mind the sub-questions (see sections 1.5, 3.5.2 and 4.1), I have opted to ask and to answer the main research

question as stated above in section 5.1. I have also kept in mind the paradigm (see 3.3) and integrative theoretical framework (3.4) that this study was built on.

5.2.1 Lifestyle knowledge seems to be better developed

With regards to lifestyle research, as indicated in Chapter 2 (see 2.3), it was indicated that the construct lifestyle has a long history of being researched in various fields and has become a popular term that is used in everyday life (Abel et al., 2000:57-68; Veal, 2002:359-376). This knowledge made it possible to infer that the dissemination of knowledge pertaining to lifestyle to society through means of scholarly publications, media platforms and educational ventures for instance, may thus have occurred over the years. This may have resulted in the general population being more aware of the different aspects of what lifestyle as a construct entails.

From the 11 themes (see table 4.1) that were generated for lifestyle in comparison to the five themes generated for wellness (see table 4.5), it appeared as if participants seemed more knowledgeable in terms of their views on lifestyle and what it entails. This occurrence I tentatively reason (along with the inference made above) may be due the frequent and every day usage of lifestyle as an operational term or the term lifestyle being displayed in media programmes concerned with lifestyle related topics that may have further expanded participants' knowledge basis. Furthermore, lifestyle education may also form part of the compulsory National Curriculum Statement (NCS) schooling subject *Life Orientation* (LO). LO as subject is concerned with the "study of the self in relation to others and to society" as well as the "holistic development of learners" through integrating areas pertaining to the "social, personal, intellectual, emotional and physical growth of learners" (Department of Education, 2011:8). This subject decisively aims to "guide and prepare learners for life and its possibilities" and to equip them for "meaningful and successful living in a rapidly changing and transforming society" (Department of Education, 2011:8).

Lastly, the participation of participants in team and individual sports such as field hockey, soccer and running may also have broadened their lifestyle knowledge. Sporting contexts

often focus on educating players and athletes in terms of the value of nutrition, maintaining physical health and physical fitness, relaxation and recovery techniques, mental skills training and the effects of substance abuse. This may serve to aid in their performance, effectively managing and shaping their sporting lifestyles. This can subsequently impact their general lifestyles as lifestyle knowledge gets transferred to their personal contexts.

5.2.2 Uncertainty about the meaning of wellness may exist for participants

An uncertainty with regards to the meaning of wellness was conveyed by participants. This uncertainty resulted in the expression of the desire to further explore and obtain knowledge regarding the wellness. This may signify that a gap for wellness education within this particular cohort may exist. Addressing this gap through programmes aimed at wellness promotion amongst adolescents may make adolescents more knowledgeable and encourage them to perhaps engage in health promoting behaviours.

5.2.3 Lifestyle and wellness may share interrelated features

Lifestyle and wellness are multidimensional constructs that may have overlapping features and thus the inference can be made that they may be interrelated and may subsequently impact one another.

Firstly, when I started in Chapter 1 and 2, I indicated how complex both lifestyle and wellness were as constructs. In Chapter 2, I proposed that, on some level, they may even share interrelated features and may influence each other (see 2.4). This makes it possible to infer that if one is determined to investigate or explore these constructs, as it pertains to adolescent lifestyle and wellness along with the impact it may have on adolescent mental health and development, that it should be dealt with in a way that incorporates both. This notion is captured in for example Participant 3's reflection in section 4.2.3.2. On her perception of lifestyle and wellness as a whole, she indicated that both lifestyle and wellness share the feature of being continuous (or on-going). The perception of lifestyle as a continuous process was also referred to by Participant 1 in section 4.2.1.1(b).

Furthermore, from the research study it also emerged that certain themes such as *health* (general or physical health) and *social relationships* (friends, family or engaging in shared activities) were perceived as being part of both lifestyle and wellness. However, *social relationships* emerged as a prominent theme with regards to lifestyle for these participants.

The importance of *positive social and family relationships* became more prominent themes in adolescents' reports with regard to their perceptions of their own and their family's wellness (see 4.3.1.3). Participants indicated that fostering family wellness related to spending time with family and friends. The quality of interactions related to the intensity of their interactions (i.e. frequent visits or time spent together) or the type of relationships (i.e. supportive) they had with their family or friends. The more activities the family performed together, the more positive participants' perceptions were of family wellness. With regards to the type of relationship or relationship dynamics within the family unit, the more supportive the family members were towards each other, the more positively participants experienced their family's wellness. Negative perceptions of family wellness related to not spending enough time together, focusing too much time on work-related activities or not spending time on activities that promotes physical health like exercise.

In Chapter 2 (see 2.5.5) it was stated that during adolescence, psycho-social development occurs. This developmental process sees the adolescent moving away from the family system, however they still require nurturing, feeling cared for and being kept safe (Wild & Swartz, 2012:213). The need for social relationships such as friendships and intimate relationships also takes preference. This, possibly explains why social and family relationships were viewed as equally important for lifestyle and wellness for the adolescent participants. Lastly, for these participants, the cultivation of family wellness during adolescence can therefore still be perceived as an essential component of their development, and may contribute to their sense of wellness and subjective wellbeing despite them becoming more autonomous.

5.2.4 Adolescent participants made valuable contributions in the identification of general factors influencing lifestyle and wellness

From the factors the adolescent participants identified that can influence lifestyle and wellness as indicated in sections 4.2.1.2 and 4.3.1.2, it became evident that in some instances a particular factor or factors for example media or family may both serve as a positive (or protective) and a negative(or risk) factor as it related to lifestyle or wellness.

This may make it possible to infer that making decisions relating to for example operationalising or taking action in one's lifestyle or changing the balance of one's wellness state can be influenced by what the person perceives to be a risk or protective factor. It may also include the perception of the level of impact and consequences it may have on them that can bring about change or result in no change in for example health related behaviours. This may hold the implication that perceptions of risk or protective factors may be unique to the individual participants in this context. It may also be subjective in terms of the meaning they attribute to it and the relevant function the factor serves for them.

Furthermore, from the information obtained relating to factors impacting lifestyle and wellness, it also became evident that not only could adolescents identify risk or protective factors within themselves, they were able to do the same for their families and community. With referral to Chapter 2 (see 2.8) this section demonstrated how important it is to include adolescents in research that pertain to them as they may become valuable contributors in identifying and addressing concerns relating to them, their families and communities.

Lastly, if one is to truly understand the factors influencing lifestyle and wellness, one needs to acknowledge the individual construction and meaning-making process of adolescent perceptions towards factors influencing their lifestyle and wellness. In doing so, one can determine risks, stressors or protective factors that can help to foster adolescent resilience as well as contribute to positive developmental and health outcomes. The information obtained from them can also help to gage and determine the tailored type of support their community needs in future.

5.2.5 Adolescent participants provided valuable insights into their contextual perceptions and experiences of lifestyle and wellness

Prilleltensky (2010:239) indicated that child and adolescent wellness may often be equated to that of their family or community, which can lead to marginalisation and disregard their views and experiences. This can also apply to lifestyle development. Through moving away from marginalising adolescents by solely equating their wellness (and lifestyle) to that of their family, community or society, valuable insights can be derived from research studies that emphasise their voices but still seek to learn about contextual experiences.

This notion is supported by Els and De la Rey (2006:47), who emphasised that wellness (and lifestyle) should be researched in a holistic manner as it forms part of a holistic and integrated system and do not just occur in certain subsystems. This view of developing a holistic and integrated mind-set when researching wellness and lifestyle is further supported by the integration of works from wellness pioneers such as Dunn (1977:4). The conceptual lifestyle researchers such as Pierre Bourdieu, Giddens and Max Weber along with developmental and resilience researchers such as Ungar et al. (2011:231-246) and Lerner et al. (2012:275-276) further added to this by putting into perspective the interaction between human development and ecological processes in order to understand lifestyle and wellness related processes. Dunn (1977:4) concludes this view of obtaining a holistic and integrated mind-set of wellness (and lifestyle) research as it relates to contextual experiences, by stating that developing an understanding of the impact and manifestation of wellness (and lifestyle) should not only consider the developmental life phases, or identification of internal and external risk and protective factors, but that it should also include the different contexts and other mediating variables (Els & De la Rey, 2006:47).

As we do not exist in a vacuum, the above mentioned statements make it important to acknowledge that experiences and meaning making of constructs (i.e. wellness and lifestyle) should also include (and be understood within) the different contexts in which they occur, whilst keeping the adolescent's experience at the centre. These contexts may

include a personal context, as well as close subsystems such as for example the family unit and school communities. By keeping the above mentioned statement of Dunn (1977:4) in mind and drawing principles from the bio-ecological model (see 3.4.2), the importance of the contextual perceptions and experiences of the adolescent was deemed as an important avenue to explore.

Information obtained from the reports of participants' contextual perceptions and experiences as it pertained to lifestyle and wellness indicated that participants' perceptions of their environment were both positive and negative (see 4.2.1.3 (c) and (4.3.1.3 (c)). Even though this was a small sample from a specific context, the further the move away from the participants and their families towards the broader community (and society), the more negative experiences were reported.

In terms of the parameters of lifestyle as it related to individual experiences, possible concerns were centred on adolescent participants' experimenting with consuming alcohol and smoking. The reasons provided by adolescent participants who engaged in these unhealthy behaviours ranged from being subjected to peer-group pressure, the desire to fit in with peers or as a way to escape. However, deterrents for not engaging in unhealthy behaviours related to adolescent participants being scared of addiction, religious values for example being a Christian, having a family member passing away from a smoking-related illness or observing the devastating effects drugs and alcohol has on the community.

Participants also conveyed concerns about their eating habits. Some participants indicated that although they strived to eat healthy, they at times may engage in eating too much junk food, sweets or drinking too little water. Some participants also indicated that in their households, the amount of unhealthy foods may surpass the amount of healthy foods.

Concerning experiences as it related to wellness and lifestyle when linked to the broader community included poverty, unemployment, low morale or life dissatisfaction where people within the community were perceived as being unhappy about the state of their

lives. Parental-child relationship conflicts with reference to the negative manner in which parents communicate to their children were also reported as concerning. The presence of gang violence, high crime rates and substance abuse with the reference to high alcohol and drug usage in the community were also reported. Participants further indicated that environmental pollution was present. Little appreciation for the environment by some members of the community were also reported and participants indicated that litter can be found dumped anywhere on the street.

5.2.6 Reflections indicated that learning occurred

As demonstrated in section 4.2.3.3, the research process in its entirety did not only result in myself as researcher gaining an understanding of how the participants perceived and constructed meaning of lifestyle and wellness, but it also resulted in them developing their own awareness levels through learning about their own lifestyles and wellness states as well as that of one another's, their families and their community's.

Through applying prompting questions or providing opportunities for reflections (as demonstrated throughout this study), participants were able to gain insight into their own construing processes. This is an important aspect of the personal construct theory (see 3.4.1) that propose that to some extent, as people construct meaning of for example lifestyle and wellness, some aspects or processes may lay outside of their immediate awareness level (Burr et al., 2014:342). This ability to become aware of one's own thoughts, feelings and perceptions may have resulted in participants being able to reconstruct, deconstruct or affirm their own perceptions or experiences as they journeyed through the research process. The use of retrospective reflections also saw participants revealing that they learnt more about themselves and other participants. One participant indicated that through listening to others and herself, she realised that she can change her own lifestyle in order to be more healthy and balanced.

Lastly, through applying continuous opportunities for reflections, participants also expressed a desire to know more about wellness. Thus, it can be reasoned that reflections in this study served as a useful method to identify gaps in knowledge or gage uncertainties

about a particular topic or topics (in this case wellness). The relevance of this knowledge for instance, would have become useful in directing a programme's design and intervention phases when dealing with adolescent wellness.

5.3 SUMMARY

Through the exploration of lifestyle and wellness it became clear that these adolescents held invaluable insights into the constructs of lifestyle and wellness. They also provided valuable information as to how they perceived their own, family and community or school community's lifestyles and wellness as well as identify personal and contextual factors influencing these. Furthermore, these adolescents not only demonstrated an openness to share their experiences but also a willingness to further explore the construct wellness as they wanted to learn more about it. Through this valuable contribution, a much clearer understanding of their own perceptions and experiences across the different contexts could be obtained. These insights I argue can guide professionals to tailor the type of support that is required on an individual or group basis for these participants.

However, despite the valuable insights obtained it became evident that more research is needed to respectively understand i) how adolescents construct meaning of lifestyle and wellness, ii) the contextual perceptions and experiences of adolescents, their families and communities iii) identifying risk and protective factors as well as, iv) the role context plays in impacting lifestyle and wellness in terms of general health behaviours, mental health and subjective wellbeing.

5.4 IMPLICATIONS OF THE STUDY

The implications of the study as determined through means of the findings were as follow:

- Separating lifestyle and wellness brought forth unique views of how the adolescents perceived each construct. However, it is essential that in order to support the emergence and development of healthy and balanced lifestyle practices as well as

cultivating a personal sense of wellness, these constructs should be dealt with in a parallel fashion as they arguably may influence each other.

- The study created the opportunity to share existing and learnt knowledge with others in a safe space that led to affirmation of existing knowledge, the creation of new knowledge and developing an awareness to identify limitations and strengths in terms of participants' own personal, familial and community's lifestyles and wellness states.
- That lifestyle is more than just a way of life. Lifestyle, like wellness, may have unique dimensional features.
- Lifestyle also seemed to be viewed as a construct that is observable (i.e. in terms of behaviour and physical appearance) and a process that is on-going. This infers that it is more overt and explicitly perceived as well as experienced as a dynamically changing process.
- Wellness seemed to be viewed as a construct that pertained to processes that are more intrinsic, abstract and not necessarily overtly observable (i.e. emotional processes, success-orientation or quality of life). This infers that wellness is more implicitly perceived and experienced making it more subjective in nature.
- An uncertainty with regards to the meaning of wellness was expressed by participants. This uncertainty resulted in the expression of the desire to further explore and obtain knowledge regarding wellness. This signifies that a gap for wellness education within this particular cohort may exist. Addressing this gap through programmes aimed at wellness promotion amongst adolescents may make adolescents more knowledgeable and encourage them to perhaps engage in health promoting behaviours.

The study indicated that a great need exists to equip adolescents with knowledge about lifestyle and wellness in order to enhance their personal understanding thereof and to promote their sense of agency through the application of integrative and developmentally applicable approaches that value their personal viewpoints. These types of approaches may contribute to developing sustainable support services for them.

5.5 STRENGTHS AND LIMITATIONS OF THE STUDY

The main focus of this research study was to gain insight into how adolescent participants perceived and construct meaning of the constructs lifestyle and wellness through a qualitative facilitative and explorative research process. This research process included reflective and peer-related processes, exploring general factors impacting lifestyle as well as the contextual perceptions and experiences (see 4.2.1.3 and 4.2.2.3) of the adolescent.

In the end, the process of inquiry possessed similar traits associated with action research. Upon reflection, this led to me as the researcher to consequently having to acknowledge that a transformative process in terms of shared knowledge and experiences may have contributed to i) confirming existing knowledge, ii) broadening existing knowledge and iii) evoking the desire to gain more knowledge to enhance the understanding of the relevant constructs. This inadvertently may have set the grounds for adolescent participants to engage in making more informed choices in order to enrich their own personal experiences as it pertained to lifestyle and wellness.

The strength of the study is reasoned to be found both in its methodology and elements of its design (in particular the research approach in 3.5.3). Through a qualitative inquiry (see 3.5.3.1), the essence of the adolescent participants' views and experiences were captured. This was integral and complementary towards the integrative framework and interpretive paradigm selected for the study (see 3.3 and 3.4).

Furthermore, by virtue of the study's research approach with reference to the case study (see 3.5.3.2) with its unique features, as well as the role and utilisation of knowledge within a case study allowed my reader to bring with them their own understanding and experiences of the adolescent population. As more information was relayed to my reader (through i.e. the literature review and reporting of findings for instance) they became more enlightened about the case being studied. Knowledge obtained from the case study made it possible for my reader to make their own inferences and construct their own understandings of the reference population. As such, in some way my reader participated

in generalising to the reference population (adolescents) in this particular context or community that was under study. The case study also hold the strength of further illuminating the discovery of new meaning, and it can extend my reader's experience or confirm what is already known by them (Merriam, 2009:43-44). This, according to Stakes (1981:35-36), makes the case study further unique and very different from traditional research.

The limitations of the study related to two aspects of its design. Firstly, it was limited to only a small, purposefully selected sample where findings were dependent on the knowledge, experiences, attitudes and perceptions of this sample group. Secondly, it was limited to one school. This made the concept of generalising findings to all adolescents that fell outside of the context of the research study or community not possible. However, despite the aforementioned limitations, given the nature and the importance of lifestyle and wellness as determinants of subjective wellbeing and health during a universal development phase such as adolescence, useful insights were gained that may be applicable to transfer to similar contexts.

5.6 RECOMMENDATIONS FOR FURTHER STUDIES

Although the study was qualitative in nature and held its own limitations, the following recommendations were made based on the findings of the study:

- It is recommended that in general, more research within the fields of adolescent lifestyle and wellness as it relates to individual perceptions and experiences are undertaken in the South African context. However, here the foresight of how perceptions and experiences may influence health promoting or impeding behaviours amongst adolescents should be considered as this can direct the type of intervention strategies required to promote optimal development.
- For the successful implementation of lifestyle and wellness orientated programs within a specific context/s, organisations or role players should be (i) aware of the existence of unique personal constructs as well as (ii) the contextual relevance of their intended

programs in order to avoid developing and applying developmentally and contextually inappropriate programs that may not be sustainable.

- Further research is needed to gain understanding of how educational processes within the new school curriculum are currently incorporating lifestyle and wellness education as part of the compulsory Life Orientation subject in the Further Education and Training Phase (FET) for grades 10-12. This recommendation is made with reference to the expression of uncertainty with regards to the meaning of wellness by participants. This uncertainty resulted in them expressing the desire to further explore and obtain knowledge regarding wellness. This signifies that a gap for wellness education within this particular cohort may exist and may be useful to further explore.
- Future research studies should allow for the adolescents to creatively and freely express their views and to share their experiences within a non-judgmental, collaborative, empathic and safe space. In doing so, the creation of research studies that are adolescent-centred may contribute to the creation of developmentally and contextually relevant support and psycho-educational programmes. Developmentally and contextually relevant programs may further set the stage for developing resilient individuals that can critically reflect and deal with life's daily challenges as they occur, both in the short and long term.

5.7 CONCLUSION

The purpose of this study was not to generalise or to be prescriptive in nature, but rather to accommodate and explore the perceptions of the adolescents who participated in the study. Although small in nature, the study resonates with research studies that seek to find respectful ways of including the voices of adolescents in a new era of research that strives to decrease the marginalisation of adolescents.

Furthermore, consideration of the disconcerting increase in lifestyle related diseases and mental health concerns stemming from lifestyle stressors in the South African context are brought to the fore with this study. Taking cognisance of the fact that lifestyle related diseases such as HIV/AIDS and obesity have become more prevalent amongst the South

African adolescent population is also reflected in the study. This, along with the startling projection of a significant increase in the adolescent population world wide by 2050 as proposed by Diers (2013:214-221), makes it imperative to provide the necessary resources and opportunities for adolescents to, through collaborative processes, develop their critical- and creative thinking skills, problem-solving abilities, coping mechanisms, develop resilience and the ability to effectively deal with stressful life events.

However, taking this type of stance would require investing in structural and human resources on all levels of society. These investments may include creating awareness through the professional development of teachers, community health and mental health practitioners about the value of high quality and engaging narratives with adolescents. These engaging narratives may give adolescents the best chance of being able to become active citizens that can contribute to the advancement of their own lives and ultimately, the betterment of society as a whole.

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ADDENDUM A: PARTICIPANT INFORMATION LETTER AND ASSENT FORM

STELLENBOSCH UNIVERSITY

PARTICIPANT INFORMATION LEAFLET AND ASSENT FORM



TITLE OF THE RESEARCH PROJECT:

“An exploration of grade 12⁸ girls’ perceptions of lifestyle and wellness”

Who is doing the research?

My name is [REDACTED], and I am a Masters in Educational Psychology student at Stellenbosch University. This research study contributes to the completion of my degree.

ADDRESS:

[REDACTED]

CONTACT NUMBER:

[REDACTED]

What is RESEARCH?

Research is something we do to find new knowledge about the way things (and people) work. We use research projects or studies to help us find out more about disease or illness. Research also helps us to find better ways of helping, or treating children who are sick.

What is this research project all about?

In this research study I would like to find out what your perceptions of the concepts lifestyle and wellness are. Perceptions can be defined as the way you experience, think about and make meaning of the concepts of lifestyle and wellness. Your input would help other researchers and teachers to also listen to the information and experiences you and young people like yourself might have about the concepts of lifestyle and wellness in order to design unique programmes for education and intervention purposes.

Why have I been invited to take part in this research project?

You have been invited to take part in this study because you fall in the appropriate age and grade group required for the study. You might also have learnt about the concepts of lifestyle and wellness throughout your school career and your experience in extramural and recreational activities. The experience and knowledge you might have gathered during your life time with regards to the concepts of lifestyle and wellness thus makes you a suitable participant for this research study in order to help me answer my research question.

What will happen to me in this study?

You will be asked to answer some questions that relate to your experiences about lifestyle and wellness. We will also use group discussions to learn from one another’s experiences and to share the knowledge we have about lifestyle and wellness as well as lifestyle choices and factors that can impact our lifestyle and feelings of wellness. Sometimes we will make use of visual media such as pictures, drawings, writings and pictures to illustrate experiences and perceptions. The interviews and visual media will all be done in the school environment. Your name will not be disclosed and everything we will discuss will be presented in a book and collage format. If you are interested in the results of the research study they will be made available to you.

Can anything bad happen to me?

⁸ The initial intention was to include grade 12 girls in the study however, due to examination commitments grade 12 girls were not included.

The study does not intend to hurt you physically or emotionally. We will be talking about your experiences and perceptions of lifestyle and wellness, but if you feel any discomfort about certain topics we discuss you can inform me, your parents or your teacher and counselling or guidance sessions will be arranged.

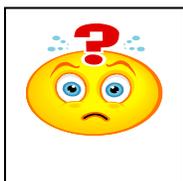
Can anything good happen to me?

The study will help you to express your perceptions, opinions and experience about your own lifestyle choices and factors that you might think can influence your lifestyle and wellness in a supportive and non-judgemental environment. The information and knowledge you will share will also help other adolescents to share their experiences so that teachers and researchers like me can learn about and listen to things that concern you.

Will anyone know I am in the study?

To make sure that your identity is protected; your real name will not be used. If you want to tell someone that you are part of the study, you are welcome to do so and if you do not want anybody to know than nobody will be informed.

Who can I talk to about the study?



If you have any questions or concerns about the research, you are welcome to contact me, [REDACTED] (cell [REDACTED]). You can also contact my supervisor Prof [REDACTED] (Tel) [REDACTED], Ms [REDACTED] at the Division for Research Development and your principal Dr [REDACTED] or teacher Mr [REDACTED].

What if I do not want to do this?

You may choose whether or not you would like to be a part of the research study. If you choose to be in the study you may withdraw at any time. You may also refuse to answer any questions you don't want to answer and still remain in the study.

Do you understand this research study and are you willing to take part in it?

YES NO

Has the researcher answered all your questions?

YES NO

Do you understand that you can pull out of the study at any time?

YES NO

ADDENDUM B: PARENTAL CONSENT FORM



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jou kennisvenoot • your knowledge partner

STELLENBOSCH UNIVERSITY PARENTAL CONSENT FOR CHILD TO PARTICIPATE IN RESEARCH STUDY

“An exploration of grade 12⁹ girls’ perceptions of lifestyle and wellness”

Dear Parent/ Guardian

Your child has been invited to participate in a research study conducted by [REDACTED] (M Ed Educational Psychology), from the Department of Educational Psychology at Stellenbosch University. Information gathered from this research will be contributed to her master’s thesis and possibly a research paper. Your child has been selected because they fall in the appropriate age and grade group required for the study. She was also selected on the basis of her participation in a sport and active lifestyle program where she might have learnt about the concepts of lifestyle and wellness through her experiences of participating in extra-mural and recreational activities. The experience and knowledge she might have gathered during her life time thus makes her a suitable participant for this research study to help me answer my research question.

- **PURPOSE OF THE STUDY**

The research study aims to explore the perception of the concepts of lifestyle and wellness amongst Grade 12 girls. The concepts of lifestyle and wellness may each hold different meanings for the individual adolescent and can also be shaped and influenced in different ways for example by culture (Wong, 2011:69-81). Lifestyle can be seen as more than just a way of living from day to day or it can be defined in terms of a particular behavioural pattern. The concept lifestyle can reflect attitudes and values towards i.e. physical health, mental health, social, environmental as well as socio-economical contexts that can be influenced by cultural and bio-ecological factors. Wellness as a concept can reflect a variety of factors that contribute to an individual’s perception of their quality of life. These aspects may include social, physical and mental health, and feelings such as happiness and safety as well as socio-economic factors.

- **PROCEDURES**

If you give the necessary permission and written consent for your child to participate in the research study she will be asked to participate in the following activities:

- She will participate in interview discussions held in group contexts, where questions relating to her perceptions of lifestyle and wellness, lifestyle factors that can influence lifestyle and wellness outcomes will be asked.
- She will also be asked to express her perceptions through visual media such as pictures, magazine pictures, drawings and writings.

- **POTENTIAL RISKS AND DISCOMFORTS**

The study may raise some emotional responses as we will be discussing issues relating to lifestyle and wellness choices as well as address issues and experiences relating to risk-behaviour. Participants who may need further support in terms of counselling or guidance will be referred to the University of Stellenbosch’s Educational Psychology counselling unit for counselling sessions if there is a need. [REDACTED], (Tel: [REDACTED]) can be contacted for this.

- **POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

It is anticipated that the findings of the study will contribute to the way teachers and professionals working with adolescents in lifestyle and wellness intervention and prevention programs structure their programs.



Departement Opvoedkundige Sielkunde • Department of Educational Psychology

[REDACTED]

⁹ The initial intention was to include grade 12 girls in the study however, due to examination commitments grade 12 girls were not included.

PAYMENT FOR PARTICIPATION

Participation in this study is voluntary. No payment will be given for participation nor will participants will be forced to participate.

• **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be used to identify your child will remain confidential and will be disclosed only with you and your child’s permission or as required by law. Confidentiality will be maintained by omitting the school’s and your child’s name in the study. For this purpose Pseudonyms (alternative names) will be used. The information received will also be kept safely at my home on my laptop computer. The computer is protected by a password.

The interviews are to be recorded by a digital Dictaphone and activities will also be captured in pictures that will be used to construct collages. Immediately after the interviews, the information will be downloaded onto my laptop, which is protected by a password. No one else other than myself as the researcher and my supervisor will have access to the recordings. The information downloaded onto my laptop will stored for five years. When the results of the study are published, pseudonyms for the school and your child will be used, if information relating to your child is included in the study.

7. PARTICIPATION AND WITHDRAWAL

Participation is voluntary. If your child volunteers to be part of this study, she may withdraw at any time without any consequences. She is also at liberty to refuse to answer any questions she does not wish to answer and can still remain in the study. The researcher may withdraw your child from this research if circumstances arise which warrant the need to do so.

IDENTIFICATION OF INVESTIGATORS

Miss [REDACTED]	Postgraduate Student (M Educational Psychology) Department of Educational Psychology University of Stellenbosch Tel: [REDACTED] E-mail: [REDACTED]
Prof [REDACTED]	Lecturer and supervising researcher: Department of Educational Psychology University of Stellenbosch Tel: [REDACTED]
Prof [REDACTED]	Head of Department Department of Educational Psychology University of Stellenbosch

SIGNATURE OF RESEARCH PARTICIPANT OR LEGAL REPRESENTATIVE

The information above was described to parent/guardian of the participant by [REDACTED] in English/ Afrikaans and I the parent/guardian am in command of this language. I the parent/guardian of the participant was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent that the child may participate in this study. I have been given a copy of this form.

[REDACTED]

Name of Participant

[REDACTED]

Name of Legal Representative (if applicable)

[REDACTED]

Signature of Parent or Legal Representative

[REDACTED]

Date

SIGNATURE OF INVESTIGATOR

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

ADDENDUM C: WCED PERMISSION LETTER



Directorate: Research

tel: [REDACTED]
Fax [REDACTED]
Private Bag [REDACTED], Cape
Town, [REDACTED]

REFERENCE: [REDACTED]

ENQUIRIES: [REDACTED]

Miss [REDACTED]
[REDACTED]
[REDACTED]

Dear Miss [REDACTED]

RESEARCH PROPOSAL: "AN EXPLORATION OF GRADE 12¹⁰ GIRLS' PERCEPTIONS OF LIFESTYLE AND WELLNESS"

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Approval for projects should be conveyed to the District Director of the schools where the project will be conducted.
5. Educators' programmes are not to be interrupted.
6. The Study is to be conducted from **21 May 2012 till 20 July 2012**
7. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
8. Should you wish to extend the period of your survey, please contact Dr [REDACTED] at the contact numbers above quoting the reference number?
9. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
10. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
11. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
12. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Dr [REDACTED]

for: **HEAD: EDUCATION**

DATE: 15 May 2012

Lower Parliament Street, Cape Town, 8001 tel: [REDACTED] fax: [REDACTED] Safe Schools: [REDACTED]	Private Bag [REDACTED], Cape Town, [REDACTED] Employment and salary enquiries: [REDACTED]
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¹⁰ The initial intention was to include grade 12 girls in the study however, due to examination commitments grade 12 girls were not included.

ADDENDUM D: PRINCIPAL PERMISSION LETTER



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jou kennisvenoot • your knowledge partner

25 April 2012

“AN EXPLORATION OF GRADE 12¹¹ GIRLS’ PERCEPTIONS OF LIFESTYLE AND WELLNESS”

Dear Principal

I am conducting a research study that aims to explore the perceptions of the concepts of lifestyle and wellness amongst Grade 12 girls. The concepts of lifestyle and wellness may each hold different meanings for the individual adolescent and can also be shaped and influenced in different ways for example by culture. Lifestyle can be seen as more than just a way of living from day to day or it can be defined in terms of a particular behavioural pattern. The concept lifestyle can reflect attitudes and values towards i.e. physical health, mental health, social, environmental as well as socio-economical contexts that can be influenced by cultural and bio-ecological factors. Wellness as a concept can reflect a variety of factors that contribute to an individual’s perception of their quality of life. These aspects may include social, physical and mental health, and feelings such as happiness and safety as well as socio-economic factors.

The aim is to establish how adolescent girls perceive these concepts and factors that can influence their lifestyle and wellness choices in order to assist professionals such as teachers, counsellors and psychologists working with adolescents to gain better insight as to how adolescents make meaning of these concepts. The study thus wishes to answer the question of: “How do adolescent girls conceptualise the concepts of lifestyle and wellness?”

Six adolescent girls between 16 and 18 will take part in the research study. This study is confined to the adolescent girls in your school community. The assistance of a teacher and the mentor involved with the extra-mural sport and recreational activities coordinated by “The Academy for Girls’ Leadership and Sport Development” program, will be required to identify participants for the research study. Once ethical clearance and permission has been obtained, participants will be approached and asked to take part in the research study. Participation in this study is voluntary and no participant will not be forced to take part. Participants may also at any time ask to withdraw from the research study.

Interviews will be conducted on the school premises after school hours during the extramural program activities that participants form part of. The interviews will not interfere with the academic responsibility of participants. The information obtained during this study will remain anonymous and will not be used for any other purpose. Confidentiality will at all times be maintained. Participation in the research study also requires participants to be informed about their rights and also seeks to obtain the assent and written informed consent of the participant and their parents or guardians. By giving written and informed consent and assent participants acknowledge and understand their rights and grant permission that their results may be used to write a final report for the research study.

We thus would like to ask permission to invite participants to partake in the study and to make use of the school setting to conduct the research activities. Granting access and allowing the participation of the selected participants from your school to form part of this research study may contribute to the success of the study and is therefore greatly be appreciated.

Kind Regards

Miss [REDACTED] Postgraduate Student
Department of Educational Psychology
University of Stellenbosch
E-mail: [REDACTED]
Cell: [REDACTED]

¹¹ The initial intention was to include grade 12 girls in the study however, due to examination commitments grade 12 girls were not included.

ADDENDUM E: FIELD SESSION PROGRAM

Table Key:

	Focus group discussion
	Individual worksheet
	Paired work

SESSIONS	ACTIVITY	EQUIPMENT	TYPE OF TECHNIQUE	PRESENTER AND RESPONDERS
SESSION 1	Activity 1: Introduction to the research project	<ul style="list-style-type: none"> Chairs/desks 	Focus group discussion	Researcher Participants
	Activity 2: Opening activity- Getting to know you, hobbies and leisure activities	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ 	Focus group discussion	Researcher Participants
	Activity 3: Perceptions activity: drawing myself	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ whiteboards and white board markers/or A4 paper/or A3 paper Pens/pencils/ colouring pencils/erasers 	Focus group discussion	Researcher Participants
	Activity 4: Meaning of lifestyle	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ whiteboards and white board markers/or A4 paper Pens/pencils/erasers 	Focus group discussion	Researcher Participants
	Activity 5: Reflective question about experience of listening to self and others perception of lifestyle	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ 	Focus group discussion	Researcher Participants
SESSION 2	Activity 6: Lifestyle picture line	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ whiteboards and white board markers/or A4 paper/or A3 paper Pens/pencils/ colouring pencils/erasers Books/magazines/ newspapers/pictures Thin strings of rope or wool/ Pegs or staplers or cello tape (to secure pictures on rope or wool line) 	Focus group discussion	Researcher Participants
	Activity 7: Reflective question about experience of listening to self and others' portrayal of lifestyle pictures	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ 	Focus group discussion	Researcher Participants
	Activity 8: Repertory Grid Worksheet	<ul style="list-style-type: none"> Chairs/desks Pens/pencils/erasers 	Individual Worksheet	Researcher Participants
SESSION 3	Activity 9: Types of lifestyles: balanced, unbalanced, healthy and unhealthy	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ whiteboards and white board markers/or A4 paper Pens/pencils/erasers 	Focus group discussion	Researcher Participants

	Activity 10: Lifestyle types picture line	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ whiteboards and white board markers/or A4 paper/or A3 paper Pens/pencils/ colouring pencils/erasers Books/magazines/ newspapers/pictures Thin strings of rope or wool/ Pegs or staplers or cello tape (to secure pictures on rope or wool line) 	Focus group discussion	Researcher Participants
	Activity 11: Reflective question about experience of listening to self and others perception of lifestyle types	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ 	Focus group discussion	Researcher Participants
	Activity 12: Factors influencing lifestyle	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ whiteboards and white board markers/or A4 paper Pens/pencils/erasers 	Paired work	Researcher Participants
	Activity 13: Individual reflective writing worksheet: lifestyle in context	<ul style="list-style-type: none"> Chairs/desks Pens/pencils/erasers 	Individual worksheet	Researcher Participants
SESSION 4	Activity 14: Meaning of wellness	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ whiteboards and white board markers/or A4 paper Pens/pencils/erasers 	Focus group discussion	Researcher Participants
	Activity 15: Wellness picture line	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ whiteboards and white board markers/or A4 paper/or A3 paper Pens/pencils/ colouring pencils/erasers Books/magazines/ newspapers/pictures Thin strings of rope or wool/ Pegs or staplers or cello tape (to secure pictures on rope or wool line) 	Focus group discussion	Researcher Participants
	Activity 16: Reflective question about experience of listening to self and others' portrayal of wellness pictures	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ 	Focus group discussion	Researcher Participants
	Activity 17: Factors influencing wellness	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ whiteboards and white board markers/or A4 paper Pens/pencils/erasers 	Paired work	Researcher Participants
	Activity 18: Individual reflective writing worksheet: wellness in context	<ul style="list-style-type: none"> Chairs/desks Pens/pencils/erasers 	Individual worksheet	Researcher Participants
	Activity 19: Reflective conclusion of perceptions of lifestyle and wellness after research process	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ 	Focus group discussion	Researcher Participants
	Activity 20: Research project conclusion	<ul style="list-style-type: none"> Chairs/desks camera/audio recorder/ 	Focus group discussion	Researcher Participants

ADDENDUM F: EXAMPLE OF TRANSCRIPT EXTRACT

1156 **AKTIWITEIT 16**

1157 **WELWEES: ERVARING VAN WELWEES PRENTE**

1158 Navorsers: Baie dankie julle. My volgende vraag aan julle is:
1159 Hoe het dit vir jou gevoel om te luister en na die prente te kyk
1160 van elkeen. Hoe het dit gevoel om na 'n ander persoon te
1161 luister oor wat hulle dink welwees is en ook na hul prente te
1162 kyk wat vir welwees uitbeeld?

1163 Deelnemer 2: Dit is amper dieselfde soos leefstyl om te hoor
1164 wat die veskrillende verduideliking van welwees en so. En dit
1165 was vir my interessant om te hoor wat die verskillende
1166 verduidelikings van welwees is. En dit was vir my interessant
1167 om te hoor wat hulle dink wat welwees is. En ja ek weet nogals
1168 nie of my verduideliking reg is nie, wat is reg of verkeerd nie?
1169 En welwees is 'n verskeidenheid van verduidelikings.

1170 Deelnemer 4: To eke na hulle uhm idees gehoor het van wat
1171 welwees is toe wonder ek of myne reg is. Nou weet ek nog
1172 altyd nie of of myne reg is nie. Maar nou het ek gesien dat
1173 almal het 'n verskillende siening van wat welwees is. Dit is
1174 nie altyd dieselfde.

1175 Deelnemer 1: Dit was interessant om 'n ander mens se prente
1176 te sien en die verduidelikings van elkeen sin verskil. Maar as ek
1177 dit saam sit sal dit eintlik 'n goeie prent vir jou gee wat welwees
1178 is.

1179 Deelnemer 3: Uhm ek verstaan nog nie rereg wat welwees is
1180 nie, maar uhm ek dink dat welwees is 'n ding wat ook soos
1181 leefstyl daar is nie 'n verkeerde antw... okay hoe kan ek se.
1182 Niemand se antwoord is verkeerd of reg nie, dit is net 'n ding
1183 wat bestaan en iets wat ook aanhoudend is en aanhoudend is.
1184 Ja.

ADDENDUM G: EXCERPT OF RESEARCHER'S PERSONAL REFLECTIONS

Waarom het ek dit so gedoen?

- *Ek het besef dat mens nie net data kan insamel sonder om die realiteit; bestaande kennis en ervaringe van deelnemers te verstaan.*
- *Dat navorsing op 'n eksploratiewe vlak, verandering in kennisvlakke en bewustheid kan teweeg bring.*
 - ✚ *dws. Navorsing kan ook 'n opvoedkundige proses wees wat deelnemers se denkwyses kan transformeer en kan bemagtigend wees.*
- *Hierdie tipe navorsingsontwerp kan universele konstruksie soos bv. leefstyl en welwees binne die konteks v/d persoon saam vat- veral in 'n land soos SA waar daar verskeidenheid van kulture, tradisies, sieninge, tale ens., is.*
 - ✚ *Welwees en leefstyl verskil van mens tot mens op 'n dieper vlak- bv in gevalle waar daar heeltemal geen kennis is nie kan navorsingsvrae wat geskied is op "scaffolding" en groepwerk die deelnemer se kennis verryk. Met die byvoeging van visuele mediums/kreatiewe mediums kan deelnemers hul eie konstruksie meer konkreet en bewuslik eksplorieer.*
 - ✚ *In gevalle waar daar reeds bestaande kennis is kan dit die persoon die geleentheid gee om dit te deel met andere (wat weer sosiale leer bevorder). Dit kan bydra tot die skepping en bevestiging van kennis, maar kan ook lei tot 'n dieper verstaanbaarheid vir andere se kennis en sieninge.*
- *Verder met die gebruik van refleksies kan die bewerkstelling van meta-kognetiewe denke tov bestaande konstruksie wat deur reflektiewe gesprekke teweeg gebring word.*
 - ✚ *Refleksies kan dus dien as konsolidasie van 'n ontwikkelingsleerproses.*

ADDENDUM H: EXCERPT OF PARTICIPANT 4'S REPERTORY GRID

Repertory Grid

Graad: 11

Ouderdom: 16

Aktiwiteit/Activity	Kies een van die onderstaande kategorieë wat jou fisieke aktiwiteitsvlak beskryf/Select one of the categories below, that describes your physical activity level				As jy deelneem aan aktiwiteite, watter aktiwiteit/e is dit?/ If participate in an activity: what type of activity is it?
Fisieke Aktiwiteitsvlak/Physical Activity level	Lae aktiwiteitsvlak/Low activity level (1-2 sessies/2-2 sessions per week)	Medium aktiwiteitsvlak/ Medium level of activity (3-4 sessies/sessions per week)	Hoë aktiwiteitsvlak/High activity level (5 sessies/ sessions per week)	Baie hoë aktiwiteitsvlak/Very High activity level (7-12 sessies per week teen hoë intensiteit/6-9 practice sessions at high intensity)	Hokkie Speltyes by Sakers of net by buitem skool ander kinders. Doel.
Streshantering/Coping Skills Stres vlak/Stress level (skaal van 0-10/scale of 0-10) 5	Kies uit die onderstaande kategorieë die vlak wat jou stresvlak beskryf/Select from the categories below, the level that describes your stress level				Wat is die faktore wat jou laat stres?/What are the factors that causes you to stress? Klankster ek nie by my eien-tingkunde huiswerk sesuon nie of enige ander huiswerk. Naa-mer remand vir my job. Klankster ek baie opdragte moet uitvoer in 'n klein typpost (omskud)
Ek ervaar geen stres/I do not experience any stress (0)	Lae stres vlak/Low stress level (1-3)	Medium stres vlak/Medium stress level (4-6)	Baie hoë stres vlak/Very High stress level 6-10		

<p>Wat doen jy om stres te verminder? What do you do to decrease stress?</p> <p>Ek gaan na my vriende Toe. Ek drink 'n koppie tee Saam huile en plect my probleme saam huile. Geleerd by ons neet en don soel ek beter.</p>					<p>Risiko gedrag/Risk behaviour Rook/Smoking</p>
<p>Indien jy al gerook,? Have you ever smoked?</p>	<p>Ja/Yes</p>	<p>Nei/No</p>	<p>Indien jy rook, hoe gereeld rook jy? If you do smoke how often do you smoke?</p>	<p>Meer as 11-20 sigarette per week/ More than 11-20 cigarettes per week</p>	<p>Indien jy nie rook, wat is jou redes om jou daarvan te weerhou? / If you do not smoke, what are your reasons for abstaining from it? Ek is bang ek raak versuof dronk.</p>
			<p>5-10 sigarette per week/5-10 cigarettes per week</p>	<p>6-10 sigarette per week/ 6-10 cigarettes per week</p>	

<p>Voeding/Nutrition Gesonde dieet/Healthy diet</p>	<p>Wat is die waarde van 'n gesonde dieet vir 'n ontwikkelende liggaam? What is the importance of a healthy diet for a developing body?</p> <p>Dit is belangrik om gesond te eet want dit help jou om jou energie, uitdrukkingsvermoë en verskaf. Dit help jou ook om 'n mooi liggaamskoon te ontwikkel.</p>	<p>Wat is die waarde van 'n ontwikkelende liggaam? What are the effects of an unhealthy diet on a developing body?</p> <p>Dit kan veroorsaak dat jou maag swak word, siektes koms met moreel. Dit kan veroorsaak dat jy vet word asook meer moreel as jy te min eet.</p>	<p>Sosiale Interaksies/Social Interaction</p> <p>Behoort jy aan 'n sosiale groep?/Do you belong to a social group?</p> <p>Ja/Yes <input checked="" type="checkbox"/> Nee/No <input type="checkbox"/></p> <p>Skool en Gemeenskaps groepe/School and Community groups (dui aan watter tipe groep/indicate which type of group) <input checked="" type="checkbox"/> Sportgroep/Sport group (indicate which sport/your sport/indicate which sport) <input type="checkbox"/> Lewensvaardighede en leierskaps groep/Life skills and Leadership group <input type="checkbox"/> Ander/Other <input type="checkbox"/></p> <p>Indien jy aan 'n groep behoort wat nie hier aangedui is nie, aan watter groep behoort jy en wat is die doel van jou groep? If you belong to a group that has not been indicated here, which group do you belong to and what is your group's purpose? <input type="checkbox"/></p> <p>E.G. Adversarial like camps. E.g. hertjie kamppe, Sosiale, ons ook met ander lewens, ons leer ook leierskap en nuw ervarings.</p>
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<p>Omgewing/Environment</p>	<p>Kies uit die onderstaande kategorieë, die kategorie/kategorieë wat jou omgewing beskryf. Dui aan hoekom jy hierdie kategorie kies in die kategorieblokke/ Select from the categories below, the category/ies that describes your environment. Indicate in the category/ies that you selected your reasons for your choice.</p>			
<p style="text-align: center;">My omgewing is/My environment is:</p>				
<p>Veilig/Safe</p>	<p><input type="checkbox"/></p> <p>Rede/Reason</p>	<p><input checked="" type="checkbox"/></p> <p>Rede/Reason</p> <p>In ons omgewing moet mens nunt met om te koming ne ons by tussen skole en hier is baie onveiligheid.</p> <p>Die skool se bestuur is ook nie altyd baie behoorlik nie.</p>	<p><input type="checkbox"/></p> <p>Rede/Reason</p>	<p><input type="checkbox"/></p> <p>Rede/Reason</p>
			<p>Besoedeld/Polluted</p>	<p>Onbesoedeld/Unpolluted</p>

ADDENDUM I: EXAMPLE OF PARTICIPANT 2'S INDIVIDUAL REFLECTIVE WRITING WORKSHEET

Werkstuk 6. Die verskillende kontekste van leefstyl: ek self, my gesin en my skoolgemeenskap
 * April 17, 17

Hoe sou jy jou algemene leefstyl beskryf? (en hoekom beskryf jy dit so?)

Ek het 'n gesonde leefstyl, want ek seker die tye wat ek seker is goed doen. Ek is baie met studeer sal my volle aandag net by my skoolwerk neem en daar sal ek wissel vir ander dinge. Ek fokus ook nie alleenlik net op skoolwerk nie ek maak tyd vir my vriende en familie te spandeer en tyd vir ontspanning. Ek oefen ook gereeld, maar eet nie altyd gezond nie

Hoe sou jy die leefstyl van jou gesin beskryf? Dink jy dit is 'n gesonde leefstyl of ongesonde leefstyl? Wat laat jou so dink?

Ongesonde leefstyl
 Hulle fokus te veel net op hul werk en het nie tyd vir oefening nie. Die gesonde bus in die huis is baie minder as die ongesonde bus. Wat hulle net doen is om tekeer te ontspan

Hoe sou jy die leefstyl van jou skoolgemeenskap beskryf? Dink jy dit is 'n gesonde of ongesonde leefstyl? Wat laat jou so dink?

Ongesonde leefstyl
 want hulle maak nie altyd tyd vir oefening nie en baie die ongewoone is in baie besoeke want s'nse goet hul fommei op enige plek. Hulle ontspan ook s'nse te veel en drink te veel en kyk nie na die dinge wat regtig saak maak nie.