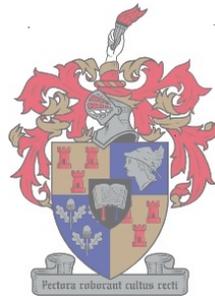


**STRESS AND COPING AMONGST BLACK ADOLESCENTS IN THE  
WESTERN CAPE : AN EXPLORATIVE STUDY**

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Thesis presented in partial fulfillment of the requirements for the degree of Master of  
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Supervisor: Dr. J.J. Spangenberg

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## DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

28/10/99

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Date

The article format of this thesis is in accordance with the requirements of the Department of Psychology at the University of Stellenbosch

## SUMMARY

To examine the relationships between the intensity of stress, types of stressors and coping strategies of Black adolescents, a demographic questionnaire, the Perceived Stress Scale (PSS), Adolescent Stress Scale (ASSC) and Adolescent Coping Orientation for Problem Experiences (A-COPE) were completed by 102 Black adolescents attending a secondary school in Cape Town. The intensity of stress experienced by this sample was higher than that reported for most other samples. Scholastic and career problems were the most prevalent stressors and abuse at home the least prevalent stressor. Solving family problems was the most prevalent and seeking professional support the least prevalent coping strategy. There was no significant relationship between intensity of stress and types of stressors. A significant negative relationship was found between intensity of stress and ventilating feelings as a coping strategy. Originating from a former homeland significantly predicted a lower intensity of stress. It was concluded that the collectivist, supportive world-view known as *ubuntu* probably served as a buffer against stress in adolescents from a rural background.

## OPSOMMING

Om die verbande tussen intensiteit van stres, tipes stressors en streshanteringstrategieë onder Swart adolessente te ondersoek, is 'n demografiese vraelys, die Perceived Stress Scale (PSS), Adolescent Stress Scale (ASSC) en Adolescent Coping Orientation for Problem Experiences (A-COPE) deur 102 Swart adolessente in 'n sekondêre skool in Kaapstad voltooi. Die intensiteit van stres wat deur hierdie steekproef ervaar is, was hoër as die wat vir die meeste ander steekproewe gerapporteer is. Skolastiese en beroepsprobleme was die stressors met die hoogste voorkomssyfer en mishandeling tuis die stressor met die laagste voorkomssyfer. Die oplossing van gesinsprobleme was die mees algemene streshanteringstrategie, terwyl verkryging van professionele hulp die minste as streshanteringstrategie gebruik is. Daar was geen beduidende verband tussen intensiteit van stres en tipes stressors nie. 'n Beduidende negatiewe verband is tussen intensiteit van stres en ventilering van gevoelens as streshanteringstrategie aangetref. Oorsprong uit 'n vorige tuisland was 'n beduidende voorspeller van 'n laer intensiteit van stres. Die gevolgtrekking is bereik dat die kollektivistiese, ondersteunende wêreldbeskouing bekend as *ubuntu* waarskynlik as buffer teen stres gedien het in adolessente met 'n landelike agtergrond.

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**STRESS AND COPING AMONGST BLACK ADOLESCENTS IN THE WESTERN  
CAPE : AN EXPLORATIVE STUDY**

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## STRESS AND COPING AMONGST BLACK ADOLESCENTS IN THE WESTERN CAPE : AN EXPLORATIVE STUDY

To examine the relationships between the intensity of stress, types of stressors and coping strategies of Black adolescents, a demographic questionnaire, the Perceived Stress Scale (PSS), Adolescent Stress Scale (ASSC) and Adolescent Coping Orientation for Problem Experiences (A-COPE) were completed by 102 Black adolescents attending a secondary school in Cape Town. The intensity of stress experienced by this sample was higher than that reported for most other samples. Scholastic and career problems were the most prevalent stressors and abuse at home the least prevalent stressor. Solving family problems was the most prevalent and seeking professional support the least prevalent coping strategy. There was no significant relationship between intensity of stress and types of stressors. A significant negative relationship was found between intensity of stress and ventilating feelings as a coping strategy. Originating from a former homeland significantly predicted a lower intensity of stress. It was concluded that the collectivist, supportive world-view known as *ubuntu* probably served as a buffer against stress in adolescents from a rural background.

## STRESS AND COPING AMONGST BLACK ADOLESCENTS IN THE WESTERN CAPE : AN EXPLORATIVE STUDY

The Black population of South Africa has been estimated to comprise 76.1% of the country's total population (Schonegevel, Watson & Stead, 1998). The personal, socioeconomic and political environments of this large majority of the South African community have been characterized by stressful conditions such as the breakdown of cultural, familial and social support systems, high crime rates, unrest and violence, and harassment by conflicting political groups (Bluen & Odesnik, 1988; Magwaza & Bhana, 1991).

Black South African adolescents in particular have been affected severely by the adverse conditions mentioned above (Stevens & Lockhat, 1997). In all adolescents this transitional stage of development that marks the passage from childhood to adulthood is characterized by physical changes which affect the individual psychologically (Papalia & Olds, 1989). Adolescents find themselves in a developmental period which poses major developmental challenges, and they have to master specific tasks on their road to adulthood (Olivier, Greyling & Venter, 1997). Even without adverse environmental circumstances adolescent populations are thus faced with a variety of stressful circumstances and common challenges that require coping responses (Fields & Prinz, 1997).

Adolescents must be empowered to have better control over their own lives, to adapt to circumstances (Lindhard & Dlamini, 1992; Vermaak, 1993) and to be prepared for the challenges of a changing society (Hopson & Scally, 1981). According to Erikson

(1963), one of the primary tasks that the adolescent must negotiate successfully is the development of congruence between the self-image (i.e. the evaluative component of one's conscious personal experiences) and role expectations of the environment. In other words, the adolescent must learn to cope with life's demands and stressors. The school system seems to be an appropriate environment to examine coping skills among adolescents, as they spend a major part of their day in school.

Stevens and Lockhat (1997) emphasize the severe impact of the new political dispensation in South Africa on Black South African adolescents in particular. Virtually overnight, they have been required to change their life scripts from the "young lions" to the "young entrepreneurs". In essence, this has compelled them to redefine their identities. Black South African adolescents therefore have to define themselves according to many of the norms and values which they opposed and rejected during the mid-1980's. These contradictory prescriptions may well be contributing to substantial stress.

In addition, the "New South Africa" has introduced the emergence of "multi-racial" schools. Since the previous schooling system was characterized by separate schools, the introduction of learners from different racial groups into schools that used to be attended by White, Black, Coloured or Indian learners only is a severely stressful process, taking into account the different cultural backgrounds of these different groups.

In view of the already stressful developmental stage of adolescence, the stressful environmental conditions mentioned above probably exacerbate the development of stress amongst Black South African adolescents. However, many Black adolescents cope successfully. Several authors have suggested that Black children and adolescents should not necessarily be labelled as victims of the socio-historical context, because they also

display a certain resilience to these influences. Even though they may therefore be predisposed to a host of negative effects, victim characteristics are not necessarily a logical outcome for all of them (Dawes, 1994; Levett, 1988; Swartz & Levett, 1989). Dawes (1994) postulates that several mediating factors may determine the extent of children's and adolescents' subjective experiences of stress. Coping strategies may be such a mediating factor.

At this point it is essential to define the concepts of stress and coping. This will be done from the perspective of the well-known transactional model. Stress, according to Lazarus and Folkman's (1984) transactional model, is primarily the result of one's perception of risk factors in the environment and one's assessment of whether personal resources will enable one to meet the environmental challenges or whether, on the other hand, one will become overwhelmed by environmental threats. According to Lazarus and Folkman (1984), coping with stress consists of the individual's constantly changing cognitive and behavioural efforts to manage specific external and internal demands (or stressors) that are appraised as taxing or exceeding his or her resources. Research by Peterson, Maier and Seligman (in Haghightgou & Peterson, 1994) indicated that active, problem-focused coping strategies are often associated with good morale, whereas passive, emotion-focused coping strategies are often associated with dysphoria.

A number of previous studies have assessed the relationship between coping strategies and adjustment in adolescents. Glyshaw, Cohen and Towbes (1989) and Disel-Lewis (1988) defined poor adjustment in terms of internalizing symptoms and found the coping strategies of distraction, endurance, parental support, problem solving and social entertainment to be predictive of lower symptom levels and thus of better adjustment,

while self-destructive coping and aggressive coping were related to higher symptom levels. Studies that defined poor adjustment in terms of substance use revealed better adjustment through the use of parental support, demanding activity and relaxation (Fromme & Rivet, 1994; Patterson & McCubbin, 1987; Wills, 1986). Those studies that defined poor adjustment as both internalizing and externalizing symptoms revealed better adjustment through the use of cognitive methods, practical strategies, seeking alternative rewards, seeking social support, problem solving and positive reappraisal. Poorer adjustment was associated with the use of emotional discharge, resigned acceptance, and both cognitive and behavioural avoidance strategies (Armistead *et al.*, 1990; Ebata & Moos, 1991; Hoffman, Levy-Shiff, Sohlberg & Zarizki, 1992). Spencer, Cole, Du Pree, Glymph and Pierre (1993) conducted research amongst urban African American adolescents to explore issues of risk, vulnerability and resilience and found that academic self-esteem enhanced effective coping.

Bagley (1992) concludes that a number of linked indicators of stress and poor mental health have increased markedly in prevalence amongst adolescents in the past decades, and that this challenges teachers and school counselors to recognize and help young people at risk. Bagley also points out that students often manifest their psychological problems in the context of school life. It is thus essential to identify the distressed students in school settings and to offer help and therapy in this setting.

In South Africa, a study by Wissing, Claassens and Du Toit (1998) indicated that Black adolescents used avoidance coping strategies more often than their White counterparts. Black adolescents also manifested a lower level of psychological well-being, which may be a reflection of their disadvantaged socio-economic and political

position of the past and the socio-economic hardship they still suffer. According to Mfobo and Mokutu (1998) the youth of South Africa have historically been at the center of political violence, whereas in the post-apartheid South Africa this form of violence has been replaced by an increasing level of criminal violence to which the youth are particularly exposed. In the Western Cape (where the present research was conducted), communities have experienced ongoing vigilante violence, as well as taxi, gang and sexual violence (Skinner, 1998). Mfobo and Mokutu (1998) point out that this exposure to high levels of violence renders adolescents vulnerable to mental health problems.

Research into the experience of stress and ways of coping amongst Black South African adolescents has become imperative to understand what they perceive as stressful, which coping mechanisms they utilise and which coping strategies are effective in reducing stress, in order to assist in the development of effective therapeutic interventions. No previous studies have been reported on stress and coping amongst Black adolescents in the Western Cape, where the present study was conducted.

The specific objectives of the present study were to determine (a) the intensity of stress which Black adolescents in the Western Cape experience; (b) which type(s) of stressors are most prevalent in the lives of these adolescents; (c) which type(s) of coping strategies are used predominantly; and (d) the relationship between the intensity of stress experienced by these adolescents and their stressors, coping strategies and biographical variables such as age, gender and family conditions.

## METHOD

### Participants

The sample consisted of 102 Black adolescents from the age of 14 to 19 enrolled at Beauvallon Secondary School in Valhalla Park, Cape Town. At the time of the study the total enrolment number was 670 learners, of whom 190 were Black. Beauvallon Secondary School is situated in a gang-ridden area of the Cape Flats, and was predominantly attended by Coloured learners before the emergence of the “New South Africa”. The language medium used for teaching and communicating with Black learners is English.

The universum comprised the 190 Black learners in this school. However, it was decided not to include grade eight learners ( $n = 31$ ) because they were not sufficiently versed in English. Five Black learners who, according to their teachers, were not sufficiently versed in English to properly understand and complete the questionnaires used in the study, were also excluded from the study. Besides a lack of competency in English, other reasons for exclusion were absence (42 learners) and refusal to participate (10 learners). Of the 190 Black learners in the school, 102 therefore participated. Table 1 represents a description of the sample.

Table 1 Characteristics of participants

Variable	Response categories	<u>N</u>	Percentage
Age*	14-16	14	13.7
	17-19	88	86.3
Gender	male	30	29.4
	Female	72	70.6
Number of siblings	0	4	3.9
	1-3	69	67.7
	4-6	25	24.5
	more than 6	4	3.9
Number of own children	0	83	81.4
	1	16	15.7
	2	3	2.9
	more than 2	0	0
Place of origin	previous homeland	62	60.8
	Western Cape	40	39.2
Living area	informal	25	24.5
	formal residential	2	2.0
	township	75	73.5
Type of dwelling	shack	40	39.2
	brick house	62	60.8
Person(s) adolescent lives with	alone	3	2.9
	1 parent	39	38.2
	both parents	22	21.6
	extended family	38	37.3
Work status of parent/guardian	employed	63	61.8
	unemployed	39	38.2

\*  $\bar{M} = 17.59$ ,  $SD = 1.04$

### Measuring instruments

Regarding the psychometric instruments, it is acknowledged that any measures developed in another culture should be used with caution because of the culture-specific expression of psychological states (Parry & Zwarenstein, 1994; Swartz, 1998). However, because the present participants receive their schooling in English and because the measuring instruments were specially selected on the basis of their suitability for adolescent research populations, the measuring instruments are regarded as appropriate for the present study. The measuring instruments were contained in a questionnaire comprising the following sections:

(a) A demographic questionnaire was used to obtain data regarding age, gender, number of brothers and sisters, number of own children (if any), place of origin, type of living area, type of dwelling, person(s) the adolescent was living with, and financial position of the family/guardian.

(b) The Perceived Stress Scale (PSS) (Cohen, Kamarck & Mermelstein, 1983), a 14-item instrument which has been designed to measure the degree to which situations in one's life are appraised as stressful, was used to measure intensity of stress. Cohen *et al.* (1983) indicated that the PSS was designed for use with community samples with at least junior high school education. It has also been successfully implemented in an adolescent research population (Martin, Kazarian & Breiter, 1995). The questions in this scale pertain to the person's feeling during the preceding month and how often the person felt this way. The PSS is answered on a five-point scale ("never", "almost never", "sometimes", "fairly often", and "very often"). PSS scores are obtained by reversing the scores on the seven positive items, and then summing across all 14 items (Cohen *et al.*,

1983). The items are easy to understand. However, since the research was conducted amongst learners who were second or third language English speakers, the wording of five items on the questionnaire were simplified to make the questions more comprehensible to the participants. Care was taken not to change the semantic value of the questions. Thus, in item 3 (In the last month, how often have you felt nervous and stressed?) “stressed” was changed to “tense”; in item 4 (In the last month, how often have you dealt successfully with irritating life hassles?) “hassles” was changed to “problems”; in item 9 (In the last month, how often have you been able to control irritations in your life?) “irritations” was changed to “things that irritated you”; in item 11 (In the last month, how often have you been angered because of things that happened that were outside of your control?) “been angered” was changed to “become angry”; in item 12 (In the last month, how often have you found yourself thinking about things that you have to accomplish?) “accomplish” was changed to “achieve”.

Cohen *et al.* (1983) researched the reliability and validity of the PSS by using three samples, i.e. two of college students and one of participants in a community smoking-cessation program. They found that the PSS showed adequate reliability in the form of alpha coefficients of 0.84, 0.85 and 0.86 respectively. In their validation research, they found small to moderate correlations between the PSS and life events scales (0.17 to 0.49) and fairly strong correlations with measures of physical symptomatology (0.52 to 0.70) and depression (0.65 to 0.76). In a 2-month prospective study, Cohen (1986) found that the PSS predicted physical and psychological symptoms even after symptoms at the first testing were partialled out.

(c) The Adolescent Stress Scale (ASSC) (Bagley, 1992), a measure of stressors experienced by adolescents (Bagley, 1992), was used to identify the stressors experienced by the sample. This scale was developed in the context of school counselling programs, and address problems of suicidal feelings and behaviour in secondary school students. The scale consists of 68 items which are scored on a five-point scale covering sources of potential stress in adolescents, including relationship problems, abuse at home, scholastic and career problems, health and personal concerns, peer pressure, material and family problems, and loneliness and isolation. An alpha reliability coefficient of 0.83 was obtained (Bagley, 1992). The validity of the ASSC was demonstrated by Bagley (1992) in terms of satisfactory correlations of its total score and subscales with established measures of psychological distress, namely the Beck Depression Inventory (Beck, 1973), the Self-Esteem Inventory (Coopersmith, 1967) and suicidal ideation. Bagley and Mallick (1995) found that scores on the subscales relationship problems, abuse at home, scholastic and career problems, and loneliness and social isolation were significantly negatively correlated with negative self-esteem scores in Canadian, British and Hong Kong adolescents of both sexes. This indicates the cross-cultural validity of the ASSC.

(d) The Adolescent Coping Orientation for Problem Experiences (A-COPE) (Patterson & McCubbin, 1981), a coping inventory which has been designed to identify the behaviours which adolescents find helpful in managing problems or difficult situations (Patterson & McCubbin, 1981), was used to measure coping strategies. The A-COPE consists of 54 items, which are scored on a five-point Likert scale (never, hardly ever, sometimes, often, or most of the time) to record how often each coping behaviour is used. It distinguishes between 12 coping behaviours grouped conceptually as follows:

ventilating feelings, seeking spiritual support, seeking diversions, investing in close friends, developing self-reliance, seeking professional support, developing social support, engaging in demanding activity, solving family problems, being humorous, avoiding problems, and relaxing. In addition, the A-COPE total score can be used as an overall measure of coping.

In a group of 709 adolescents from a large health maintenance organisation, the internal consistency of the sub-scales were fair to good with alphas that ranged from 0.50 to 0.75 (Patterson & McCubbin, 1981). The A-COPE has a fair predictive validity with several significant correlations in predicted directions with use of illicit substances including alcohol and marijuana (Fischer & Corcoran, 1994).

### Procedure

The learners who met the inclusion criteria (see Participants) were requested to participate on an anonymous basis with voluntary, informed consent. With the permission of the school principal, the researcher administered the questionnaires in the learners' classrooms during specially assigned class periods. The researcher was present and available during the completion of the questionnaires to assist in case of uncertainty amongst respondents. Learners were encouraged to consult the researcher (who was a guidance counselor at the school) if they became aware of any form of psychological distress during or after completing the questionnaires.

### Statistical procedures

The participants' stress levels, prevalence of stressors and prevalence of coping strategies were established by means of summation and frequencies. The correlation between the scale scores of the PSS and the ASSC and A-COPE respectively were calculated by

means of Pearson correlation coefficients. Relationships between intensity of stress and biographical variables were investigated by means of a multiple regression analysis.

Where applicable, the significance of differences was established by means of t-tests.

## RESULTS

The intensity of stress experienced by this sample of Black adolescents in the Western Cape was reflected by a mean score of 28.1 ( $SD = 5.35$ ) on the PSS, which has a possible maximum score of 56. The PSS scores ranged from 16.0 to 40.0.

The types of stressors that were most prevalent in the lives of these Black adolescents were measured by the ASSC. Because each of the sub-scales contains a different number of items (ranging from 12 to 19), the means were adjusted for each of the seven types of stressors as if each scale had 25 items (maximum score = 100). This was done to make the prevalence comparable. From an investigation of the means for the seven types of stressors, arranged in order of prevalence (Table 2), it is clear that each stressor was fairly prevalent, with scholastic and career problems being most prevalent and abuse at home least prevalent.

Table 2 Adjusted means for seven types of stressors

Type of stressor	Adjusted mean
Scholastic and career problems	55.62
Material and family problems	53.36
Health and personal concerns	49.69
Relationship problems	49.18
Loneliness and isolation	46.97
Peer pressure	46.42
Abuse at home; drug and alcohol problems	44.08

Pearson correlations indicated that none of the seven stressors was significantly related to the intensity of stress. (Correlations ranged from  $-0.09$  to  $0.10$  with all  $p$ 's  $> 0.05$ .) However, all seven stressors were significantly related to one another, with Pearson correlations ranging from  $0.58$  to  $0.86$  (all  $p$ 's  $< 0.01$ ).

The coping ability and types of coping strategies used by the adolescents in the sample were measured by the A-COPE. The mean total coping score was  $172.4$  ( $SD = 15.82$ ), with the possible maximum score on the A-COPE being  $270$ . The total coping scores ranged from  $137$  to  $214$ .

Due to the fact that each of the sub-scales has a different number of items (ranging from 2 to 6), the means of the 12 coping strategies were adjusted as if each scale had 10 items (maximum score = 50). Table 3 illustrates the adjusted means of the twelve coping strategies, arranged in order of prevalence. It is clear that all coping strategies were used to varying degrees, with solving family problems having the highest and seeking professional support the lowest prevalence.

Table 3 Adjusted means for prevalence of twelve coping strategies

Coping strategy	Adjusted mean
Solving family problems	37.64
Avoiding problems	34.48
Developing self-reliance	33.98
Developing social support	31.92
Relaxing	31.90
Investing in close friends	31.65
Engaging in demanding activity	31.55
Ventilating feelings	31.17
Seek spiritual support	31.00
Being humorous	29.55
Seeking diversions	29.33
Seeking professional support	21.85

The only significant correlation found between intensity of stress and coping strategies was a significant negative Pearson correlation between the intensity of stress and the strategy of ventilating feelings ( $r = -0.22$ ,  $p < 0.05$ ). This implies that the intensity of stress decreased with an increase in ventilating feelings and vice versa. No other significant correlations were found between intensity of stress and coping strategies (all  $p$ 's  $> 0.05$ ).

The relationship between the intensity of stress and biographical variables (see Table 1) was investigated by means of a multiple regression analysis, with the intensity of stress as the dependent variable and the biographical variables as independent variables. Where necessary, categories were combined so that all variables were represented by two categories for the purpose of the analysis. The results of the multiple regression analysis are presented in Table 4.

Table 4 Regression summary for dependent variable: Intensity of stress

N=102	B	Standard error of B	Beta	Standard error of Beta	t(92)	p
Intercept	31.73	2.92			10.86	.000
Age	.315	1.586	.020	.102	.199	.843
Gender	-.349	1.217	-.030	.104	-.287	.775
Number of sibiings	-.685	1.189	-.058	.101	-.576	.566
Number of own children	-.597	1.428	-.044	.104	-.418	.677
Place of origin	-3.778	1.126	-.346	.103	-3.354	.001**
Living area	.241	1.602	.019	.129	.151	.881
Type of dwelling	-.212	1.437	-.019	.132	-.148	.883
Living with	-1.075	1.156	-.099	.106	-.930	.355
Work status	.249	1.109	.023	.101	.225	.823

\*\* p &lt; 0.01

 $R^2 = .112$  $R^2$  (adjusted) = .025

Table 4 indicates that place of origin was the only biographical variable which significantly predicted intensity of stress. A t-test indicated that participants whose place of origin was a previous homeland scored significantly lower on intensity of stress ( $M = 26.7$ ) than those who originated from the Western Cape ( $M = 30.1$ ),  $t(100) = -3.25$ ,  $p < 0.01$ .

## DISCUSSION

The intensity of stress was measured by means of the PSS. The mean score obtained by Black adolescents in this sample was 28.1 ( $SD = 5.35$ ). This score is comparable to the mean score achieved by adult psychiatric patients ( $M = 29.07$ ,  $SD = 8.81$ ) in a study conducted by Hewitt, Flett and Mosher (1992). The mean score on the PSS obtained in the current study is higher than the scores reported by Cohen *et al.* (1983) for two college student samples ( $M = 23.18$  and  $23.67$ ) and for a community smoking cessation sample ( $M = 25.0$ ). It is substantially higher than the means found by Pbert, Doerfler and DeCosimo (1992) in a health promotion and cardiac rehabilitation sample ( $M = 19.61$  and  $18.26$ ). It is, however, not as high as the mean found by Martin *et al.* (1995) in an adolescent psychiatric in-patient population ( $M = 33.8$ ). The high mean score found by Martin *et al.* (1995) may be ascribed to the fact that a high percentage of the sample had a diagnosis of conduct disturbances, depressive conditions, psychotic disturbances and personality disorders.

Apart from the psychiatric sample, it is evident that the intensity of stress reported by the present sample was higher than that found in all other previous research populations. This finding supports research conducted by Stevens and Lockhat (1997), who suggested that the new political dispensation in South Africa is contributing to substantial stress amongst Black adolescents. In addition to the changing role of Black adolescents from “young lions” to “young entrepreneurs” (Stevens & Lockhat, 1997), high levels of violence, including previous political violence as well as ongoing vigilante, taxi and gang violence, increases the vulnerability of Black adolescents (Mfobo & Mokutu, 1998). The present findings thus indicate relatively high levels of perceived

stress, which is commensurate with previous findings which have indicated that the amount of violence that Black people are exposed to renders them vulnerable to mental health problems.

The Adolescent Stress Scale (ASSC) was used to determine which stressors were the most prevalent amongst Black adolescents in the Western Cape. The results in Table 2 indicate that scholastic and career problems were experienced as the most prevalent stressors amongst the present sample of Black adolescents. Scholastic and career problems, as a sub-scale of the ASSC, includes items such as: classes too large; examinations and tests; not knowing how to study properly; unemployment situation; worrying about not finding a job after leaving school; difficulty in understanding questions and tests in examinations; and being unable to keep up with others in my class (Bagley, 1992). A qualitative research project by Le Roux (1992) also indicated that Black adolescents in the Western Cape regarded scholastic and career problems, including the lack of educational facilities, as severe stressors (Le Roux, 1992).

The present finding is in line with that of Mazibuko (1993) amongst Black adolescents in secondary schools in another part of the country, namely Kwazulu-Natal. In Mazibuko's study, Black adolescents in Kwazulu-Natal identified poor library facilities, crowded classes, the lack of educational assistance services in the school, poor laboratory facilities and equipment, inadequate supply of books and stationery, and inadequate facilities in the classrooms as some of the most stressful factors in schools. The present finding is also in accordance with international research findings such as those of Bagley and Mallick (1995), which indicated that the stress reported by British adolescents due to scholastic and career problems were consonant with responses in a

comparative study of Canadian and Hong Kong adolescents. The present finding thus seems to confirm an international tendency, namely that scholastic and career problems form a major source of stress to adolescents across cultures, and this might be due to the great emphasis placed on scholastic achievement with negative feedback for poor scholastic performance (Bagley & Mallick, 1995).

The stressors that were reported as least prevalent were abuse at home and drug and alcohol problems. The relevant sub-scale of the ASSC includes items such as: physical abuse; drinking and smoking habits; parents' drinking and smoking habits; sexual abuse by an older person; sexual abuse by someone close in age; being neglected or abused emotionally; pressure to take alcohol and drugs; and rows between parents. This finding is surprising, since previous research has shown that sexual abuse is a frequent problem in the lives of young people (Bagley, 1992). Magwaza (1997) is of the opinion that pre- and post-pubertal Black African girls in South Africa are at a high risk of sexual abuse. Magwaza also postulates that high risk conditions for the sexual abuse of Black African children are created by the idiosyncratic circumstances in squatter camps and townships. According to Angless and Shefer (1997), child abuse in the family, including violence and incest, are far more widespread than is commonly believed. According to Bagley (1992), the ASSC appears to be successful in identifying problems associated with physical, sexual and emotional abuse or neglect, due to the fact that the ASSC is an anonymous questionnaire. A possible reason for the current finding might be that adolescents are generally reluctant to report these kinds of experiences (Bagley, 1992). This reluctance might be linked to the fact that society idealises "the family" and prefers to ignore the violence and abuse that are often present in the family (Angless &

Shefer, 1997). Jaffe, Wolfe and Wilson (1990) summarised a number of research findings which examined behavioural problems of children who have experienced or witnessed violence at home, showing that adolescents are often very secretive about the family situation, and often deny violence at home. An additional reason for the present finding might be the fact that the present researcher was the guidance teacher at school where the research was conducted, and that learners might therefore have been reticent to report intimate problems.

The mean total coping score on the A-COPE was 172.4 with a standard deviation of 15.82. This is comparable to the mean score obtained by African American adolescents in the development of the A-COPE (Patterson & McCubbin, 1981) ( $M = 170.10$ ,  $SD = 24.84$ ). This indicates that the Black adolescents in the present sample coped reasonably well with stress. This finding is meaningful, taking into consideration the high mean score for intensity of stress on the PSS. This seems to support the view of several authors who have suggested that Black adolescents should not necessarily be seen as victims of circumstances, because they often display a certain resilience to socio-historical influences (Dawes, 1994; Levett, 1988; Swartz & Levett, 1989).

The results also indicate that all coping strategies were used to varying degrees (Table 3). Solving family problems was the most prevalent coping strategy. Patterson and McCubbin (1981) identified six coping behaviours which constitute the coping strategy of solving family problems: talking to your father about what bothers you; talking to your mother about what bothers you; doing things with your family; talking to your brother or sister about how you feel; trying to reason with parents and talk things out (compromise); going along with parents' requests and rules. This coping strategy thus involves talking to

family members as a way to discover solutions to problems and increase social support. According to Patterson and McCubbin (1981), the function of this coping strategy is to take direct action to reduce demand or increase resources; in other words, this is a problem-focused coping strategy. This might play a role in the apparent ability of Black adolescents to cope well (as reflected by their mean total coping score), since previous research by Peterson, Maier and Seligman (in Haghightgou & Petersen, 1994) has indicated that an active, problem-focused coping style is often associated with good morale, whereas a passive, emotion-focused approach is often correlated with dysphoria. The high prevalence of family involvement as a coping strategy is probably linked to the fact that the family plays an important role in the lives of Black people (Steyn, Van Wyk & Le Roux, 1987). Family involvement probably acted as a buffer to protect the adolescents in the present study against the effects of stress. The high prevalence of this coping strategy is even more meaningful when taking into account that approximately 40% of the participants did not live with their own parents (Table 1).

The least prevalent coping strategy was seeking professional support. This coping strategy includes coping behaviours such as: getting professional counseling and talking to a teacher or counselor at school about what bothers you (Patterson & McCubbin, 1981). According to Patterson and McCubbin (1981), this coping strategy was also the one used least frequently by both males and females in their own research during the development of the A-COPE. The negative connotations attached to asking for help from professional people, the notion of society labeling people who ask for help as weaklings, and possibly fear of lack of confidentiality, might be reasons why adolescents would rather not use seeking professional help as a coping mechanism. In addition, it must be

kept in mind that current psychological and psychotherapeutic services in South Africa have often been described as irrelevant to the needs of the majority of Black people in this country (Dawes, 1986; Swartz, 1996; Turton, 1986; Vogelmann, 1987).

A significant negative correlation was found between intensity of stress and the coping strategy of ventilating feelings. Patterson and McCubbin (1981) identified six coping behaviours which constitute the coping strategy of ventilating feelings: getting angry and yelling at people; blaming others for what's going wrong; saying mean things to people (being sarcastic); swearing; letting off steam by complaining to your friends; and letting off steam by complaining to family members. This coping strategy most probably occurred mainly in the family setting, towards parents and siblings, because "solving family problems" (i.e., talking to and reasoning with family members) was the most prevalent coping strategy. The ability to ventilate one's feelings towards family members is an important emotional outlet for relieving stress that has built up during encounters with the outside world (Belle, 1991).

Regarding the biographical variables examined, an interesting relationship was found between place of origin and intensity of stress: Place of origin was a significant predictor of intensity of stress, and adolescents whose place of origin was a previous homeland, scored significantly lower on intensity of stress than those who originated from the Western Cape. This finding seems surprising. However, a possible explanation might be found in the phenomenon called *ubuntu*, which forms an inherent part of rural African life and the traditional African world-view. Broodryk (1996) defines *ubuntu* as a communal way of life, which deems that society must be run for the sake of all, requiring co-operation, sharing and charity. According to *ubuntu* principles, no orphans or widows

should be left alone, implying that the community and the extended family members support and care for those in need (Broodryk, 1996). This could give rise to the experience of sufficient social support and inner security in Black adolescents who originated from the former homelands. Those adolescents who were born in the Western Cape were not always exposed to *ubuntu* in the true sense, since their mothers probably started working soon after their birth. Moreover, the lives of the urban Black people have recently been characterized by the breakdown of familial support systems (Bluen & Odesnik, 1988; Magwaza & Bhana, 1991; Psychological Association of South Africa, 1989). Adolescents growing up in urban areas are thus expected to care for themselves from a very early age, and subsequently do not experience the kind of social support which is characteristic of *ubuntu*.

In summary, the present study indicated that this sample of Black adolescents in the Western Cape experienced relatively high levels of perceived stress. Their most prevalent stressors were scholastic and career problems. Abuse at home was identified as the least prevalent stressor. The present study also indicated that these Black adolescents coped well, despite their often adverse life circumstances. Solving family problems was reported as the most prevalent coping strategy, while seeking professional help was identified as the least prevalent coping strategy. The present study also indicated that ventilation of feelings by adolescents seemed to result in a decrease in the intensity of stress. Lastly, the present study revealed a significant relationship between place of origin and intensity of stress. Adolescents whose place of origin was a previous homeland experienced less perceived stress than those who originated from the Western Cape. The

phenomenon called *ubuntu*, of which learners who were born in the Western Cape were probably largely deprived, most probably explained this finding.

The present study was limited by the fact that the questionnaires were only presented in English and not in the home languages of the respondents. Despite the attempt by the researcher to adapt some of the items in order to make it easily understandable to the respondents, it might have influenced the way in which they answered the questions.

Also, it should be kept in mind that the study was conducted at a specific school in Cape Town. The results can therefore not necessarily be generalized to all adolescents in the Western Cape.

It is suggested that a follow-up study be undertaken in which a representative sample of Black adolescents in the Western Cape are involved. In addition, the interesting relationship between place of origin and the intensity of stress in Black adolescents which came to the fore in this study, should be explored in depth. A qualitative study should render valuable information in this regard. It is also suggested that stress and coping be explored amongst Black adolescents not attending school, rural Black adolescents and adolescents from other racial groups.

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