

**THE COPING MECHANISMS OF LOW-INCOME WOMEN:
A GROUNDED THEORY ANALYSIS OF SUBJECTIVE
DESCRIPTIONS OF COPING**

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DECLARATION

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



Signature

Date

ABSTRACT

The primary goal of this cross-cultural study was to determine how low-income female farm workers in the Western Cape of South Africa, describe their own coping mechanisms. Eight participants were asked to respond to an open-ended question on how they cope with life's difficulties. The current study formed part of a larger project entitled: *"Forgotten women on farms": The psychological distress and resilience of female farm workers of colour in the Western Cape: exploring the possibilities for mental health support* (Kruger, 1998).

The coping interviews were analyzed by means of grounded theory. Analysis revealed that 28 coping mechanisms were identified by the participants themselves. A distinction was made between problem-focused coping mechanisms and emotion-focused coping mechanisms. Out of the 28 identified mechanisms, 8 were categorized as problem-focused coping mechanisms, while 20 were categorized as emotion-focused coping mechanisms, suggesting that the participants predominantly employ emotion-focused coping mechanisms. It was also found that the emotion-focused coping mechanisms employed by the participants often involved an avoidance of emotion.

The findings were discussed by:

- (i) Critically discussing the way in which emotion-focused coping is traditionally defined within the coping literature.
- (ii) Comparing this to the conceptualization of the role of emotion by authors of trauma literature.

Possible reasons for the prevalent use of emotion-focused coping mechanisms in this particular population were provided. The implications of these findings for assessment of coping strategies and for mental health care in this population were discussed.

OPSOMMING

Die hoofdoelstelling van hierdie kruis-kulturele studie was om vas te stel hoe lae-inkomste vroueplaaswerkers in die Wes-Kaap van Suid-Afrika hulle eie stresshanteringsmeganismes beskryf. Agt deelnemers is gevra om op 'n oop vraag oor hoe hulle lewensmoeilikhede hanteer, te reageer. Hierdie studie vorm deel van 'n groter projek getiteld "*Forgotten women on farms*". *The psychological distress and resilience of female farm workers of colour in the Western Cape: exploring the possibilities for mental health support* (Kruger, 1998).

Hierdie onderhoude oor stresshantering is ontleed m.b.v. "grounded theory". Analise het getoon dat 28 hanteringsmeganismes deur die deelnemers self geïdentifiseer is. Onderskeid is gemaak tussen probleem-gerigte hanteringsmeganismes en emosioneel-gerigte hanteringsmeganismes. Uit die 28 geïdentifiseerde meganismes, is 8 gekategoriseer as probleem-gerigte hanteringsmeganismes, terwyl 20 gekategoriseer is as emosioneel-gerigte hanteringsmeganismes, duidend daarop dat deelnemers grootliks van emosioneel-gerigte hanteringsmeganismes gebruik maak. Daar is ook gevind dat die emosioneel-gerigte hanteringsmeganismes dikwels 'n vermyding van emosie behels het.

Hierdie bevindinge is bespreek deur:

(i) Die manier waarop emosioneel-gerigte hanteringsmeganismes tradisioneel in die literatuur gedefinieer word krities te bespreek.

(ii) 'n Vergelyking te tref met die wyse waarop die rol van emosie deur die outeurs van trauma literatuur gekonseptualiseer word.

Moontlike redes vir die groter gebruik van emosioneel-gerigte hanteringsmeganismes in hierdie spesifieke populasie is voorsien. Die implikasies van hierdie bevindinge vir die meting van hanteringsmeganismes en vir geestesgesondheidsdienste binne hierdie populasie is bespreek.

DEDICATION

To my study-leader and co-study leader, my appreciation for your guidance and invaluable input.

To my parents, Louis and Janetta Priciosa, whose love and support have been a constant blessing.

And to God whose love is better than life.

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CHAPTER 1

INTRODUCTION

Suffering and adversity form an inevitable part of human existence (O'Leary, 1998). Aaron Antonovsky, in his seminal work on coping, prominently states his awareness of the stressful nature of the human condition (Antonovsky, 1979). However, also clear is the fact that despite life stressors, a reasonable level of functioning and health is maintained by most people (Folkman, 1992). In recent years, stress resistance research, of which the study of coping forms a central part, has become the main approach to studying stressors today. Within this research, the individual is regarded as being resourceful, and the individual's ability to be resilient, active and adaptable is emphasized (Holahan & Moos, 1994; O'Leary, 1998).

This new focus on triumphs and resilience as opposed to vulnerability in the face of adversity (O'Leary, 1998) goes hand in hand with a more general shift in the social sciences, a shift from pathology and dysfunction to wellness and health. Antonovsky (1987) not only criticized the fact that illness is better understood than health and adaptive ability, but also proposes a neologism, *salutogenesis* for the study of health (1979). Work on primary prevention, which has also been receiving increasing emphasis, promotes not only a competence model of health as opposed to the illness model, but also the building of coping resources and adaptive strengths as an approach to intervention (Seeman, 1989). Knowledge with regards to competent coping is needed for national policy objectives in areas such as health care and education (Brickman, Rabinowitz, Karuza, Coates, Cohn & Kiddler, cited in Holahan & Moos, 1994). The potential significance of the health paradigm, on an empirical, theoretical as well as policy level, should not be underestimated (O'Leary, 1998). Despite the complex nature of both the phenomenon of coping as well as its research (Folkman, 1992), researchers

seem convinced of the potential benefits of knowledgeableness with regards to the topic of coping for psychological theory and intervention.

Two facts are vital considerations for this study which looks at the coping mechanisms of female farm workers in the Western Cape. First is the fact that the future health of a woman is influenced by the way she copes with stress – something which is universally agreed upon (Blechman, 1998). Not only do these coping strategies influence future health, but they also mediate and moderate current stress, the unchanging personal qualities of the individual, and the indirect effects past relationships might have (Blechman, 1998). The coping-competence theory claims that “how a woman copes with current stress is the most direct, substantial influence on her future physical and mental health” (Blechman, 1998, p. 95). Second is the finding that continuous stressors such as poverty serve as powerful sources of threat (Dill & Feld, 1982). However, despite their increased exposure to threat, low-income women have been left out by mainstream academic psychology (Reid, 1993). It would therefore be a logical conclusion to draw that low-income women have also been severely neglected within the field of coping research. In the light then of both the significance of coping, and the additional threat which poverty adds to the lives of low-income women, the need for research with regards to the coping mechanisms of this specific group of women, is indisputable.

The goal of this study is to describe how female farm workers in the Western Cape, from their subjective point of view, describe their coping mechanisms. In the literature review in chapter two, two bodies of literature will be discussed. In the first section, literature dealing with the concept of coping is reviewed. The second section provides an overview of literature dealing with the relationship between low-income women and mental health. Chapter three contains the methodology section in which a detailed discussion of the chosen methodology is provided. In chapter four the results of the study are reported, while chapter five

contains a critical discussion of some of the more significant findings of the study.
A conclusion for this study is provided in chapter 6.

CHAPTER 2

LITERATURE REVIEW

1. Introduction

In considering the coping mechanisms of low-income women, two bodies of literature seem to be relevant. Firstly, considering not only its relevance to everyday life, but also its significant influence on mental health, literature concerned with the concept of coping will be reviewed. Secondly, literature concerned with the relationship between low-income women and mental health will also be considered. In this section, two aspects, namely the relationship between gender and mental health, as well as the relationship between socio-economic status and mental health will be reviewed.

2. Coping

2.1 Defining coping

Since stress is a concept which is not only closely linked to that of coping (Pearlin & Schooler, 1978), but can also be regarded as the defining feature of coping behaviours (Carpenter, 1992), it would be beneficial to firstly look at the way in which stress is defined. Lazarus and Folkman (1984), who have done trailblazing work within the field of coping research and whose names are indeed synonymous with coping research, define stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (p. 19).

Various definitions of coping have been provided by researchers within the field. Pearlin and Schooler (1978, p. 3) define coping as "any response to external life strains that serves to prevent, avoid, or control emotional distress."

Blechman (1998) provides an operational definition of what she terms "prosocial coping" and defines this as the confrontation of stress in diverse ways chosen with the intention of benefiting the self and others on both a short-term as well as long-term basis. Dill & Feld (1982, p. 188) provide the following definition: "Coping is the actual efforts made to solve a problem, to manage the stress that results, or to accommodate oneself to a situation perceived to be resistant to change."

Coping has also been defined as "the effort to manage psychological stress" (Lazarus, 1999). Lazarus and Folkman (1984), within their contextual model of coping, define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). This definition of coping is distinguished from the definitions offered by two other models of coping, namely the ego-psychology model of coping, as well as the trait/dispositional model of coping. The ego-psychology model conceptualizes coping in terms of ego or defensive processes, (e.g. Vaillant, 1977; Haan, cited in Folkman & Lazarus, 1980), while the trait/dispositional model conceptualizes coping in terms of personality traits (e.g. Lazarus, Averill, & Opton, cited in Folkman & Lazarus, 1980). The contextual model's conceptualization of coping as a changing process, indicates this model's acknowledgement of the complex nature of the coping process. The process-oriented nature of the contextual model holds two meanings: It refers in the first place to the dynamic and constantly changing relationship between person and environment. Secondly, the relationship is viewed as bi-directional, meaning that the person and environment both act on each other (Folkman, 1984).

The cognitive theory of stress and coping developed by Lazarus and colleagues (e.g. Coyne & Lazarus, 1980; Lazarus & Folkman, 1984) places much emphasis on the significant role of appraisal within the whole coping process. Appraisal plays the role of determining the meaning of an event for an individual, and two

types of appraisal, namely primary and secondary appraisal are being distinguished. Primary appraisal refers to an evaluation of what is at stake. Secondary appraisal refers to an evaluation of the available coping options and resources. Three types of stressful appraisals (as opposed to appraisals of transactions regarded as insignificant for well-being or not exceeding the person's resources) are furthermore distinguished:

(1) Harm-loss, which refers to an already occurred damage, (2) threat, which refers to an anticipated harm, and (3) challenge, which refers to the anticipation of an opportunity for mastery. Both primary and secondary appraisals define the relationship between the person and his/her environment, which in turn determines the degree of psychological distress (i.e. feelings of harm, threat or challenge) experienced by the person (Folkman & Lazarus, 1980).

Primary appraisals are influenced by various personal and situational factors, of which commitments and beliefs are the most important (Folkman, 1984). Commitments indicate that which is important to the person and holds meaning for him/her, and thus also determine what the stakes are in a specific situation. (Folkman, 1984). Beliefs (both general and specific) can be defined as "preexisting notions of reality", and determine perceptions of reality, as well as the nature of the situation within a specific person-environment transaction (Folkman, 1984, p. 840).

An important belief influencing primary as well as secondary appraisal is that of control. Beliefs of control refer to the beliefs of an individual regarding the possibilities for control within a specific situation. Such beliefs are thus determined by both judgments concerning the situational demand as well as the availability of coping resources, coping options, and the ability to effectively implement these (Folkman, 1984). An important determinant of perceptions of self-efficacy seems to be opportunities for mastery. In order to develop a belief in one's own ability to control what happens to oneself, opportunities for mastery are essential (Seligman; White, cited in Dill & Feld, 1982). A lack of opportunity

to initiate coping strategies, as well as a lack of perceived coping options, thus both diminish the individual's likeliness of perceiving him or herself as being able to cope effectively (Dill & Feld, 1982).

2.2 Stages of the coping process

Most researchers working in the field of coping agree that coping is a process. Several of the most prominent researchers have also argued that it is possible to identify certain stages in this process:

Lazarus and Folkman (1984) propose that the coping process consists of four stages: (1) The occurrence of an event; (2) primary and secondary appraisal of the event; (3) the practice of actual coping strategies; and (4) health outcomes of the event.

Dill and Feld (1982) also proposed a model of coping consisting of four stages:

(1) Initial appraisal:

This is similar to the concept of "primary appraisal" (Lazarus & Folkman, 1984). A situation is evaluated on the basis of both the immediate danger it holds as well as the future effect it may have on the person's life. The assessment is thus based on cues from the immediate situation as well as the person's continuing life context. Various life contexts may cause seemingly similar threats to be appraised in varying ways. A response is made to an event as it is perceived by the individual rather than to the total stimulus field (Dill & Feld, 1982). The recognition and evaluation of a situation as requiring the application of certain coping mechanisms, initiates the coping cycle.

(2) Strategic thinking

During this stage, the person searches for ways of coping with a stressor. This part of the coping process draws on prior learning concerning appropriate coping strategies and the outcomes to be expected from these. This means that the

search does not necessarily take place consciously or on a sustained basis. The array of potential coping strategies is also limited by various factors such as the way in which the threat was interpreted, values and expectations, inner resources, and the environment (Dill & Feld, 1982).

(3) Coping

The actual act of coping, which may involve the use of various methods, takes place during this phase (Dill & Feld, 1982).

(4) Coping outcome

This phase involves the observation of the results of the coping effort, as well as reflection on the implications thereof both for the self as well as the initial assessment that was made. Many factors influence this phase. The implications for the attribution of a specific outcome to factors such as the interference of others or fate, will for example greatly differ from the attribution thereof to one's own efforts. While an outcome may objectively be seen as successful, an individual may experience it as costly in terms of e.g. time or embarrassment, causing their assessment to be very different from that of an outsider. In case of a solution remaining out of reach despite coping efforts, the coping process is likely to be repeated through the consideration and application of different coping mechanisms (Dill & Feld, 1982).

It should be kept in mind that several cycles of coping, which may be both simultaneous and/or sequential can be contained within one single situation. These coping processes are also not necessarily experienced as separate cycles with distinguishable sub-phases, and this model of coping thus simply serves to present the coping process in a more simplistic manner in order to make it more comprehensible (Dill & Feld, 1982).

2.3 Different kinds of coping

In a statement highlighting not only the importance and centrality of coping, but also the multitude of coping strategies that people employ, Maslow and Mittelmann (quoted in Coyne & Racioppo, 2000, p. 655) say: "If we had attempted to make a complete list of coping mechanisms we should eventually have come to realize that all behavior, normal or abnormal, copes in one way or another with situational or character difficulties".

To discuss coping mechanisms identified by researchers in the field, it is useful to look at some of the various coping scales that have been compiled over the years. Such coping scales are typically used for research purposes and the gathering of information on coping.

Folkman and Lazarus' work on coping include the development of two coping scales: The Ways of Coping Checklist (WCC) (Folkman & Lazarus, 1980) consists of 68 items, and is completed by answering yes or no to the given questions with regards to a specific event in mind.

The second, namely The Ways of Coping Questionnaire (WCQ) (Folkman & Lazarus, 1985) is a revised version of the WCC, consists of 66 items and is completed with the use of a 4-point Likert scale. Various coping studies have based their research on the WCQ (e.g. McCrae, 1984).

Moos, Cronkite, Billings, and Finney (cited in Billings & Moos, 1984) developed the Health and Daily Living Form, a coping measure similar to the Ways of Coping Checklist. The measure includes five scales which emerged from an item analysis: appraisal focused coping; two types of problem-focused coping namely information seeking and problem solving, and two types of emotion-focused coping, namely affective regulation and emotional discharge. The Jalowiec Coping Scale (Jalowiec, Murphy, & Powers, 1984) for the assessment of either coping with a specific situation, or general coping behaviour is similar to the

Ways of Coping Questionnaire. Four factors namely problem-focused coping, tension-modulation, powerlessness, and seeking support were derived from the factor analysis.

Stone and Neale (1984) developed a measure of coping for use in longitudinal studies that can be used for the assessment of coping on a daily basis. This is completed with a specific situation in mind, and consists of eight described categories, as well as a ninth category which allows for the reporting of any strategies that do not fit into the given categories. The eight categories include distraction, situation redefinition, direct action, catharsis, acceptance, seeking social support, relaxation, and religion.

The Multidimensional Coping Inventory is a self-report instrument identifying three types of coping styles: task-oriented, emotion-oriented, and avoidance-oriented (Endler & Parker, 1990).

The coping inventory developed by Carver, Scheier and Weintraub (1989), the COPE, consists of thirteen scales, namely active coping, planning, suppression of competing activities, restraint coping, seeking social support for instrumental reasons, seeking social support for emotional reasons, focusing on and venting of emotions, behavioural disengagement, mental disengagement, positive reinterpretation and growth, denial, acceptance, and religion. These scales are divided by them into three categories: those measuring aspects of problem-focused coping, those measuring emotion-focused coping, and three coping responses (focus on and venting of emotions, behavioural disengagement, and mental disengagement) regarded by the authors as being arguably less useful.

2.4 Dimensions of coping

It is the difficulty involved in empirically and conceptually dealing with multiple kinds of coping (Folkman, 1992) that have led to efforts to categorize coping

strategies. A central aspect of coping research has therefore been the conceptualization of basic coping dimensions. The various functions of coping have been classified at both macro- and micro-analytic levels. Micro-level analysis has resulted in the identification of various subtypes of coping. Little agreement has however been reached by researchers on an appropriate set of coping categories, as is illustrated by the above examples of various instruments for coping measurement and the various scales contained within those measuring instruments.

Macro-level analysis has led to a distinction between problem-focused and emotion-focused coping (Lazarus and Folkman, 1984). This is the most influential conceptualization made thus far (Coyne & Downey, 1991), and one on which consensus has been reached in the coping literature (Endler & Parker, 1990). The two dimensions are also tapped by most current coping scales (Endler & Parker, 1990). The distinction is made on the basis of function: Problem-focused coping is aimed at managing the problem which causes distress, while emotion-focused coping serves to manage the distress or emotions caused by the problem (Lazarus & Folkman, 1984). Holahan & Moos (1987) describe the distinction between problem and emotion-focused coping as "strategies that are active in nature and oriented toward confronting the problem, and strategies that entail an effort to reduce tension by avoiding dealing with the problem" (p. 946). Problem-focused coping can also be viewed as a task-orientation, while emotion-focused coping refers to a person orientation (Endler & Parker, 1990). In Folkman and Lazarus' study (1980) on coping with the stressful events of daily living, examples of problem-focused coping included "stood your ground and fought for what you wanted", "got the person responsible to change his or her mind", and "made a plan of action and followed it." Examples of emotion-focused coping given are "tried to forget the whole thing", "accepted sympathy and understanding from someone", and "tried to look on the bright side of things". There are however various ways of classifying coping responses (Moos & Billings, 1982). Pearlin & Schooler (1978), for instance,

added a third category. They differentiate between eliminating or modifying the cause of the problem, managing the emotional consequences of problem, and controlling the meaning of the experience through cognition. Similar to this is the distinction by Moos and Billings (1982) between problem-focused, emotion-focused, and appraisal-focused coping, where appraisal-focused coping serves to “modify the meaning and comprehend the threat aroused by a situation” (Moos & Schaefer, 1986). This distinction suggests that coping mechanisms can be aimed at dealing with the practical aspects, the emotions or the meaning associated with a crisis (Moos & Schaefer, 1986).

The distinction between avoidant vs. non-avoidant strategies is another important way of conceptualizing coping dimension – a formulation of coping related to the method of coping used. According to Suls & Fletcher (1985), non-avoidant strategies focus direct attention on the source of the stress (e.g. information seeking), while avoidant strategies serve to divert attention from the stressor (e.g. distraction or denial). The terms “approach” and “avoidance” can thus be used to refer to activity oriented either toward or away from a stressor (Roth & Cohen, 1986). The roots of this distinction between approach and avoidance can be found not only in the behavioural and phenomenological traditions’ views of conflict, but also in psychoanalytic theories of defense (Roth & Cohen, 1986).

This distinction does however oversimplify potential orientations toward stress in the sense that many types of approach and avoidant strategies are for instance found (Roth & Cohen, 1986). The reduction of coping strategies to only two categories “tends to mask the rich variety of coping strategies that they subsume”, and an appropriate way of summarizing coping activities still needs to be found (Folkman, 1992, p. 36).

Many studies have attempted to find out which coping dimensions prove to be more efficient. Studies indicate that avoidant coping strategies work to the disadvantage of individuals (e.g. Vaillant ; Aldwin & Revenson; Billings & Moos;

Cronkite & Moos; Holahan & Moos; Folkman & Lazarus; Wills, cited in Carver & Scheier, 1994). Studies investigating the health consequences of coping strategies have found that avoidant strategies are positively associated with psychological distress (Billings & Moos, 1981). Other studies have shown that problem-oriented strategies seem to function as moderator of the jeopardizing influence of negative life events (Billings & Moos, 1981; Pearlin & Schooler, 1978). Evidence for a negative correlation between depression and task-oriented behaviours exist (Mitchell & Hodson, cited in Endler & Parker, 1990), while emotion-focused and avoidant coping is related to anxiety (Dusenbergh & Albee, cited in Endler & Parker, 1990). The finding that emotion-focused coping and distress are positively related, is possibly the finding which is most consistent in the coping literature. This finding is however questionable, and addresses the issue of causal priority, since much reported emotion-focused coping is the result of rather than the contributing factor to psychological distress (Coyne & Racioppo, 2000).

Research on the categories of avoidant vs. non-avoidant strategies point to the benefit of avoidant strategies in case of short-term stressors for which the cost of non-avoidant behaviour in terms of effort may be too high. Avoidance of potential long-term stressors however, has been found to eventually result in an increase of negative consequences (Carpenter, 1992). The literature seems to suggest that, in the case of both temporal and long-term factors, avoidant strategies are superior when an individual has little control over the stressor (Carpenter, 1992; Roth & Cohen, 1986).

With regards to judgments of efficacy, it is of vital importance to keep in mind that specific coping strategies cannot be evaluated as being "inherently adaptive or maladaptive" (Moos & Schaefer, 1986, p. 13). Where a certain skill might prove harmful in case of exclusive use thereof, the same skill might be beneficial in case of temporary use (Moos & Schaefer, 1986). Many stressors are unsolvable and reducing concern about these stressors by shifting one's focus onto other

activities, may at times be preferable (Blechman, 1998). Value judgments labeling for instance problem-focused coping as good, and emotion-focused coping as bad, is being replaced by "an appreciation of the subtlety of the coping process" (Blechman, 1998, p. 101).

In terms of determining what coping dimensions are used by different groups of people, a stronger inclination towards the use of avoidant strategies among women than among men has been found (Billings and Moos, 1981).

Certain coping dimensions are also used more often under certain circumstances. Problem-focused coping, as opposed to emotion-focused coping is used more often when a situation is appraised as being changeable. More emotion-focused coping on the other hand is used in cases where a situation had to be accepted or when a person had to refrain from acting (Folkman & Lazarus, 1980). Social support has an influence on coping in terms of seemingly promoting an increased use of non-avoidant strategies. More active and less avoidant coping strategies are for instance used by individuals from supportive families (Cronkite & Moos; Manne & Zautra, cited in Holahan & Moos, 1994)

2.5 Factors that influence the coping process

Much has been written about the various factors that influence the way in which a person copes with stress. These factors that have been identified in the literature can be divided into three categories: demographic and personal characteristics, the physical and social environment, and aspects of the crisis or situation (requiring coping behaviour) itself (Moos & Schaefer, 1986).

Lazarus and Folkman (1984) suggest that personal resources, commitments and values, and individual differences with regards to psychological vulnerability all serve to influence appraisal and coping. In their transactional model of coping, Lazarus and Folkman (1984, p. 325) claim that the person and environment are

in a “mutually reciprocal, bi-directional relationship”. The interactions between person, situational and environmental factors implied in this theory is empirically demonstrated in a study by Parkes (1986) in which each of these three factors were “found to be important predictors of direct coping” (p. 1288).

Demographical and personal characteristics:

Demographic characteristics include gender, age, ethnicity and socio-economic status. Ethnicity may for instance encompass specific cultural practices and preferences that will influence decisions with regards to coping (Aldwin, cited in Aldwin & Revenson, 1987).

Personal characteristics include factors such as philosophical and religious commitments, self-confidence and previous coping experiences (Moos & Schaefer, 1986). Personal resources (of which self-confidence would be an example) are thus categorized under personal characteristics. Personality type as well as variables involving belief systems such as locus of control, self-efficacy, optimism, and religiosity are viewed as personal resources (Park & Cohen, 1992). Other personality characteristics that have an influence on coping are qualities such as self-esteem, self-denigration, mastery, general tendencies toward escapism, measures of denial, and dispositions to move either away from or toward people when troubled (Pearlin & Schooler, 1978). Folkman (1984) mentions morale, skills for problem-solving and beliefs that serve to sustain hope as examples of psychological resources, while energy, stamina and health are given as examples of physical resources. Inner resources can also place a limitation on potential coping strategies. A person would not choose a coping strategy that he/she does not feel confident enough to carry out. The choice of coping strategies available to an individual is further limited by inner restraints such as values. A person is for instance likely to disregard any coping method that they regard as being morally wrong (Dill & Feld, 1982).

The concepts "self-esteem" and "self-efficacy" can be used to illustrate the manner in which personal factors impact the coping process. Self-esteem can potentially affect "the number and type of potentially stressful events and circumstances confronted, the initiation and persistence of efforts expended to resolve problematic situations, and greater resiliency in the face of challenge". It may also have an effect on other psychosocial resources such as personal control and social support (Turner & Roszell, 1994, p. 192). Self-efficacy will lead to increased effort to succeed (Bandura, 1982). This perspective suggests the relatedness of confidence to coping, and especially an inverse relationship to avoidance coping (Carver & Scheier, 1994). According to Bandura (1982), judgments of self-efficacy "determine how much effort people will expend and how long they will persist in the face of obstacles or aversive experiences" (p. 123). People undertake activities that they feel capable to manage, while they avoid activities regarded as being outside the sphere of their coping. Successful coping leads to increased expectations of self-efficacy, which in turn lead to greater persistence in mastery efforts (Bandura, 1982). Transactions that may have been regarded as threatening, may rather be appraised as benign due to a strong sense of self-efficacy, while certain situations may be experienced as threatening when an individual regards his coping resources as being depleted (Coyne & Lazarus, 1980). In coping with potentially adverse events, perceived inefficacy is the main reason why such events invoke fear. More fear is experienced the less efficacious persons judge themselves to be (Bandura, 1982). Kessler and Cleary (1980, p. 464) state: "High self-esteem (Kaplan, 1970) and perceived control (Johnson & Sarason, 1979), on the other hand, have both been shown to reduce perceptions of threat (Chan, 1977)".

The physical and social environment:

Due to its influence on intrapsychic resources, the influence of the environment on coping is clearly observable. While coping is influenced by the individual's beliefs and values, appraisals, and behavioural dispositions, these factors are in turn shaped by the individual's experiences in living (Kessler & Cleary, 1980).

The influence of the environment also operates via its provision or lack of social resources which would include factors such as financial and political power (Antonovsky, 1979) and social support (Dohrenwend & Dohrenwend; Liem & Liem, cited in Kessler & Cleary, 1980). High unemployment rates and a lack of social support within a community for instance would not only serve to make an individual's plight more severe, but would also influence appraisal as well as the choice, sequence and efficacy of coping strategies (Moos, 1986).

Four points of environmental impact on the coping process

Dill and Feld (1982) who proposed a model for the coping process, believe that an analysis of any segment within the unfolding coping process (were it possible to "freeze" such a segment), would make it possible to identify a series of exchanges between person and environment. They also state that the environment influences the whole of the coping process. Work with low-income mothers by Dill, Feld, Martin, Beukema, and Belle (1980) have resulted in their emphasis on environmental impact on the coping process in the following four ways:

1. Environmental threat

Different environments hold different levels of threat in terms of frequency as well as type of threat. Both life events that require readjustment and change e.g. illness or being a victim of crime, as well as continuous stressors such as poverty or living in a high-crime neighbourhood are powerful sources of threat. Coping strategies employed to deal with long-term stressors are likely to differ from those employed to deal with a short-term crisis. Continuous stressors are more likely to be dealt with by means of defensive strategies.

2. Contextual influence on the experience of stress

The environment is a vital determinant of the appraisal of a situation, i.e. whether the situation is appraised as stressful, as well as the way in which the stress is construed. An unwanted pregnancy under conditions of poverty would for

instance be very differently appraised than a planned pregnancy under favourable circumstances.

3. Limited coping options

The environment may be limiting in terms of the available options for addressing problems. An individual in a poor environment may for instance lack the finances, power or information needed to gain the assistance of an institution in solving a problem. The chosen coping strategy in such a case is often a compromise between what the individual wants and what the environment allows.

4. Environmental response to coping efforts

The environment responds in either a positive or a negative manner to an individual's coping strategies. Public institutions may for instance be unresponsive to someone's efforts to cope with difficulty, which may leave that individual with the feeling that they have little control over life-determining forces. This may have implications for the individual's self-esteem and motivation, as a result of the individual's perception of him or herself as incompetent. Repeated failure in mastery efforts would be the origin of an inferiority complex, according to White (cited in Dill et. al., 1980).

By focusing solely on personal factors and ignoring life context such as conditions of poverty, and especially the availability of resources and options, it becomes possible to pathologize "the psychological outcomes of oppression" (Dill & Feld, 1982). Many problems rooted in social and economic organization may be impossible to change through personal effort, causing individuals to often rely on coping methods that help them to endure that which is unavoidable (Pearlin & Schooler, 1978). Performance is therefore not necessarily a true reflection of the person's ability (Dill et. al., 1980).

3. Low-income women and mental health

In addition to the stressors that women generally have to face in their everyday existence, the low-income women partaking in this study are also exposed to the stress induced by poverty. Due to this exposure, these women form one of the most vulnerable groups within South African society (Kruger, 1998). Upon considering the political history of South Africa, it can also be said with almost certainty that these women have also been, and might even still be victims of discrimination. In South Africa, these women are thus subjected to tripled discrimination, i.e. discrimination based on gender, race as well as socio-economic status. As already mentioned, low-income women have been disregarded by mainstream psychology (Reid, 1993), leaving a large gap in the availability of knowledge regarding the mental health of these women. The following discussion will take a closer look at both the various stressors to which women in general are exposed, as well as the effects of low socio-economic status on mental health.

3.1 Women and mental health

The finding that women are almost doubly at risk for depression than men, has been consistent within literature regarding gender differences in mental health – a finding which applies on a global basis (Hunter College Womens' Studies Collective, 1995). A closer look will therefore be specifically taken at the relationship between gender and depression. Various reasons for the above finding have been hypothesized:

a) Methodology

A higher level of depression in women than men has been observed in both community surveys as well as patient statistics. The possibility exists that gender differences in emotional expression might affect both self-assessed symptoms and clinical evaluations. It is however difficult to determine the extent to which the

gender difference in levels of depression have been influenced by gender differences in a willingness to report symptoms of depression (Busfield, 1996). A willingness by women to report even mild symptoms of distress may contribute to the gender difference observed in community surveys (Newman, cited in Busfield, 1996). This tendency is often not controlled for by screening instruments (Busfield, 1996).

It is also a possibility that a higher level of alcohol use and alcoholism among men may mask depression, and that alcohol is often self-prescribed by men for their depression (Weissman & Klerman, cited in Busfield, 1996). Canetto (cited in Busfield, 1996) has argued that substance abuse in men is a psychological equivalent of suicide attempts in women. These ideas can support a broader claim that psychological difficulty is handled differently by men and women: while women experience anxiety and depression as a result of the internalization of their difficulties and emotions, men turn their feelings outwards into aggression and excessive drinking, or in the case of internalization, express these feelings through physical symptoms.

b) Conceptualization of depression

Findings are not only method-dependent, but are also construct-dependent. Different constructions of depression complicate efforts to establish the extent of gender differences. The changing construction of different categories of depression is the most obvious reflection of a lack of precision with regards to what exactly constitutes depression (Busfield, 1996). Depression is also often researched by means of summary scales. Gender differences found when using summary scales may be misleading, since such scales do not distinguish between severe depressive symptoms and milder symptoms of distress (Newman, cited in McGrath, Keita, Strickland, Russo, 1990). Many studies however, even though measuring and conceptualizing 'unipolar' depression in

various ways, have shown that in Western society, the disorder is more often found among females than among males (Busfield, 1996).

c) Socialization

Some evidence in literature suggest that increased female susceptibility to depression (which is often offered as a possible explanation for increased depression levels among women), may be due to learned sex-role behaviour (Radloff & Rae, 1981). A study by Rubin, Provenzano, and Luria (cited in Radloff & Rae, 1981), showed that at birth, female babies were rated by parents as being weaker and more in need of being taken care of than male babies of similar weight and health. It was also found that while elementary school teachers would encourage greater effort in boys after failure, and attribute their failure to lack of effort, girls received little encouragement to increase effort, and failure in their case was more likely to be attributed to lack of ability (Dweck, Davidson, & Nelson, cited in Radloff & Rae, 1981).

d) Gender roles

Apart from life's general difficulty, it is certain that women often have to execute additional straining life tasks unique to their gender as defined within modern society. Women are assigned the gender roles of mother and wife, and are left without the option of rejecting these roles (Hunter College Women's Studies Collective, 1995). The working women however, not only needs to cope with her roles as mother and wife, but also with the additional role of being an employee. The need for women to cope with such multiple roles directly affects their mental health (Blechman, 1998). The role overload model holds the argument that women in this situation are being burdened with too much to do (Busfield, 1996). The role strain hypothesis considers both role overload and role conflicts, and maintains that an individual can be exhausted through role obligations laying claim to their limited energy and time (Repetti, 1998). Role strain is a chronic

strain related to psychological distress (Pearlin, Lieberman, Menaghan & Mullan, 1981, cited in McLean & Link, 1994), and includes both the strain of occupying multiple roles as well as the strain associated with specific roles (McLean & Link, 1994). It is becoming increasingly common for a woman to have to occupy the three major social roles of employee, partner, and parent simultaneously. Consideration of the pressures and physical labour associated with these demanding roles makes the likelihood of role strain and health liability easily comprehensible (Repetti, 1998). Role strain includes various domains such as work strain, relationship strain within important relationships, care-taking strain such as parenthood, and breadwinner strain. Considering their multiple role occupation, the chronic strain of simultaneously inhabiting many roles holds particular significance for women (McLean & Link, 1994).

The scarcity hypothesis, put forth by Goode (cited in Barnett, 1987) also holds that individuals are drained by their roles, and that the number of roles an individual occupies is directly related to the amount of energy expended by that person. The more roles a woman thus occupies, the more energy she will be drained of, leading to potential conflict and a negative effect on her well-being. In contrast to this model is the expansion hypothesis according to which there is a positive association between expanded role occupation and psychological well-being (Barnett, 1987). This model is similar to the role enhancement model which holds that women's lives need enhancing and that they should not be tied to their homes (Busfield, 1996).

Research studies have provided empirical support for both the role overload model as well as the role enhancement model. Most studies however have found better psychological health among employed women than unemployed women, which is in line with the role enhancement model. Again however, studies which made a distinction between part-time and full-time work, showed better health for part-time workers – a finding more supportive of the role overload model (Busfield, 1996).

In terms of the role expansion hypothesis, role quality should however also be taken into consideration. An important predictor of psychological distress levels over time is that of changes over time in a women's job quality, as shown by a longitudinal study by Barnett, Marshall, and Singer (cited in Barnett, 1987). Improved experiences at work would cause for improved mental health, while deteriorating experiences at work would cause for a deterioration of mental health (Barnett, 1987). Higher education and training levels increase the likelihood of a woman reporting personal satisfaction as opposed to need as her reason for being employed. Although work may thus cause an individual to feel useful and serve as a source of personal satisfaction, this is not necessarily the case (Baker, Berheide, Greckel, Gugin, Lipetz, & Segal, 1980). This is important to keep in mind when considering the mental health of low-income women whose reason for employment is indisputably that of need.

It is also necessary to consider that men and women may experience differing effects of the same role combinations, and that various researchers claim that men have a more beneficial experience of combining the role of employee and spouse (Barnett, 1987). The pressure caused by family-and-job-related demands isn't relieved by society for women the way it is for men. In the male role, society stresses work above the family, while women are faced with such role-related pressure on a daily basis (Baker et al., 1980). It has also been found by researchers that wives' behaviours often moderate the negative health effects of their husbands' work stress. Studies have shown that men are enabled to cope more efficiently with their stress through the supportive behaviours of their wives (Barnett, 1987). Wives, in order to facilitate recovery from a tiring work day, allow their husbands to withdraw and avoid stimuli that might cause either emotional or psychological arousal (Repetti, cited in Barnett, 1987). Wives also shield their husbands from excessive role demands by increasing their own work input at home (Bolger, DeLongis, Kessler, & Wethington, cited in Barnett, 1987). Such behaviour serves to reduce the likelihood of mental health problems for men.

Evidence of similar behaviour by husbands has not been found. The opportunity to recuperate after work seems to be an unlikely luxury for the working woman. Although crossover between work and home possibly exist for both men and women, its effects on women's health is not moderated by the husband's behaviour (Barnett, 1987).

Family roles themselves are also often experienced by women as being inherently stressful. According to traditional viewpoints, a woman's family roles are regarded as her core roles, implying these roles to be essential to her well-being. These roles are often seen as natural and less stressful than the role of employee, and women are thus under severe pressure with regards to their performance of these roles. The stress involved in family roles is however overlooked. Motherhood is for instance often associated with psychological distress rather than with psychological well-being (Barnett, 1987). Motherhood does not predict self-esteem, pleasure, or low levels of depression, according to a study by Baruch and Barnett (cited, cited in Barnett, 1987). Supporting its relation to role strain, Blechman (1998) found that parenthood is related to a decrease in marital satisfaction and health levels, especially for the unemployed or mothers of young children. Women with children also report more psychophysiological complaints according to a study by Gore and Mangione (cited in Barnett, 1987) in which employment and marital status was controlled for. These findings serve as indicator of the burden associated with family roles (Aneshensel and Pearlin, cited in Barnett, 1987). In addition to the strains inherent in motherhood, is the need for the employed mother to find appropriate childcare. This can cause not only financial stress, but also emotional distress to the mother who may have to entrust her child to strangers who possibly do not share her values (Baker et al, 1980). Attempts by employed women to manage multiple role obligations through redefining parenting roles in order to make the role of parents more equal, carry the potential of creating marital tension (Barnett, 1987). It seems unlikely that the future will involve a diminishing of family role related stress for women (Barnett, 1987).

Added to role strain and the stress inherent in certain role obligations experienced by many women is the devaluation of their family roles. Less value has almost always been placed on the work done by women, and domestic work has often not been regarded as having any social or economic value (Hunter College Women's Studies collective, 1995). Motherhood is for instance given a low status despite its importance and is a "hidden, almost unrewarded, sphere of life" (Nicolson, 1992, p. 26). Such depreciation is bound to have a negative effect on the mental health of women who are required to fulfill these family roles. Women's capacity to bear and nurture children is also often used by cultural belief systems to place women in the role of nurturer, and in subordination in relation to the man who is the powerful provider (Nicolson, 1992). It seems that "women's oppression is both a material and social reality" (Busfield, 1996, p. 207).

e) The increased strain in social relations for women

The central role of social relationships may be another cause of strain in the lives of women. Social relationships may be central to women's thriving, and women are also more inclined to make use of social support during stressful times (O'Leary, 1998). Research points to the fact that the significant role of interpersonal relationships in the lives of women may however also involve a cost for women. Women have for instance historically been more affected by marital dissatisfaction (Barnett, 1987). Women's apparent greater vulnerability to especially people-focused life events, which seems irreconcilable to findings of women reporting a greater availability of social support than men during stressful events can be due to two reasons. This may firstly be due to the fact that not all relationships are supportive, while women may secondly be facing greater demands than men from their social networks (Sweeting, 1998).

The importance of the quality of interpersonal relationships for women is for instance illustrated by a study on pregnancy, which showed an association between marital dissatisfaction and increased depression, somatic symptoms, and diffuse anxiety (Fincham, 1998). Women also hold themselves responsible for the well-being of their husbands and children, and mothers often blame themselves for distress in their children's lives. Since reality involves little control over the lives of others, women are often exposed to frustrations and feelings of failure which might serve to increase the stressfulness of her family roles (Barnett, 1987). Since women are taught to put the needs of others before their own, actions fulfilling their own need ahead of the needs of others may trigger feelings of selfishness (Stiver, 1994). Women may also be more vulnerable to the life events of others in her close network as a result of her emotional attachments (Busfield, 1996). Dill and Feld (1982), who looked at the role of women as providers of social support, found that women are indeed more affected than men by the life events of those that are close to her. Results of studies by Kessler and McLeod, and Turner and Avison (cited in Turner & Roszell, 1994) resulted in the same finding, while these were also found to have important implications for the mental health of women.

3.2 Socio-economic status and mental health

Mainstream academic psychology has isolated itself from low-income and working class women (Reid, 1993). While feminist research has attempted to explain women's experience of gender, the fact that this experience cannot be separated from the confounds of race and class has often been overlooked. The implicit assumption made by feminist researchers that women's socialization and oppression only differ quantitatively, have caused for the middle-class experience to be seen as totally representative of women's worlds. This egocentric stance is one of the main reasons that poor women receive virtually no attention in feminist work (Reid, 1993). "Women" in feminist literature, normally refers to white, middle-class women (Reid, cited in Reid 1993), while these women also serve as

the subjects used for scale and measurement development. Racism and classism form an inherent part of traditional research (Landrine, Klonoff, & Brown-Collins, cited in Reid, 1993). These authors also made use of an empirical example to illustrate how equivalent behaviour may carry different meanings when cultural context is understood and taken into consideration. Women's research especially needs focus in the area of poverty (Russo, cited in Reid, 1993). The reality of social problems and the limitations of individual coping efforts in eliminating these problems (Pearlin & Schooler, 1979) need furthermore be kept in mind. It is necessary for clinicians to be aware of the constraints faced by poor women in order to validate the perceptions of these women when it is warranted, and educate them when this is needed (Parnell & Vanderkloot, 1994).

Strong evidence for the significant role which situational factors play with regards to the origin of depression exists (Brown & Harris, cited in Busfield, 1996). The environment in which poor women struggle to survive (i.e. the possibility of a correlation between this environment and the mental health of the women who need to survive in this environment) has been overlooked by the medical model (Parnell & Vanderkloot, 1994). Reviews done by several studies have shown low socio-economic status to be one of the risk factors for depression (Radloff & Rae, 1981). Studies have shown that for people with different social statuses, the association between events and distress varies. A stronger association between events and distress has been found among individuals of lower socio-economic status than of higher socio-economic status, while the same result was found for women in comparison to men. (Mclean & Link, 1994).

Various potential explanations for the higher rates of distress in low socio-economic strata are offered. One such explanation is the occurrence of greater exposure to stressful life events in the lower classes (Kessler & Cleary, 1980). Various researchers (cited in Kessler & Cleary, 1980) have found evidence that such stressful life events can either consist of traumatic experiences or of experiences of "a more stable and enduring nature" (p. 463). Continuous and

ongoing difficult conditions can serve as a powerful source of threat in an individual's life (Dill & Feld, 1982).

The confirmed occurrence of more life stressors among individuals of lower socio-economic class however only partially explains the higher distress rates found among these individuals. Statistical adjustments for these differences showed that individuals from a lower socio-economic status are at any given level of stress exposure, more prone to experience distress. The disadvantaged access of individuals from low socio-economic status to both social and intrapsychic resources could serve as explanation for this finding. Such disadvantage may be experienced in terms of resources such as money and political power, as well as supportive social relationships and stable community ties (Kessler & Cleary, 1980).

Certain personality characteristics may also serve as a potential explanation for increased distress among individuals of low socio-economic class. Social position is indirectly related to the likeliness of a fatalistic stance toward one's social reality (Kohn, cited in Turner & Roszell, 1994). Confirming this theory is the finding of a correlation between socio-economic status and concepts such as fatalism, personal control, mastery and internality by various studies (Turner & Roszell, 1994). Feelings of self-worth and control over the environment (which both serve as coping resources) are positively related to class (Pearlin and Schooler, 1978). A sense of power as part of one's self concept is essential for the effective and mentally healthy person (Ryan, cited in Turner & Roszell, 1994). This means not only that the person must perceive him-/herself as being able to influence his environment, but also that this perception must be based on the actual experience of power. The term self-esteem is closely linked to a sense of powerlessness and thus also to the concept of vulnerability towards distress (Turner & Roszell, 1994). Self-esteem can be defined as "the evaluation which the individual makes and customarily maintains with regard to himself or herself: it expresses an attitude of approval or disapproval toward oneself." (Rosenberg,

quoted in Turner & Roszell, 1994, p. 190). Self-attribution, which forms part of self-esteem, refers to conclusions drawn about oneself by observing one's own failure or success with regards to efforts (Rosenberg, cited in Turner & Roszell, 1994).

Studies have shown that higher depression levels among women and individuals of lower socio-economic status are partly due to lower levels of personal mastery compared to men and those of higher socio-economic status (Pearlin & Schooler; Peterson & Seligman, cited in Turner & Roszell, 1984). A study done among women also suggested an association between lack of control and psychological distress (Dohrenwend, cited in Busfield, 1996). The conclusion was drawn based on the finding that life changes that were not under the control of the individual were more strongly linked to symptom levels. A substantial amount of evidence for the link between the high-risk identity for depression of low socio-economic groups and a sense of powerlessness is thus available (Turner & Roszell, 1994). Seligman (cited in Wortman & Brehm, 1975) did significant research on the topic of helplessness. According to him, perceptions of independence between one's behaviour and the outcomes of one's responses, leads to what he termed, "learned helplessness". He also suggested a model of reactive depression as a result of his studies. According to this model, reactive depression may be rooted in feelings of loss of control over behavioural outcomes. Where lack of control leads to feelings of helplessness, such helplessness leads to a lack of incentives to make any attempt at escaping from adverse conditions. Lazarus' (1966) proposal that a situation will be increasingly stressful to a person the less control he judges himself to have, was confirmed by a study which found that subjects experienced more anxiety in situations in which they had no control (Houston, cited in Lazarus, 1966). Feelings of helplessness will cause an individual to feel overwhelmed in the face of a life stress, while those people who feel in control believe that they will overcome trials (Hobfoll and Liberman, 1987). The individual may also end up believing that his/her relationship to the social world is insignificant when constantly faced with non-contingent outcomes to coping

efforts (Kohn, 1976). "The poor do not have the kind of control over their lives that has, until recently, been enjoyed by the middle-class" (Parnell & Vanderkloot, 1994, p 392). The two concepts, a sense of powerlessness and self-esteem are thus related through their communal link to a person's "history of successes and failures" in encounters that are related to personal control (Turner & Roszell, 1994, p. 191). Various researchers have found self-esteem and depressive symptomatology to be inversely correlated (Turner & Roszell, 1994). Evidence indicating that low self-esteem increases the risk of depression threefold for a person under stress has been found (Brown, cited in Turner & Roszell, 1994). In a study which examined the relationship between self-esteem and depressive symptomatology, evidence for reciprocal causation was found, while the relationship was found to be stronger among subjects of lower socio-economic status compared to those of higher socio-economic status (Rosenberg, Schooler, & Schoenbach, cited in Turner & Roszell, 1994). Among the disadvantaged, powerlessness causes a significant decrease in self-esteem, and a significant increase in the occurrence of emotional disorder (Ryan, cited in Turner & Roszell, 1994). Both a lowered self-esteem and insecurity are caused by the impact of prejudice and discrimination (Saenger, cited in Goldman & Milman, 1969).

4. Conclusion

It is clear then that there is a significant relationship between an individual's mental health and the way in which he/she copes with difficulty. It is also evident from the above discussion that mental health is also influenced by gender as well as socio-economic status. Considering then the significance of coping, the additional threat added to the lives of low-income women by poverty, as well as the lack of attention which low-income women are receiving within the field of psychological research, the significance of and need for studying the coping mechanisms of low-income women seem undeniable.

CHAPTER 3

METHODS

A discussion of the research methodology and design will be presented in this chapter.

1. Research aims

The goal of this study was to obtain a basic understanding of the coping strategies that are employed by female farm workers in the Western Cape of South Africa, and more specifically the strategies which they subjectively regard as their mechanisms of coping.

2. Research design

Qualitative methodology was used for this study. The study forms part of the exploratory research project titled "*Forgotten women on farms*". The *psychological distress and resilience of female farm workers of colour in the Western Cape: exploring the possibilities for mental health support* (Kruger, 1998), which focuses on the psychological distress and resilience of female farm workers in the Western Cape. The primary aim of the larger study is to gain some preliminary understanding of South African women living and working on farms. More specifically, the project is firstly aimed at determining the levels and kinds of psychological distress experienced by these women, while secondly, much emphasis is placed on the importance of determining the ways in which female farm workers cope with their psychological distress (Kruger, 1999). Due to the fact that "mental health care in South Africa has a history of being racist, sexist, classist, western-centred, and centralised" (Kruger, 1999, p. 2), this project places special emphasis on the vital importance of not making the assumption that the explanatory models of western psychiatry are helpful or relevant in

various South African contexts. Investigating the ways in which female farm workers themselves articulate and interpret their experiences, are therefore regarded as being of utmost importance (Kruger, 1999). Reid (1993) states that within the field of psychology, low-income women have been silenced as well as denied the opportunity to define their life experiences. She remarks: "Indeed, there is ample evidence that low-income women are aware of the issues and problems they face. They have voices, but if no one listens..." (p. 196). Following a social constructionist approach, the project is focused on the ways in which the histories, identities and relationships of these women are constructed within their particular political and social contexts.

The root proposition of social constructionism is derived from Karl Marx's claim (cited in Berger & Luckmann, 1966) that man's consciousness is determined by his social being. One of the major characteristics of social constructionism is its critique of claims made to a universal and objective truth. Although social constructionism recognizes the existence of truths, they are viewed as "always perspectival interpretations which can only emerge against the backdrop of socially shared understanding" (Durrheim, 1997, p. 177). Social constructionism concerns itself with the process of meaning making, and appreciates the various contexts in which this process takes place. Bayer (1998) states: "Social construction's psychological subject is at once one that is open to the cultural and historical terms of negotiation and one that throws asunder traditional psychology's preference for an unchanging generic subject" (p. 4). According to this perspective, language provides a tool used for the process of making sense of the world and for the interpretation of new experiences (DeLamater & Hyde, 1998).

The social-constructionist model of grounded theory as applied by Charmaz (1990) and adhered to in this study, acknowledges the co-construction that takes place during the process of analysis due to the lived experience and beliefs of the researcher.

Grounded theory as originally conceived by Glaser and Strauss (1967), is characterized by the fact that instead of starting with preconceived hypotheses, the principles of grounded theory enables the researcher to construct theory from the data: "By starting with data from the lived experience of the research participants, the researcher can, from the beginning, attend to how they construct their worlds" (Charmaz, 1990, p. 1162). In the light of the exploratory nature of this study, this principle made grounded theory a very useful and appropriate research method to be used in the study. By making use of an open-ended interview structure as opposed to the use of existing questionnaires, participants were given the opportunity to voice their experience. Since the validity of existing questionnaires for this population has not yet been proved, it was of utmost importance for the researcher to attend to the "lived experience of the research participants" (Charmaz, 1990, p. 1162). In her study of chronic illness, Charmaz (1990) states that grounded theory can provide alternative understandings of the beliefs and actions of patients than those available in clinical settings. An opportunity to gain such alternative understanding of the coping strategies of the research participants was regarded as vital for the purposes of this exploratory study.

In grounded theory, the researcher starts with a general research question. Developing ideas are then refined, checked and affirmed throughout the research process. Themes found in the data are followed up by gathering additional data or asking more questions in order to test, support and define these themes. Categories that developed out of the process of analysis are only at a later stage compared to existing literature and the study placed appropriately within it (Charmaz, 1990). Grounded theory offers a definitive set of principles and guidelines for analysis as opposed to many qualitative methods which requires of the researcher to rely on his intuition and talent. This enables the researcher to conceptualize the data fruitfully (Charmaz, 1990). The impossibility for the researcher however to hold a completely neutral stance throughout the research

process is recognized, and it is important for the researcher to be aware of any such preconceived theories or ideas that might have influenced his/her research.

Still debated are the advantages and disadvantages of quantitative and qualitative research methodologies respectively. The quantitative approach aims to test the research hypothesis deductively in an objective and unbiased manner. In contrast, the qualitative approach focuses on the importance of subjectivity during the research process. The researcher in this case needs to be aware of the gap between his/her subjective understanding and representation, and the actual object of the study (Oskowitz & Meulenberg-Buskens, 1997). Context receives emphasis within qualitative research. The construction of meaning takes place within the researcher's context, and the context of both participant and researcher are acknowledged and explored (Meulenberg-Buskens, 1997). This research method emphasizes the need for participants to be able to voice their experiences and eliminate the limitations placed on them by questionnaires (Daniluk, 1993).

The validity and reliability of qualitative methods have however received much criticism. It has been criticized for a lack of clear guidelines (Meulenberg-Buskens, 1997) and the fact that both method and participant numbers jeopardize the reliability of results (Rosenthal, Lewis & Cohen, 1996). A significant advantage to the use of questionnaires involves an increase of truthfulness from participants when answering questions on paper rather than in the interview process (Catania, Gibson, Chitwood & Coates, 1990).

The use of qualitative methodology can be regarded as specifically suitable where emphasis is on:

- Exploratory questions that lead to hypothesis development
- Questions that seek to understand the social context of phenomena
- Questions that seek the perspectives of insiders (Kruger, 1998).

3. Procedure

Each participant of the larger project was interviewed five times by the same interviewer. A range of topics on life style and life experiences was covered by these interviews (see Measuring instruments). The current study focused on the last of the five interviews. A section of this interview was aimed at exploring the coping strategies employed by female farm workers of the Western Cape.

The participants of the "Forgotten women on farms" project were recruited through community as well as non-governmental organizations. Researchers on the project who were responsible for the recruitment of research participants addressed the women who were interested in partaking in the research process. The purpose and content of the interview process were explained to the women. It was explained to them that they did not have to answer any questions that they felt uncomfortable with. They were ensured of confidentiality, and were given a form of consent that they could take home to read through and return at the time of their first interview.

A time which suited each participant was determined. The interviewer went to the participant at the chosen times. A suitable venue which allowed privacy was chosen for the interviews. The interviews mostly took place in a venue on the farm where the participant worked or lived, or in her own home. In the case of there being no suitable venues on the farm, the participant was brought to the research office in the psychology building at the University of Stellenbosch.

Before the start of the first interview, the participant was once again ensured of confidentiality. Participants could also ask questions with regards to the consent form or the interview process regarding aspects of which they were uncertain. Participants decided on a code name that would be used during the interviews. This code name served as the only form of identification during interviews as well as on the transcripts of the interviews. The interviews were all audio-taped with

the informed written consent of the research participants. The length of the section on coping in the last of the series of interviews varied greatly from participant to participant. Transcriptions of interviews for the "Women on farms" project were done according to guidelines based on Silverman (1993) and Riessman (1993). See Appendix D for transcription guidelines.

4. Participants

The inclusion criteria for participation in the larger study were as follows:

- The participant had to be a female farm worker of colour in the Western Cape of South Africa
- The participant had to volunteer her participation

In the current study eight respondents that participated in the larger project and had already completed the series of five interviews were included. As the first available eight transcriptions were utilized for this study, this can be considered to be a sample of convenience. Such a sample was used in accordance with the qualitative design of this study, which is directed at "an in-depth examination of the meanings at work rather than skim over as wide a surface as possible" (Parker, 1994, p. 12). As such, the sample does not aim at being representative.

A profile of the participants are provided in Appendix A. The names of the participants were abbreviated in the following way in the transcribed interviews:

A= Aspoestertjie

E1= Elize

E2= Elaine

M1= Marianda

M2= Maggie

R= Roos

S= Santie

T= Timone

5. Measuring instruments

For the larger study, five interviews were conducted with each of the participants. These interviews included open-ended questions about a number of topics, as well as some structured self-report questionnaires. An interview schedule of the complete series of interviews is provided in Appendix C.

For the purposes of the current study the focus was on the coping section of the fifth interview. Participants were asked to respond to the following open-ended question: "Ons het nou die laaste paar weke baie gepraat oor wat vir jou moeilik is en wat vir jou swaar is. Ek wil nou graag hê jy moet in jou eie woorde vir my sê: Hoe cope jy? Wat is die dinge wat jou aan die gang hou?" ["We have now over the past few weeks talked a lot about that which is difficult for you, and that which is hard for you. I want you to tell me in your own words: How do you cope? What are the things that keep you going?"]

Although a wide variety of coping questionnaires are in existence, these existing coping questionnaires are westernized measuring instruments based on western samples. None of the existing coping questionnaires have been validated for use with low-income coloured South African women. This is one of the main reasons why the qualitative approach is appropriate as research method for this study.

The use of questionnaires would also have been inappropriate for reaching the goal of this study, namely determining the coping strategies of these women which, from a subjective point of view, they regard as their ways of coping. The qualitative methodology ensures that the participants are given the opportunity to articulate their coping mechanisms in their own terms. Interviews allow participants to freely voice their experiences (Daniluk, 1993).

Furthermore, researchers involved with the larger study have noted that respondents feel uncomfortable during the administration of standardized measures. This discomfort is related to two factors: 1) the fact that they often do not know or understand the terms used in these measures, and 2) the fact that they experience the choice of options and categories as limiting.

6. Interviewers

The eight interviews used for this study were conducted by 6 different interviewers. The interviewers were all middle-class women. Three of these interviewers were English-speaking, while 3 were Afrikaans-speaking. Out of these 6 interviewers, 5 were white and one interviewer was a woman of colour. As part of the larger project, each participant was interviewed five times by the same interviewer. The interviews were held by researchers who were involved with the larger project who were all qualified clinical psychologists or advanced students in psychology who were trained for the task. All interviews were conducted in the first language of the participants, namely Afrikaans. Emphasis was placed on the building of a good rapport with the interviewee. The interviews were informal in order to enhance spontaneity between researcher and participant. The fact that these interviewers were all from a different socio-economic background, and that five of these interviewers were also from a different racial group than the participants, may have affected the interview process. The following steps were however taken in order to enhance the quality of the interviews: 1) All interviewers were provided with intensive training for the interviewing process. 2) Interviewers were required to write journals on their subjective experience of the interviewing process after the completion of each interview. This was done in order to document their accounts of relevant observations as well as their relationship with the interviewee within the interview context. 3) Provision was made for debriefing during the interviewing process.

An advantage for this specific study is the fact that it made use of material from the last of five interviews. At the time of the last interview, a relationship between interviewer and interviewee had already been formed which is likely to have resulted in an increased level of spontaneity and openness between researcher and participant.

7. Data analysis

As mentioned, the principles of grounded theory as applied by Charmaz (1990) were used for the process of analysis. The interviews were transcribed at an early stage in the research process. Due to the fact that this project forms part of a larger project, it was not a practical possibility for the researcher to conduct as well as transcribe all the interviews as advised by Charmaz (1990). Six of the 8 interviews were however personally transcribed by the researcher. Two of the interviews were transcribed by other researchers on the project as part of the fulfillment of their obligation to the project.

Transcription was followed by the coding of the transcribed material. Coding involves providing each line of the material with an appropriate code while reading carefully and word for word through the transcribed interviews (Charmaz, 1990).

This process was repeated more than once and the material re-analyzed in order to gain clarity on overlaps and on whether appropriate codes were being applied. It is advised by Charmaz (1990) that the reviewing of literature be delayed in order to avoid interference with the process of analysis. At the time of analysis however, a research proposal for the study had already been completed, and it was found that the literature that was reviewed for this purpose had an influence on the coding process. Once I became aware of this, the coding process was repeated with the purposeful aim of using my own terminology for the coding of the material. The literature was then once again consulted and included by using

some of the terminology found in the literature. An attempt was made to find a term that would best capture or describe the coded coping strategies.

The next step involved focused coding which was used for the development of categories. During this process, codes are used to sift through the material by placing all quotes from the interviews that fit under the identified codes underneath the appropriate heading. All the coping strategies that were identified during the coding process were used as categories in the focused coding process.

Through memo-writing, the researcher is assisted in elaborating the processes and assumptions subsumed under codes. It is through memo-writing that coding becomes a process of exploration rather than simply one through which data is sorted into topics (Charmaz, 1995). In this study, memo-writing was done throughout the coding process as well as the writing up of the final dissertation. During this process notes were made to record questions and uncertainties, overlaps, and ideas on the material that came up during the process of analysis. Memo-writing thus served to assist in containing ideas with regards to coding as well as the categorization of the identified coping mechanisms.

Various ways of categorizing coping strategies exist within coping literature. In the results section, the coping strategies are categorized as either problem-focused or emotion-focused. This categorization is the most influential categorization in the coping literature (Coyne & Downey, 1991). In the process of the writing up of findings, each coded strategy is discussed, while all the strategies are categorized as either problem-focused checking or emotion-focused coping. During the process of analysis, cross-checking was done by the supervisors of the study. The process of writing and re-writing allowed for further refinement of ideas. An example of this would be the fact that two original codes were through re-evaluation and upon reconsidering the definition of coping, recognized as not being coping strategies.

8. Validity and reliability

According to Meulenberg-Buskens (1997) the quality of qualitative research should be measured by the following: the “usability” of findings, the relevance of the study, the degree to which disempowered individuals are empowered, and the degree to which values are enhanced by the study. The reliability of such a study therefore seems to be dependant on subjective evaluations of the process.

The idea that good research is characterized by the quality of being replicable exists has lead to the belief that validity and reliability are measures of good research (Parker, 1994). Although it is possible to replicate a qualitative study, the change in research participants and researcher will result in different study outcomes. The concept of reliability can therefore not serve as valid assessment criterion in the case of qualitative studies. In qualitative research it is exactly the subjectivity of the participant, the researcher, and the unique quality of their interaction that becomes the focus of the research.

Validity refers not to findings that reflect an objective reality, but rather to the trustworthiness of the findings of a particular study (Mishler, 1990). Grounded theory, as opposed to many qualitative methods, provide the researcher with specific guidelines, thus helping the researcher with conceptualizations of generated data (Corbin & Strauss, 1990). According to these authors, the degree of plausibility of the theoretical formulations of the research process can be assessed “if key components of the research process are clearly laid out and if sufficient cues are provided” (p 20). By providing detail of the research process in this chapter, an attempt is made at fulfilling this requirement.

Triangulation was also used as method of validation. Triangulation entails the assumption of various points of view for the interpretation of research material. “Triangulation makes use of combinations of methods, investigators, perspectives... thus facilitating richer and potentially more valid interpretations”

(Tindall, 1994, p. 145). Triangulation was employed in two ways during this study. Consistent data was firstly obtained from different participants by different interviewers across various locations. Secondly, by discussing the obtained material and findings with my study leader as well as the research team, multiple viewpoints of the material were obtained, thus facilitating more valid interpretations of the material as suggested by Tindall (1994).

9. Subjectivity of researcher

Due to the central role of the researcher during the research process, and the fact that all findings are constructions of the researcher and open to multiple interpretations, it is vital that attention be paid to the subjective role of the researcher in the process during which knowledge is constructed. In terms of working with individuals from a coloured community in the Western Cape, it is important to note that I had grown up in the Transvaal and have had relatively little contact with individuals from this community.

As has already been discussed in the section on data analysis, due to fact that a research proposal had to be prepared before starting the study, the process of reviewing literature on coping had already been started by the time that the coding process was taking place. For this reason, it was difficult to approach the material in the objective way that traditional grounded theory requires (Glaser & Strauss, 1967). The fact that some of the existing coping questionnaires with their various items and scales had already been reviewed, of course had an impact on the coding process. Upon realizing that a lot of the terminology that had been come across during the literature review were being employed during the coding process, an extra attempt was made to ensure that existing categories were not used carelessly. Upon repeating the coding process an effort was made to code the material by using own terminology or descriptions of the coping mechanisms that were being identified.

Since the whole concept of coping as it was being defined and researched within the field of psychology was completely new to me, the research process was approached without any expectations or an implicit desire to have certain hypotheses confirmed.

10. Ethical considerations

The nature and goals of the “Forgotten women on farms” project were verbally explained to all the participant’s of the study. Each participant was then provided with an informed consent form which could be taken home in order to provide participants with an opportunity to consider they were interested in taking part in the project. This form had to be signed by the participant before the start of the interviewing process (see Appendix B). This form provided the following information with regards to the project:

- the goal of the research
- what the interview process entails for each participant
- credentials of the researchers
- confidentiality and measures to ensure confidentiality
- the participant’s right to discontinue participation at any stage during the process
- the availability of resources in case an awareness and need of assistance with personal problems during the research process

Each participant was also provided with the contact number of the head of the research project in case of inquiries or problems experienced during the research process.

Since the interviewing process involved the investigation of topics that might be experienced as intensely personal, all participants were informed of their right to refuse disclosure on certain topics, as well as their right to refuse further participation at any point during the process. Interviewers were trained to monitor

distress during interviews, and could furthermore obtain information on appropriate mental health services from the project office should any participant express the need for mental health intervention.

The use of pseudonyms which were chosen by participants at the beginning of the study ensured anonymity. These pseudonyms were used for the purpose of all research outputs. The research team had exclusive access to the real names of the participants.

CHAPTER 4

RESULTS

1. Introduction

In data analysis using constructionist grounded theory (as applied by Charmaz, 1980), the following 28 coping mechanisms could be identified in the interviews.

Problem-focused coping	Emotion-focused coping
<ul style="list-style-type: none"> • Perseverance (McCrae, 1984) • Restraint (McCrae, 1984) • Taking action • Confrontation • Seeking advice • Thinking about situation • Secondary appraisal (Folkman & Lazarus, 1980) • Planning (Carver et al., 1989) 	<ul style="list-style-type: none"> • Faith (McCrae, 1984) • See positive side • Social comparison (McCrae, 1984) • Social support (Scheier, Weintraub & Carver, 1986) • Getting away • Acceptance (Carver et al., 1989) • Normalization • Use of alcohol (Carver et al., 1989) • Withdrawal (McCrae, 1984) • Wishful thinking (McCrae, 1984) • Living day by day • Distraction (Stone & Neale, 1984) • Distancing (Scheier et al., 1986) • Future hope • Keep feelings to self • Pampering self • Expression of feelings (McCrae, 1984) • Making the decision to be strong • Positive attitude • Humour (McCrae, 1984)

Of these identified mechanisms many corresponded with mechanisms already identified in the literature. These included perseverance (McCrae, 1984), restraint (McCrae, 1984), secondary appraisal (Folkman & Lazarus, 1980), planning (Carver et al., 1989), faith (McCrae, 1984), social comparison (McCrae, 1984),

social support (Scheier, Weintraub & Carver, 1986), acceptance (Carver et al., 1989), use of alcohol (Carver et al., 1989), withdrawal (McCrae, 1984), wishful thinking (McCrae, 1984), distraction (Stone & Neale, 1984), distancing (Scheier et al., 1986), expression of feelings (McCrae, 1984), and humour (McCrae, 1984). Some identified mechanisms were similar to mechanisms identified in the literature, but the terminology used in the literature was deemed to not be exact enough and own terminology was therefore used. These included taking action (similar to direct action as described by Stone and Neale, 1984), confrontation (similar to confrontive coping as described by Lazarus, Dunkel-Schetter, DeLongis and Gruen, 1986), seeking advice (similar to seeking social support for instrumental reasons as described by Carver et al., 1989), see positive side (similar to emphasizing the positive as described by Endler and Parker, 1990), getting away (similar to escape-avoidance as described by Folkman et al., 1986), and keep feelings to self (similar to self-isolation as described by Endler and Parker, 1990). Some coping mechanisms which were not found in the reviewed literature were come across in this study, e.g. normalization, pampering self, thinking about situation, living day by day, future hope, making the decision to be strong, and positive attitude. Certain coping mechanisms which are found in the literature did not occur in this study, eg. self-blame (Scheier et al., 1986), accepting responsibility (Folkman et al., 1986), relaxation, and catharsis (Stone & Neale, 1984).

The mechanisms were identified during a process of analysis using constructionist grounded theory. A few basic definitions of coping found in the literature were kept in mind throughout the process of analysis. An attempt was made to make use of own descriptions in order to identify the coping mechanisms found in the material. After the process of analysis, literature was reviewed, and where own descriptions matched existent terminology come across in the literature, reference was made to the appropriate source. It is important to keep in mind that the data obtained for this study contains coping mechanisms identified by the women themselves. They are therefore

simply those actions which these women have reported as their ways of coping with stressors in their lives, and not necessarily the coping mechanisms they actually use.

In the following sections, prototypes of each coping mechanism from the interviews are provided, followed by a brief discussion of the coping mechanism. Coping researchers most often do not provide definitions of mechanisms, but rather provide examples of items which are included under a certain coping scale. For the purposes of this study, working definitions based on the work of other authors, are provided. The coping mechanisms were divided into two main categories, namely problem-focused and emotion-focused coping - a very widely used categorisation of coping mechanisms (Coyne & Downey, 1991).

2. Problem-focused coping strategies:

PERSEVERANCE (McCrae, 1984)

Perseverance can be defined as the decision to go on doing something even though it is difficult.

M1: Ek gaan hiermee deurdruk.
[M1: I am going to see this through]

M1: Ek sê: "Dit is swaar, en dit is seer. Maar ons twee sal daarvoor moet kom."
[M1: I say: "It is hard, and it is sore. But the two of us will have to get over it."]

In both these statements Marianda refers to her determination to work out her marriage problems. In the case of perseverance, the individual is prepared to bear the difficulty involved in reaching a goal. Marianda for instance states her awareness of the fact that in order to reach the goal of dealing with her marriage problems she will have to face the pain that it involves. In the light of the fact that a definite awareness of the difficulty involved in dealing with a stressor exists, such perseverance seems to involve an attitude of determination.

RESTRAINT (McCrae, 1984)

Restraint refers to the deliberate decision to abstain from action for the benefit of minimizing the anticipated negative consequences of any such action.

- M1: Daar is niks anders nie.
C: Hoekom?
M1: Niks anders nie. Dan moet ek maar nou net daar sit. Ek en die kinders. Of lê. Tot hy nou klaar is.
C: Hmm mm.
M1: Dis al wat daar dan is om te doen.
C: Hm.
M1: Maar ek kan nie praat nie. Ek kan nie praat nie.
C: Hm mm.
M1: Al is hy hoe verkeerd.
C: Hm mm.
M1: Ek kan nie praat nie.
C: Hm.
M1: Want sodra ek gaan praat.
C: Hm.
M1: Gaan maak hy die vuur groter ().
C: Ja.
M1: Dan bly ek maar liever net stil.
- [M1: There is nothing else.
C: Why?
M1: Nothing else. Then I just have to sit there. Me and the children. Or lie there. Until he's finished.
C: Hmm mm.
M1: It's all there is to do then.
C: Hmm.
M1: But I can't talk. I can't talk.
M1: Hm mm.
M1: No matter how wrong he is.
C: Hm mm.
M: I can't speak.
C: Hm.
M: Because the moment I speak.
C: Hm.
M1: He goes and makes the fire bigger ().
C: Yes.
M1: Then I rather just keep quiet.]

In this interview the participant, Marianda talks about her son's drinking and how she deals with the situation. She states that there is nothing either she or her other children can do when her son is drunk except to wait for her son to sober up. She specifically states that she refrains from saying anything to her son, since this would cause him to become even more aggressive. Her decision to

abstain from action is therefore a deliberate decision that is made in order to minimize any undesired outcomes anticipated by such action.

TAKING ACTION

Taking action refers to the conscious decision to do something practical in order to alter a difficult or problem situation.

- D: Jy knyp nou daai stukkie af wat jy afbetaal van die stel.
A: En die ander wat oor is nou koop jy, koop jy.
D: Hmm.
A: Jy koop nou net by. Jy sorg dat jy so by die end van die maand 'n klomp koop, dan moet jy nou net... Kyk, ons koop per week. Ons koop nie per maand nie.
D: Ja.
A: Dan moet jy nou net by koop. Nou by die maand koop jy meer nou koop jy net by.
[D: You now pinch off that bit that you pay off on the set.
A: And the rest that is left you now buy, you buy.
D: Just just buy additionally. You make sure that you buy a lot at the end of the month, then you must just...See, we buy per week. Now per month you buy, buy more, now you just buy additionally.]
- M1: Ag ek het alles gedoen dit het niks gewerk. Hy't bo-oor my gekyk.
[M1: Oh I did everything nothing worked. He looked over me.]
- M1: Toe't ek nou sommer een keer gebesluit, ek en hy moet uitmekaar uitgaan. Dis die beste.
[M1: Then I just decided one time, him and I must separate. That's the best.]

In the first quote, the participant Deborah recalls what actions she took in order to deal with a specific problem situation. She tells how she handled her finances during a time when she had to buy a new TV. The second participant recalls her unsuccessful efforts to catch her husband's attention in order to save her marriage. The third participant tells of the step she had decided to take to leave her husband in order to bring an end to the difficulty caused by an unhappy marriage. In each situation the participant followed a specific course of action in the hope of altering the troubling situation.

CONFRONTATION

This coping mechanism refers to a deliberate attempt to confront the individuals who are involved with or judged as being responsible for a stressful situation.

R: En dan sê ek ook vir hulle, () ek wil nie hê hulle moet so stry nie.

[R: And I also tell them, () I don't want them to argue like that.]

S: Ek probeer maar net die minste wees en (). As ons miskien stry kry of so dan sal ek die minste wees. Ek sal na daai persoon toe gaan en sê ek is jammer. As ek verkeerd gewees het dan vra ek sy moet my verskoon. En as sy miskien nou dink sy was verkeerd, ek verskoon haar. So ek sal altyd daai... na haar toe, () daai persoon () om verskoning vra en so aan.

[S: I just try to be the least and (). If maybe we argue or so then I will be the least. I will go to that person and say I am sorry. If I was wrong then I ask her to pardon me. And if she now maybe thinks she was wrong, I pardon her. So I will always... go to her, () ask that person for forgiveness and so on.]

M1: Sê ek, wat ek deurgemaak het, is vir my genoeg, want ek, ek het te seer gekry. Ja, daai dinge is verby. Ek sê: "Daar sit jy met die vrou en die twee kinders, wat gaan jy met hulle maak? Sê nou ek sê nee jy moet na my toe kom. Wat van daai vrou en daai twee kinders?"

[M1: I said, what I went through, is enough for me, because I, I got hurt too much. Yes, those things are over. I said: "There you sit with the wife and the two children, what are you going to do with them? Just say I say no, you must come back to me. What about that wife and those two children?"]

In the first quote, Roos is trying to persuade her family members to stop fighting.

In the second quote, the participant tells of a type of confrontation of trying to be the least during which she would not hesitate to apologize for anything she might have done wrong. In the last two quotes Marianda recalls the ways in which she had confronted her husband about their marriage problems. The last quote is an example of interpersonal conflict during which she expresses her anger towards her husband who wanted to come back to her after he had left her for another woman. Marianda also uses confrontation to give expression to her hurt, e.g. in the last quote, "I said, what I went through, is enough for me, because I, I got hurt too much".

SEEKING ADVICE

This coping mechanism refers to seeking "informational support" (Folkman et al., 1986, p. 995) with regards to the handling of a difficulty.

- E1: Ek...partykeers dinges ek ...gaan ek na 'n ouer persoon toe, wat nou nie weet van so my probleem of so nie, dan gaan vra...
[E1: I...sometimes I... I go to an older person, who now doesn't know about my problems or so, then I go ask...]
- M1: Dan het ek nou altyd so uitgegaan na groot vrouens toe.
C: Mm mm.
M1: Gaan raad vra. Wat kan ek doen? Ek praat met hom. Hy beledig my. As hy my so beledig dan kry ek so seer.
[M1: Then I always went to big women.
C: Hm mm.
M1: Go ask advice. What can I do? I talk to him. He insults me. When he insults me like that I hurt so much.]
- M1: En, as hy dit nou vanaand gedoen, more gaan ek na iemand toe wat my sal verstaan. Hulle sal miskien nou vir my raad gee hoe ek moet maak.
[M1: And, if he has now done it tonight, tomorrow I go to somebody who will understand me. They will now maybe give me advise on what I should do.]

As opposed to the coping mechanism named 'social support' which refers to a way of coping by simply seeking the company of other individuals, this coping mechanism involves the seeking of social support for the specific purpose of getting practical advice from other individuals. These quotes point to the fact that participants seek their advice from specific individuals, for example the first two participants who report that they have chosen older women to go to for advice. The third participant states that she chooses somebody who will understand her.

THINKING ABOUT A SITUATION

This coping mechanism refers to the contemplation of a stressor, i.e. thought has been given to the dynamics of the stressor.

- E2: Maar, hy't nie my kind onderhou nie, en ek het net gevoel maar, is nie die moeite werd om met so man 'n lewe op te bou nie.

- [E2: But, he didn't support my child, and I just felt but, it's not worth it building a life with a man like that.]
- A: Ek doen nie sommer 'n ding nie. Kyk soos byvoorbeeld ek gaan nie sommer, en ek gaan doen net 'n ding nie. Dit is nou la:nk gewik en geweeg. La:nk gewik en geweeg, om daai uh, stel te koop.
- [A: I don't just do something. See like for example I don't just go, and I do something. It is now lo:ng consideration. Lo:ng consideration, to uh, buy that set.]
- M1: Sien, toe kan ek darem nou weer helder dink.
- [M1: See, then at least I could think clearly again.]

When looking at reports by participants of such contemplation, one can see that cognitive efforts were being made in order to analyze the situation with which they were faced. In certain cases participants directly reported such analysis, e.g. Aspoestertjie who says that she carefully considers before she makes debt. In other cases, reports were indirect through insights that were reached e.g. Marianda who made her decision to leave her boyfriend based on the conclusion that he does not look after their child.

SECONDARY APPRAISAL (Folkman & Lazarus, 1980)

Secondary appraisal (Folkman & Lazarus, 1980, p.223) refers to a cognitive evaluation of the available coping resources and options.

- M1: Ek het partykeer gedink ek los hom en gaan terug na my ma toe. Dan kan hy voortgaan. Ek sien (dit), ek sien nie, ek voel nie die dinge wat hy doen nie. Ag nee, dit sal ook nie gehelp het nie. Dan het ek ook weer gedink, wag ek gaat sommer maar weer drink.
- [M1: I sometimes thought I'm going to leave him and go back to my mother. Then he can go on. I see (it), I don't see, I don't feel the things he does. Oh no, that also wouldn't have helped. Then I also thought again, wait I'm just going to go and drink again.]
- M1: Daar moet 'n einde kom. En ek het nou gesukkel en gedink, en gesukkel en gedink...
- [M1: Things must come to an end. And I have now struggled and thought, and struggled and thought...]

In the case of secondary appraisal, the individual has not simply thought about the stressor along general lines, but has contemplated the various options available to her in terms of dealing with the stressor. These quotes illustrate how various ways of coping with a specific problem were considered by the participant in question. In the first quote for instance, the participant tells of how

she considered leaving her husband and going back to her mother, and then having decided that this strategy would not work, considered turning to alcohol as a coping mechanism. In the second quote, she tells of how she "struggled and thought" to find a way of bringing an end to her marriage struggles. Finding an appropriate way of coping with a problem was thus a conscious cognitive process for the participant. This second quote can also be categorized under "Thinking about a situation". It should therefore be noted that many of the coping mechanisms overlap.

PLANNING (Carver et al., 1989)

Planning can be defined as efforts to structure a plan of action on how to deal with a stressor.

A: O, ek en die kinders het mos gebeplan.

[A: Oh, the children and I have planned.]

A: Nou byvoorbeeld, werk ek nou uit. Jy moet dit kan uitwerk. (Sien?) As ek nou byvoorbeeld pay, dan koop ek nou (.), genoeg, (.2) wat ek nou aan kan dink wat ons nodig het. En nou by elke week, dan betaal ek nou daai geld vir die TV, dan koop ek nou net by. Die geld wat ek elke week het vir die (), vat ek nou daai geld van die, van die, van die stel, betaal ek dit, en die ander geld koop ek mos nou net kos by.

[A: Now for example, I now work it out. You must be able to work it out. (See?) If I now for example get paid, then I now buy (.) enough, (.2) what I now can think of that we need. And now every week, then I now pay that money for the TV, then I now just buy additionally. The money that I have every week for the (), I now take that money for the, for the, for the set, I pay it, and the other money I now just buy additional food.]

In this case the participant describes her planning on the paying off of a new television set. She has worked out a detailed plan of how to handle her finances during the time when her debt has to be paid off. Such a step-by-step plan probably serves the purpose of reducing the stress that may be caused by a stressor. In this case, stress was induced by increased financial pressure due to a new purchase and the consequent debt.

3. Emotion-focused coping strategies:

FAITH (McCrae, 1984)

The coping mechanism of faith can be defined as seeking support from God.

- E2: Toe sê ek vir haar: "Lesley, as dit nie vir die Here was nie, sou dit anders gewees het." En ek bedoel, uhm, as dit nie vir die Here se genade was wat my dra nie, regtig waar Pia...
- [E2: Then I told her: "Lesley, if it wasn't for the Lord, it would have been different." And I mean uhm, if it wasn't for the Lord's grace that carries me, really Pia...]
- E2: Ek sê, as ek nie by die Here was nie dan sou dit vir my regtig anders gewees het. En dan sou ek rêrig nie kon (.), dan sou ek nie gecope het soos ek nou gecope het nie. En, en, en, regtig waar, uhm, die Here se seëninge rus op 'n mens. Regtig waar, en, en ek kan dit regtig, elke dag kan ek dit sien.
- [E2: I said if I wasn't with the Lord then it really would have been different for me. And then I really wouldn't have coped the way I do now. And, and, and, really, the Lord's blessings rests on you. Really. And, and, I can really, everyday I can see it.
- E2: Ek gaan die ding, gaan ek in die Here se hande los. Want die Here werk mos self. Hy werk self.
- [E2: I'm going to leave the thing, I'm going to leave it in the Lord's hands. Because the Lord himself acts. He himself acts.]
- E2: Want ek het vir die Here gesê: "Gee haar net 'n gewete, en, laat daai voete wat so wegloop, laat dit net huis toe, laat sy net daai smagting kry om huis toe te kom."
- [E2: Because I said to the Lord: "Just give her a conscience, and, let those feet that are walking away like that, let them just go home, just let her get that yearning to come home."]
- E2: En, en, en, en, sommige tye is ek so, so alleen voel, en, en, en dan kan ek weer net so met die Here praat en vir die Here sê: "Ag Here, U, U weet op die regte tyd wanneer U vir my gaan 'n man stuur." En jy weet Pia, U sal nooit besef watter verligting kry ek nie. En, en dan kom daar so kalmte oor my.
- [E2: And, and, and, sometimes when I feel so, so alone, and, and, and then I can just go and talk to the Lord and say to the Lord: "Oh, Lord, You, You know at the right time when You are going to send me a husband." And you know Pia, you will never realise what relief I find then. And, and then a calm comes over me.]
- E2: En ek het met die Here gepraat en toe't die Here vir my, ek het vir die Here gesê: "Here, U moet vir my leiding gee."
- [E2: And I spoke to the Lord, and then the Lord, I said to the Lord: "Lord, You must give me guidance."]
- E1: ...ek gaan eerstens op my knieë en ek vra ek vir die Here: "Hoekom gebeur dit met my dat ek so baie swaar het, kan ek nie ligter ()?" Dan...dan voel dit vir my amper iemand praat met my: gaan na daai persoon, of gaan na daai mens toe () gaan na hom toe en gaan praat die dinge. En dit laat vir my ligter voel. Dit voel amper soos 'n swaar gewig van my skouers afgehaal word.

[E1: ...I first go on my knees and say to the Lord: "Why does it happen to me that I have so much difficulty, can't I have lighter ()?" Then...then it almost feels to me somebody speaks to me: Go to that person, or to that individual (). Go to him and talk about these things. And that makes me feel lighter. It almost feels like a heavy burden is taken off my shoulders.]

E1: En ek gaan in in gebed in stilte in (). En partykeer ook () dan vat ek die Bybel en lees enige versie daaruit...lees ek daaruit en dan bid ek. Dan kry ek my antwoord wat ek wil hê. Kry ek dit (). En dit help vir my baie!

[E1: And I go in in prayer in silence (). And sometimes also () then I take the Bible and read any verse from it...I read from it and then I pray. Then I get my answer that I want. I get it (). And it helps me a lot!]

When looking at the coping mechanism of faith as reported by these participants, it seems clear that faith can serve two different functions for the participants.

1) Emotional comfort

An example of emotional comfort being experienced through faith is Elaine who says: "...if it wasn't for the Lord's grace that carries me...". In this case emotional comfort seems to be experienced as something which is received directly in the form of a "grace" being experienced. Emotional comfort is, however, also obtained by a belief in anticipated provision. This is illustrated when Elaine obtains a sense of calmness and release at the thought of escape from loneliness by means of God providing a husband for her at the right time. "

2) Divine intervention

Divine intervention is pursued in one of the following forms:

a) Intervention through provision

Elaine claims to be experiencing such intervention when she says:

"And, and, and, really, the Lord's blessings rests on you. Really. And, and, I can really, everyday I can see it."

The desire for such intervention is expressed through prayer. Elaine states her belief in such provision when she prays for a husband. A belief in divine provision is evident when Elaine in her prayer states that God is One who answers prayer.

b) Intervention through guidance

The need for guidance is expressed through prayer. For instance, Elaine prays: "Lord, You must give me guidance."

Elize also says that she obtains guidance by means of the reading of Scriptures. Guidance is also obtained through an inner 'sense' of what to do, as is evident from Elize's quote in which she tells that it feels like someone tells her whom to speak to.

c) Intervention through influence

Elaine prays for God to intervene in her brother's life by causing a change in his wife. She prays that God will "give his wife a conscience", give her the desire to return to her husband, and cause her feet to walk back home. She thus hopes that God will intervene by having an influence on her sister-in-law's thoughts and actions.

SEE POSITIVE SIDE

This coping mechanism refers to focusing on the positive side of a situation.

E2: ...ek verdien nou wel () (min) maar regtigwaar ek kom uit daarmee. Regtig. En, en baie mense sê, wat, wat hier op die plaas woon hulle sê altyd: Hene, om te dink jy, jy't nie 'n pa wat vir die kind werk." Of uh, "Jy's al een wat werk". Maar daar's elke dag (vir haar).

[E2: I do earn () (little), but really, I come out with it. Really. And, and many people say, who live here on the farm, they always say: "To think, you don't have a father to work for the child." Or uh, "You're the only one who works." But there is every day (for her)]

A: Ek het darem nou 'n sent om dit elke week te betaal. Nou ek is so dankbaar daarvoor dat ek nie (.2) nodig het om te dink, ai, ek gaan nou die week koop en ek gaat ander week betaal nie.

[A: "I now at least have a cent to pay it every week. Now I am so thankful that I don't need to think, oh, I am now going to buy this week and I am going to pay another week."]

A: Ek gaan mos nou nie weer koop nie.

[A: I am not going to buy again.]

E2: En, en regtig waar, daaruit kon ek ook weer leer, (en vandag) , toe dink ek, dis ook maar die moeite werd om, by jou ouers dan te bly, en dan, ek bedoel, dan (is), jy, jy kry nog daai ouerliefde.

[E2: And, and really, from that I could also learn again, (and today), I thought, it's also worth it to, live with your parents, and then, I mean, then, you, you still receive that parental love.]

Despite the inherently difficult nature of the situation that is acknowledged and experienced by these women, emphasis is placed on that which they see as a reason to be thankful. Two of the cases in which this coping mechanism was used were related to situations of financial stress. Elaine states that despite her low salary and the fact that she is the sole breadwinner, she is able to make ends meet and to provide sufficiently for her daughter on a daily basis.

Aspoestertjie states her thankfulness for the fact that she has "a cent" to pay off her debt on a weekly basis. She also places emphasis on the fact that it is the last time that she will have to buy this specific item. Elaine, despite the fact that she has expressed her desire to be married, states that she is thankful for the fact that she can still receive love from her parents while living with them.

SOCIAL COMPARISON (McCrae, 1984)

Social comparison refers to the comparison of one's own situation to that of another's whose situation is appraised as less favourable.

E2: En, en, voel darem vir my nog so (), ag ek gaan ook maar nie gou, gou trou nie. () (ek), dan is die huwelike so, mens hoor so, in die baai hoor jy net van egskeidings, en van huwelike wat opgebreek is. En, en, en ek bedoel, regtig waar, dit is nie die moeite werd nie.

[E2: And, and to me it feels like, oh, I'm not going to get married soon. () (I), then the marriages are so, you hear, in the Bay you only hear of divorces and of marriages that are broken up. And, and, and I mean, really, that is not worth it.]

E2: En toe kom ek weer in aanraking met ander mense, en ek kom in aanraking met mense wat regtig lyding het, mense wat siek is, mense wat regtig in pyn lê. En, daar't ek ook, daar't ek (gou) geleer hoe is dit om lyke af te was. En, en, en hoe is dit met mense wat nou regtig van hulle koppe af is. Hoe is dit om met hulle nou te kommunikeer en hoe is dit, maar ek het regtig, daai werk het ek regtig geniet. Regtig waar, ek het dit *geniet*.

[E2: And then I came into contact again with other people, and I came into contact with people that really suffer, people that are sick, people that are really lying in pain. And, and, and how it is with people that are now really mad. How it is to now communicate with them and how it is, but I really, that job I really enjoyed. Really, I *enjoyed* it.]

In the first quote, Elaine compares her situation as a single woman to that of those who have gone through divorce. Earlier in the interview she has expressed

her loneliness and consequent wish to get married. She however says that she is rather not going to get married soon, since one often hears of divorces in the area where she lives. It thus seems that the participant uses this knowledge to appraise her own situation in a different manner, and to downwardly compare her own situation as a single person to that of divorced individuals - a situation which she regards as being less favourable.

In the second quote, Marianda tells of when she left her home to find a job in a different town as a means of getting away from her own situation. She speaks of her new job putting her into contact with "people that are really suffering", as well as with death and mental disturbance. Although she does not explicitly state this, it is possible that this exposure enabled her to compare herself to other individuals whose circumstances are less desirable than her own.

SOCIAL SUPPORT (Scheier et al., 1986)

This way of coping refers to efforts to find comfort and support through the company of others.

- P: Probeer jy sê jy cope met die verantwoordelikheid deur, dat jou kind so (oulik) is en () dat hulle ook bietjie meer ().
- E2: Ja. Een ding van sy familie, hulle's baie lief vir haar. Hulle's baie lief vir haar. En sy kuier al van kleintyd af by hulle. En, en, en, as sy nie kom kuier nie dan kom hulle vir haar. Dan kom haal hulle vir haar dan vra hulle ook: "Is sy dan nou so () geraak, of hoogmoedig geraak laat sy nie by ons kom kuier nie?" Sy't 'n pragtige rapport gekry Pia.
- [P: Are you trying to say that you cope with the responsibility through, that your child is so (cute) and () that they also () a little bit more.
- E2: Yes. One thing about his family, they love her a lot. They love her a lot. And she's been visiting them since she was little. And, and, and, if she doesn't come visit then they come for her.
Then they come fetch her then they also ask: "Has she now become so (), or snobbish that she doesn't come visit us?" She got a beautiful report, Pia.]
- M2: Hoe kan ek sê, daar sal tye wees wat ek net, nou gaat, ek gaat sit by ander me-, by, miskien by iemand wat ek ken, dan sal ek nou lekker daar sit en gesels. Ek sal so gesels later aan vergeet ek van daai probleme.
- [M2: How can I say, there will be times when I just, now go, I go and sit with other peo-, with, maybe with someone I know, then I will sit there and chat nicely. I will chat so, later on I forget about those problems.

- S: Stres en so aan. Kyk, as my kêrel na my toe kom en so aan. Kyk, daar's tye wat hy naweke kom en daar's partykeer wat hy nie in die week kom nie. Nou as hy een aand in die week gekom het of hy kom in die week... Kyk, dan die volgende dag voel jy alles ... hoe kan ek nou sê? Jy't hom nou weer gesien, jy voel goed en jy vergeet van die stres. Hoe kan ek sê? Daai klompe dinge wat gepak het... Want ek meen jy voel nou bly dat hy gekom het en dat jy hom gesien het. Ek meen daar is baie ander dinge wat op jou pak, maar as ek weer vir hom gesien het dan voel ek weer gelukkig en bly en al daai ().
- [S: Stress and so on. See, when my boyfriend comes to me and so on. See, there are times when he comes over weekends and there are some times when he doesn't come in the week. Now if he came one evening in the week or he comes in the week... Look, then the next day you feel everything... how can I now say? Those lots of things that heaped up... Because I mean you now feel happy that he came and that you saw him. I mean there are a lot of other things that heaped up on you, but when I have seen him again then I feel happy again and glad and all that ().]
- S: Ja. My familie, my familie is... hoe kan ek sê? ... Ons is baie na aan mekaar. As dinge vir my () is nie... My suster bly (). As ek nie gelukkig is of so nie dan sal ek vir my suster sê kom ons gaan () toe vir die naweek. As dinge nie by die huis reg is nie: "Kom ons los nou eers die huis. Hulle drink te veel, en hulle gee vir ons probleme. En jy sien ons is, jy's ongelukkig daar. Kom ons gaan bietjie uit vir (die naweek), my suster toe." En as ons daar kom, sy's altyd bly om vir ons te sien. Altyd. Dit kan () watter tyd van die aand wees. Sy is altyd bly om ons te sien en sy sal altyd wil weet hoe gaan dit met ons. ()
- [S: Yes. My family is... how can I put it...? We are very close to each other. When things are not () for me... My sister lives (). If I'm not happy or so, then I will tell my sister, let's go to () for the weekend. When things at home aren't right, "Let's now first leave the house. They drink too much, and they give us problems. And you see we are, you are unhappy there. Let's go out for (the weekend), to my sister." And when we get there, she's always happy to see us. Always. It can be () whatever time of the night. She's always happy to see us and she would always want to know how we are doing. ()]
- T: Dan sal hulle vra, nou wat is dit nou, dan vertel ek mos nou vir hulle. Dan sal hulle altyd vir my opbeur. Nee, ek waardeer die mense.
- [T: Then they will ask, now what is it now, then I now tell them. Then they will always cheer me up. No, I appreciate the people.]

A distinction has been made between finding this type of social support as opposed to social support that is specifically aimed at seeking information or advice from others. Women often reported specific interpersonal relationships that have helped them to cope. What seems clear is that simply seeking the company of those individuals with whom they have a social relationship serve as a means of coping. Elaine for instance finds great support through the fact that her child's father's family still loves and takes care of her daughter. It is thus important to note that it is often simply the presence and acceptance of others that the women stand in relationship with that are experienced as a form of support and thereby also a means of coping.

GETTING AWAY

This coping mechanism refers to behaviour that involves physically leaving the environment in which the stressful situation occurs.

- E2: En ek het net gevoel, ek wil wegkom. Net 'n bietjie.
P: Mmm.
E2: Net 'n bietjie wegbreek. En dit was, ek, en ek het, dit het vir my goed gedoen.
[E2: And I just felt, I just want to get away. Just a little.
P: Mmm.
E2: Break away just a little. And it was, I, and I, it did me good.]
- S: As ek nie gelukkig is of so nie dan sal ek vir my suster sê kom ons gaan () toe vir die naweek. As dinge nie by die huis reg is nie: Kom ons los nou eers die huis. Hulle drink te veel, en hulle gee vir ons probleme. En jy sien ons is, jy's ongelukkig daar. Kom ons gaan bietjie uit vir (die naweek), my suster toe.
[S: If I'm not happy or so, then I will tell my sister, let's go to () for the weekend. When things at home aren't right, "Let's now first leave the house. They drink too much, and they give us problems. And you see we are, you are unhappy there. Let's go out for (the weekend), to my sister."]
- R: Byvoorbeeld () my ma en pa. Partykeers voel ek net, as, as my broer, veral as hy die Saterdagoggend so (). (Voel ek net) () nou loop ek. Dan loop ek.
[R: For example () my mom and dad. Sometimes I just feel, when, when my brother, especially when a Saturday morning he (). (I just feel) () I'm leaving now. Then I leave.]

In each case, the participant felt the need to get away from a certain situation to the degree of physically leaving the environment in which the stressor they were facing occurred. The stressor is thus blatantly avoided in each case, and no attempt is made to deal with it on either a practical or emotional level.

ACCEPTANCE (Carver et al., 1989)

This coping mechanism refers to the passive acceptance of a stressor.

- R: Ons, ek weet ons trek swaar. Ek weet ons het min geld, maar hulle moet pro-, die ding probeer aanvaar soos dit is.
[R: We, I know we struggle. I know we have little money, but they must try, try and accept the thing the way it is.]
- S: Hoe dink jy gaan jy in die toekoms maak om te cope met dinge?
R: Ek weet self nie. Aanvaar dit maar soos dit kom.
[S: What do you think you'll do in the future to cope with things?
R: I don't know myself. Accept it as it comes.]

- M1: Of ons moet maar daai bitter pil sluk as ons hom kry. Wat, wat anders is daar om te doen.
[M1: Or we just have to swallow that bitter pill when we get it. What, what else is there to do.]

In the case of coping by means of acceptance, no effort is made to influence or deal with the stressor with which the individual is faced. In the first quote, Roos states to her family that they have to accept their poverty. In her second quote she states with regards to difficulties in the future, that she will cope with them by simply accepting them. Marianda also declares that there is no option but "to swallow that bitter pill...". Acceptance thus seems to be accompanied by an attitude of fatalism in which no way other means of coping with the stressor is envisioned.

NORMALIZATION

This coping mechanism can be defined as becoming customized to one's suffering to the point of accepting it as part of one's daily routine.

- A: Ek gaat aan.
D: ()
A: 'n Mens moet (nog) sterk wees. (). Jy moet daarmee saam leef. Ek, ek leef daarmee saam. Ek is al so gewoond om daarmee saam te leef.
[A: I carry on.
D: ()
A: You must be strong. (). You must live with it. I, I live with it. I'm so used to living with it.]
A: As jy alleen is dan moet jy (.) probeer om vir jou alleen dinge te verwerk, né. En dit raak so by jou (.) in 'n gewoonte in.
[A: If you are alone then you must (.) try to work things out by yourself, hey. And it becomes so like a habit to you.]
M1: (Ag), dis amper nou alweer soos 'n gewoonte.
C: Hm mm.
M1: Dis amper soos 'n gewoonte.
[M1: Oh, it's almost now like a habit again.
C: Hm mm.
M1: It's almost like a habit.]

Both of the participants use the word "habit" when speaking of the difficulty which they face, and claim that they have become used to living with the particular stressor. In this case, as opposed to when perseverance is for instance

employed as coping mechanism, the participant does not foresee a solution for her difficulty, and holds no expectation for her situation to change. No effort is thus made to change the situation which causes distress, but an attempt is rather made to minimize distress caused by these circumstances by means of a certain kind of acceptance. In the first quote, Aspoestertjie states that she copes by simply carrying on. In the second quote, she states that being alone and dealing with problems on her own has become a way of life to her. When the second participant, Marianda is asked how she copes with her son's drinking, she claims that "It is almost like a habit.". An acceptance of these stressors thus seems to have lead to these stressors being viewed as a normal part of an often daily routine.

USE OF ALCOHOL (Carver et al., 1989)

The coping mechanism can be defined as the use of alcohol for the purpose of sedation.

- R: As, as dinge vir my 'n bietjies te veel raak, dan, dan soos ek sê dan gaan drink ek.
[R: When, when things get a little too much for me, then, then as I said I go drink.]
- R: Byvoorbeeld () my ma en pa. Partykeers voel ek net, as, as my broer, veral as hy die Saterdagoggend so (). (Voel ek net) () nou loop ek. Dan loop ek. Dan drink ek. Dan kom ek nie () terug huis toe nie. Dan kom ek hier Saterdagoggend, Sondagoggend, one o'clock, two o'clock, huis toe. (Slaap ek.)
- S: So die drank help nogal (om te vergeet).
- R: Om dit te vergeet. Ja, ja, ja, help dit nogal.
- [R: For example () my mom and dad. Sometimes I just feel, when, when my brother, especially on a Saturday morning when he (). (I just feel) () I'm leaving now. Then I leave. Then I drink. Then I don't () go back home. Then I come home like Saturday night, Sunday morning, one o' clock, two o' clock. (I sleep).
- S: So the alcohol helps (to forget)
- R: To forget it. Yes, yes, yes, it quite helps.]

In these examples it seems that alcohol is used for the sole purpose of reaching a state of sedation. Roos states that she drinks when things get too much, and confirms later in the interview that the drinking helps her to forget. Roos thus combines a physical getting away from the stressor when she leaves the

environment in which the stressor is experienced with mental escapism through sedation. This is sought in order to forget about the stressor.

WITHDRAWAL (McCrae, 1984)

Withdrawal can be defined as avoiding the company of other individuals when dealing with stress.

R: Of, as ek nie drink nie dan loop ek net van die huis (). Gaat sit net eenkant en, worry met niemand nie. Worry met niemand nie. En, maar hulle weet as ek nou, as, sê maar ek kom nou by die huis aan, en my ma en my oudste broer stry, () dan loop ek net by die huis uit. Dit kan maar nou hoe laat in die nag wees, ek sit net e:enkant. ().

[R: Or, if I'm not drinking then I just leave the house. Just go sit one side and, worry with no-one. Worry with no-one. And, but they know if I now, if, say I get home, and my mom and my oldest brother are arguing, () then I just walk out of the house. It can be however late at night, I just sit alone.]

E1: ...en dis die stilte ook, stilte help ook vir my baie.

[E1: And the silence also, silence also helps me a lot.]

T: As mense my baie vies maak, dan sal ek altyd buite gaan staan. (). As ek teneergedruk of teleurgesteld is, dan praat ek mos nou met niemand nie, want ek voel nie lekker nie.

[T: If people make me angry, then I will always go and stand outside. (). If I am down or disappointed then I now don't speak to anyone, because I don't feel good.]

A: Ek mis nie iemand by my nie. Ek () daar is iemand. () van my wat nou nuuskierig is of uitvra of nou sou, "Wat gaan nou aan?" of so byvoorbeeld. "Hoekom huil jy?", of so. Maar as jy alleen is dan't dit (lekker).

D: Hoe so?

A: Voel vir my as ek alleen huil dan('s dit) lekker vir my daar's nie nou iemand by my nie.

[A: I don't miss having anybody with me. I () there is somebody. () of mine who is now inquisitive or asks out or now like that, "What is going on now?" or like that for example. "Why are you crying like that?" or so. But when you're alone then it's (nice).

D: Why so?

A: Feels to me if I cry alone then (it's) nice for me that there's not anybody with me now.]

These participants have all expressed the preference for being alone when dealing with stress. The first participant, Roos, leaves the environment in which the conflict between her family members takes place to be by herself. This is most likely done in order to get away from the stressor itself, i.e. the conflict between her family members. Other participants however do not withdraw in order to escape from the stressor, but simply because they prefer being alone

when dealing with their stress. Elize, in the second quote for example states that silence helps her to cope. The last participant states that she enjoys being able to cry on her own so that she would not have to explain her distress to anyone.

WISHFUL THINKING (McCrae, 1984)

Wishful thinking is defined as a conscious expression of the desire for a positive change regarding a stressor.

R: ...ek sê: Eendag sal daar (dalk)..."

[R: ...I say: "(Maybe) one day there will..."]

M1: Dan dink ek, hoe kan jy so wees as jy dronk is? Hoe kan jy so wees? Kan jy nie wees soos jy nou is nie...as jy dronk is nie? Dink ek nou in my gedagte, vra () dink, in my gedagte dink ek dit.

[M1: Then I think, how can you be like this when you're drunk. How can you be like that? Can't you be the way you are now...when you're drunk? I think in my thoughts, ask () think, in my thoughts I think that.

M1: Nou sê ek en Let vir mekaar as (ons) so stil sit, vername op 'n Saterdagmiddag. Dan sê ek: "Ai, (.3), waar's daai naweek wat hy nie, wat hy nie hier gewees het nie. Kan dit maar nie elke naweek gebeur nie?"

[M1: Now Let and I say to each other when we sit quietly, especially on a Saturday. Then I say: "Oh, where's that weekend when he, when he wasn't here. Can't it just happen every weekend?"]

Roos expresses a hope that the future might be more positive. The words "(maybe) one day" point to the wishful nature of the statement. Marianda expresses the wish that her son could be the same person when he is drunk that he is when he is sober. She also longs back to a specific weekend when she did not have to deal with a drunk son at home. The expression of the wish for things to be different also contains an indirect expression of dissatisfaction with the present.

LIVING DAY BY DAY

This coping mechanism is defined as the decision to remain unconcerned about potential future difficulty.

R: Ek sit my nie uit oor die dag van môre nie.
[R: I don't put myself out over the day of tomorrow.]

When asked what she thought she might do in the future in order to cope, this participant said that she will accept things as they come, and then continued to say that she doesn't "put herself out" over the day of tomorrow. Later in the interview she expresses feelings of helplessness with regards to a certain stressor. It seems likely that these feelings of helplessness contribute to the participant's decision to avoid thinking about potential future problems. This coping mechanism is thus likely to be employed in order to avoid the distress caused by concerns about the future.

DISTRACTION (Stone & Neale, 1984)

Distraction is defined as engagement in any activity that serves to divert attention away from thinking about the problem.

M2: As, as dit, as goed nou vir my pla, of dit nou probleme is... Ek, hoe kan ek sê, ek breek net weg van alles af. Hoe kan ek sê, daar sal tye wees wat ek net, nou gaat, ek gaat sit by ander me-, by, miskien by iemand wat ek ken, dan sal ek nou lekker daar sit en gesels. Ek sal so gesels later aan vergeet ek van daai probleme.
L: Maar jy gesels nie oor die probleme nie, jy gesels oor iets anders.
M2: Ja. Net om my, hoe kan ek sê, om daarvan te vergeet.
L: So wat vir jou help is om nie daaraan te dink nie.
[M2: When, when it, when things are bothering me, or if there are problems... I, how can I say, I just break away from everything. How can I say, there will be times when I just, now go, I go and sit with other people, with, maybe with someone I know, then I will sit there and chat nicely. I will chat so that later on I forget about those problems.
L: But you don't talk about those problems, you talk about something else.
M2: Yes, just to, how can I say, to forget about it.
L: So what helps for you is to not think about it.]

This participant attempts to forget about her difficulties by engaging in social interaction. The social interaction thus serves the sole purpose of distraction. The participant states that when things bother her, she breaks away from everything, and continues to mention social interaction as a means of breaking away and

forgetting about her stress. Social interaction in this case thus also seems to be used in order to avoid the experiencing of negative emotions triggered by stressors. As opposed to instances when social support is sought for the purpose of either seeking advice or an emotional outlet, conversation in this case is steered away from the individual's problems in order to facilitate distraction.

DISTANCING (Scheier et al., 1986)

This coping mechanism refers to behaviour aimed at distancing oneself by not allowing oneself to get emotionally caught up in a stressor.

- A: Dit wat swaar is () maak ek sommer vir myself lig. Ek gaan nie sit en, uh,uh, uh, uh...byvoorbeeld loop sit en dink aan die ding: (lang klank). En dit werk op jou, en dit werk op jou. Ek doen nie dit nie.
- [A: That which is heavy, I just make light for myself. I don't go and sit and, uh, uh, uh, uh, for example go and sit and think about the thing. And it gets to you, and it gets to you. I don't do that.]
- A: Of dan kom die ding na jou toe swaar dan vat jy hom maar so (.) ligtelik. Dan is dit darem nie so (.) ernstig nie.
- [A: Or then the thing comes to you heavily, then you take it lightly. Then it is not so serious.]

The participant, Aspoestertjie reports that she distances herself from the stressor by not ruminating over the situation and thereby allowing it to get to her. She also states that by 'taking something lightly', something which may be experienced as being heavy may turn out to be something which is 'not so serious'. The purpose of this coping mechanism is therefore to distance oneself from the stressor in order to avoid the emotional distress that may be experienced as a result of it. This seems to be done in two ways by this participant: firstly by not ruminating over the stressor, and secondly by not taking the stressor too seriously.

FUTURE HOPE

This coping mechanism can be defined as the belief that difficult conditions presently faced will improve in the future.

M2: En ek bedoel (daarvoor), dit voel vir my so een of ander tyd gaan dit tog opgelos word.
[M2: And I mean, it feels to me so some time or the other it will get sorted out though.]

M1: Daar gaan 'n oplossing kom.
[M1: A solution will come.]

Both the above participants express the belief that conditions will change for the good. This belief is not based on any evidence, and is thus simply a "feeling" that the individual holds on to. This coping mechanism is likely to serve the purpose of diminishing the negative emotion that might be experienced as a result of stress, and to encourage positive feelings of hope created by the belief that presently stressful conditions will be improving in the future.

KEEP FEELINGS TO SELF

This coping mechanism refers to the decision to not share one's feelings with other individuals.

R: Nou hou ek maar alles vir myself...
R: Now I just keep everything to myself...

A: Maar as daar nou iemand by my is dan sal ek nie huil nie.
[A: But if there's now somebody with me then I won't cry.]

Both these participants declare that they do not share their distress with other individuals. The first participant explained in the interview that after she had a fall-out with the lady with whom she used to share her problems, she started to keep her feelings to herself. The second participant, who states that she copes with her difficulty by giving expression to her feelings through crying, declares that she will never allow anybody to see her cry.

PAMPERING SELF

This coping mechanism refers to the taking special physical care of oneself and/or treating oneself to certain luxuries.

- S: Wat vir my laat goed voel. As ek vir my kan mooi maak. Tittivate. As ek...Wat vir my laat goed voel as ek geld het om in die haarsalon te gaan sit en vir my klere te koop. O, dan voel ek baie goed. Om vir my mooi te maak () lekkerruikgoed en al daai laat vir my baie goed voel. Soos nou as ek uitgaan, gaan haarsalon toe. Hoe kan ek sê, dit laat vir my baie goed voel.
- [S: What makes me feel good. When I can make myself beautiful. Tittivate. When I... What makes me feel good, when I've got money to go sit in the hair salon and buy myself clothes. Oh, then I feel very good. To make myself beautiful () perfume and all that makes me feel very good. Like when I go out. How can I say, it makes me feel very good.]

Santie mentions activities such as buying new clothes and going to the hairdresser as a way of coping and states that these things make her feel good. The participant is also clear about the fact that this behaviour serves the sole purpose of creating positive feelings: "...dit laat vir my baie goed voel".

EXPRESSION OF FEELINGS (McCrae, 1984)

This coping mechanism refers to the overt expression of emotions.

- A: As ek hartseer is.
D: Mm.
A: Dan huil ek.
D: Hm.
A: Partykeer dan is dit so dan sit jy so dan dink jy so aan baie dinge en dan raak jy hartseer. Maar dan huil ek sommer maar daar's niemand by my nie.
[A: When I am sad.
D: Hm.
A: Then I cry.
D: Hm.
A: Sometimes it's like, you sit, then you think about a lot of things and then you get sad. But then I just cry but there's nobody with me.]
- A: Jy kan maar nou uithuil en uit en gedaan en klaar. Dan voel jy darem baie beter, ja.
[A: You can just cry it out and get it over and done with. Then at least you feel a lot better, yes.]
- M1: Dan is dit net die trane wat daar loop. Dan is dit net die trane.
[M1: Then it's just the tears running there. Then it's just the tears.]
- M1: Ek sê dit gaan nie so maklik wees nie, om net te vergeet nie. Want dit, dit is seer.
C: Hm.
M1: En, toe kom hy () die Maandagaand (.4) na my toe, en hy vra toe vir my hoe voel ek. Ek sê man, ek voel nie gelukkig nie, ek voel net hartseer, sê ek. Ek kan [nie eers eet nie.
[M1: I say it's not going to be that easy, to just forget. Because it, it hurts.
C: Hm.
M1: And, then he came () the Monday evening (.4) to me, and he asked me how I feel. I say man, I don't feel happy, I just feel sad, I said. I can't even eat.]

In the first three quotes, the participant reports giving expression to her emotions through crying, while the last quote is an example of a verbal expression of feelings. Aspoestertjie states that 'crying it all out' makes her feel better but also that she only cries when she is alone. Marianda on the other hand reports that she lets her feelings out by expressing them to others.

MAKING THE DECISION TO BE STRONG

This coping mechanism refers to the conviction of the need to stand strong during difficulty.

A: (Mens) kyk so byvoorbeeld (as jy), uh, uh. Kyk toe my man ook dood is. As jy alleen is dan moet jy (.) probeer om vir jou alleen dinge te verwerk, né.

[A: You, see like for example (if you), uh, uh... See when my husband died... When you're alone you have to try and work things through for yourself, hey.]

A: Jy (.2), jy staal jou ten minste teen die dinge wat, wat jy nou dink wat nou swaar op jou gaat kom.

[A: You (.2), you at least brace yourself against the things that, that you now think that will now come down heavily upon you.]

Contained within this conviction is both an awareness of and acknowledgement of the difficulty being experienced. Marianda for instance clearly states: "...it is hard, and it is painful. But we will have to get over it." Aspoestertjie declares that you brace yourself against the things that you think will come down hard upon you. This way of coping encompasses a conviction of the need to be strong during difficulty by the participants who have reported this as a means of coping.

POSITIVE ATTITUDE

This coping mechanism can be defined as the decision to abstain from complaining about difficulty.

E2: En, en het vir my, ek het vir myself gesê, ek gaan nie murmureer oor geld nie.

[E2: And, and I, I told myself, I'm not going to complain about money.]

E2: Regtig waar. Maar (.2), ek kom goed klaar. Regtig waar, uh, uhm Pia. Ek kan nie kla nie.
[E2: Really. But (.2) I get along well. Really, uh, uhm Pia. I can't complain.]

Although the participant is aware of her poverty, in the first quote she states that she has made the decision not to complain about this. In the second quote, she is referring to the fact that she is a single parent, and states that, despite her loneliness and longing for a husband which she expresses elsewhere in the interview, she has no reason to complain. Although the participant is therefore not in denial with regards to her difficulties, she has made the deliberate decision to maintain a positive attitude and not to express any negative feelings about her situation.

HUMOUR (McCrae, 1984)

The coping mechanism of humour is being defined as laughing about or making light of a situation which has the potential to cause stress.

A: Soos ek nou dink, ek sê vir die mense, ek het nou my kop so in 'n bynes ingesteek.
D: Hm.
A: Ek sê ek is nou so diep in die skuld (nou) net my hare, die boonste stukkies van my hare wat uitsteek.
[A: As I'm thinking now, I tell people, I have now so stuck my head in a bees' nest.
D: Hm.
A: I say I am now so deep in debt it's now only my hair, only the top bits of my hair that are sticking out.]

In this case, the participant uses humorous imagery to describe her potentially stressful situation. She describes her making debt as having stuck her head in a bees' nest, and says that she is now so much in debt that it is only the top bits of her hair that are sticking out. A clear attempt is thus made at laughing about a situation which from an objective point of view may be regarded as stressful.

Upon further analysis of the emotion-focused strategies, it seems that many of these strategies involve an avoidance of emotion, and involve an attempt not to experience emotions that are likely to be triggered by certain stressors.

One example of a coping mechanism which clearly involved an experiencing of and grappling with emotion was the strategy labelled “expression of feelings”.

Although the following two items were originally coded as coping strategies, they should, according to the cited definitions of coping, not be defined as such. Their occurrence in the material may however be of significance:

RECOGNIZING FEELINGS OF POWERLESSNESS

This coping mechanism refers to the acknowledgement and expression of feelings of powerlessness.

- R: Ek weet nie as, as ek moet tronk toe gaan, of as my ma moet tronk toe gaan oor die skuld (), dan moet dit maar nou net gebeur of, as hulle iemand moet kry wat vir haar kan hulp aanbied met die skuld (). (Ek) kan nie, ek weet nie wat om te sê of wat om te maak nie.
- [R: I don't know if, if I must go to jail, or if my mother must go to jail because of the debt (), then it must just happen or, if they must find somebody who can offer her help with the debt (). (I) can't, I don't know what to say or what to do.]
- E1: Vir my...as dinge moeilik gaan, dan...dan...dit...dit voel vir my () afdruk, dit is nie...dit is nie vir my of dit () gaat nie vir my op...opbou nie. Dit druk vir my af, dit maak vir my ('n swakker mens). Dit is ook nie...vir my voel dit baie swaar, ek kan dit nie hanteer nie, ek weet nie hoe moet ek maak nie...
- [E1: For me...if things are going tough, then...then...it...it feels to me () pushing down, it is not...it is not to me like it () will not build me up... build up. It pushes me down, it makes me (a weaker person). It is also not... to me it feels very heavy, I can't handle it, I don't know what I must do...]
- M1: So ek weet nie, hoe gaan dit, wat gaan gebeur, as hy nou weer begin, as die storm nou weer opstaan nie. Want hy was nou vir 'n hele, twee maande kan ek sê, was hy omtrent rustig.
- C: Hm mm.
- M1: Sal ek sê. Hy was kalm gewees. En as hy nou weer moet gaan begin, weet ek nie wat sal (.) gebeur met my nie.
- [M1: So I don't know, how it, what will happen, if he starts again now, if the storm starts again. Because he was now for a whole, two months I would say, he was calm.
- C: Hm mm.
- M1: I would say. He was calm. And if he now starts again, I don't know what would happen to me.]

Feelings of powerlessness are very directly expressed by all the three participants above. Feelings of helplessness are also expressed by these participants who state that they either do not know what to say, what to do or

what would become of them under certain circumstances. The first participant experiences feelings of helplessness with regards to the fact that her mother might go to prison because of her debt. The second participant expresses her feelings of helplessness under general difficult circumstances. The third participant states that she doesn't know what would happen to her if her son had to start drinking again.

EMPATHY

This coping mechanism refers to the expression of empathy for the pain endured by other individuals.

- A: Maar soos byvoorbeeld as ek nou uh, uh, uh...as ek nou mense sien wat verskriklik hartseer is en huil dan huil ek ook nou. Ek kan nie uh, uh, uh, uh...ek huil sommer saam met hulle. (Sien). Ek kan nie nog dit ophou, opkrop of so nie. Ek huil sommer saam met hulle.
- D: () gevoelens uitkom ().
- A: Ja, ek voel sommer saam met hulle. Weet, ek kan nie iemand sien huil nie dan, dan, dan, voel ek net so hartseer soos daai een. Miskien soos daai persoon wat nou daar so huil ook.
- [A: But for example if I now uh, uh, uh...if I now see people who are terribly sad and are crying then I now also cry. I can't uh, uh, uh...I just cry with them. (See). I can't hold it back, crop it up or so. I just cry with them.
- D: () feelings come out ().
- A: Yes, I just feel with them. Know, I can't see anybody cry then, then, then, I feel just as sad as that one. Maybe like that person who's now crying like that also.]
- M1: En as mense so by my kom kla van die swaar kry dan sê ek ja, daai het ek al deurgegaan.
- C: Mm mm.
- M1: Dit is seer. Ek verstaan dit.
- [M1: When people complain to me like that about their suffering, then I say "Yes, that I've been through."
- C: Mm mm.
- M1: It hurts. I understand it.]

The first participant expresses her empathy by crying with the person who is crying, and claims that she "feels with" that person. The second participant verbally expresses her empathy to an individual who is suffering, and tells them that she understands their pain. These participants are very expressive about the empathy they feel for others. It seems possible that this empathy serves as a

coping mechanism by means of being an outlet for the participants' own pain that they experience on an individual basis.

4. Conclusion

During data analysis, 28 coping mechanisms were identified in the interviews. These coping mechanisms were identified by means of analyzing the open-ended responses of the participants on how they cope with the stressors they face in their lives. A working definition of each coping mechanism based on the work of other authors were provided, followed by prototypes of each mechanism from the interviews, as well as a brief discussion of each. All the coping mechanisms included in this section are mechanisms subjectively identified by the women themselves.

CHAPTER 5

DISCUSSION

1. Introduction

In the previous chapter the findings of this study were reported in detail. All the different coping mechanisms identified by participants were discussed. In this chapter the most significant general trends identified will be analyzed and discussed with reference to the relevant literature. These trends are:

- (i) Out of the 28 coping mechanisms identified in the grounded theory analysis, twenty can be classified as emotion-focused coping.
- (ii) Upon further analysis, it was also found that the emotion-focused coping mechanisms employed by the participants often involved an avoidance of emotion.

In the light of the significant trends that were identified, this following discussion will include:

- a) A critical analysis of the way in which the concept of emotion-focused coping is defined within coping literature.
- b) Potential contextual explanations for the prevalent use of emotion-focused coping among the low-income participants of this study.
- c) A redefining of emotion-focused coping as a useful and vital coping strategy.

2. The concept of emotion-focused coping within coping literature

The distinction between problem-focused and emotion-focused coping is a very significant distinction within the coping literature. Not only is this the most influential conceptualization made thus far (Coyne & Downey, 1991), but it is also one on which consensus has been reached in the coping literature (Endler & Parker, 1990). The distinction between problem-focused and emotion-focused

coping is made on the basis of function: Problem-focused coping is defined by Folkman and Lazarus (1980) as “cognitive problem-solving efforts and behavioural strategies for altering or managing the source of the problem” (p. 224). Emotion-focused coping refers to “cognitive and behavioural efforts directed at reducing or managing emotional distress” (p. 225). According to Carver and Scheier (1994) problem-focused coping are efforts at removing a threat or reducing the impact thereof, while emotion-focused coping is defined as those efforts aimed at reducing “the negative feelings that arise in response to the threat” (p. 184). Lazarus (1999) describes the distinction as approaching the stressor vigilantly or with avoidance.

Emotion-focused coping is described as involving one of the following two processes:

- (1) The diversion of attention from a stressor e.g. the avoidance of thoughts concerning the stressor.
- (2) Efforts to change the personal meaning of a distressing situation (Lazarus, 1993).

“The importance of having at least some control over one’s emotions when trying to manage or alter a troubling situation” is given as one reason for the usual accompaniment of problem-focused coping by emotion-focused coping (Folkman & Lazarus, cited in Folkman, 1984, p. 845).

The coping literature acknowledges the use of denial-like strategies such as distancing, as well as cognitive strategies that are applied in order to diminish negative emotions, e.g. cognitive restructuring (e.g. Pearlin & Schooler, cited in Folkman & Lazarus, 1991) and positive reappraisal (e.g. Folkman et al., cited in Folkman & Lazarus, 1991). Lazarus (1999, p.111) claims: “Thus denial, which was once thought to be harmful and signify pathology, can be beneficial under certain circumstances”. He explains that reappraisal gives a new meaning to a threat, which leads to the altering of our emotions, and describes this mechanism

of coping as “one of the most durable and powerful ways of controlling destructive emotions” (p. 116).

Lazarus (1999) claims that, according to evidence, the usefulness of a coping strategy such as distancing would depend on the context. When nothing can be done about the outcome of a situation, distancing may be beneficial. When a person however needs to actively confront a situation, the same coping mechanism may be harmful.

There are two major conceptual problems with this conceptualization of the role of emotion in the process of coping as useful under unchangeable circumstances. First, who decides what is changeable or not? Is poverty or domestic violence changeable? Also, if they are changeable in the eyes of the observer, they might not be changeable in the eyes of the person who is experiencing them – and this perception of reality is very likely to be shaped by the emotional state of the person. This brings us to the second problem: Despite Lazarus's (1999) new focus on emotion, cognitive theory on which coping literature is mainly based, still works with the assumption that emotion should always be secondary to reasoning. Lazarus and his colleagues (e.g. Lazarus & Launier; Lazarus, Averill & Opton, cited in Folkman & Lazarus, 1980) lend great significance to cognitive appraisal, and view it as “the critical determinant of the coping process” (p. 231). “Appraisal theory provides a set of propositions about what one must think to feel a given emotion” (Lazarus, 1999). Therefore, from this perspective, emotions are problematic when thinking is problematic.

A problem that has to do with research strategies used when coping is studied, is the fact that a lot of coping research is done within the contextual model of coping (e.g. Folkman & Lazarus, 1980). This leaves room for judgment errors with regards to the effectiveness of coping outcomes. According to this model, the effectiveness of coping cannot be determined without considering the context in which this takes place. As the result of a culture in which environmental control

is central, many coping researchers have come to the erroneous conclusion that problem-focused coping is a more desirable and useful strategy (Lazarus, 1999). In the light of this, it remains possible that the short-term outcomes of coping with a certain situation may be judged as being effective since it demonstrated environmental control, while the long-term effects of this coping mechanism may have a negative effect on the psychological functioning of the individual over the long haul.

It is clear then that coping theory does pay attention to the role of emotion, as illustrated by the claim that motivation, appraisal, stress and coping are all component parts of emotion (Lazarus, 1999). Coping theory has also begun to acknowledge the vital role of positive affect in the coping process (Folkman & Moskowitz, cited in Lazarus, 2000). Despite this however, in defining emotion-focused strategies, the importance of recognizing and experiencing one's emotion seems to not be articulated.

The definitions of emotion-focused coping as well as the above explanations on the role of emotion-focused coping seem to suggest that emotion is often regarded as what gets in the way of coping, and thus that emotion should be prevented or controlled. It seems reasonable to argue that the term emotion-focused coping is a misnomer, since what gets coded as emotion-focused coping, is usually not only coping strategies that are focused away from the problem, but they also involve conscious cognitive efforts to avoid the emotion that the stressor has elicited.

3. Emotion-focused coping and low-income women

It is important to consider potential explanations for the prevalent use of emotion-focused coping among the participants of this study.

It can be argued that they use such strategies because of the fact that certain contexts offer only a limited number of coping options. It is of utmost importance to consider these limitations when looking at the coping mechanisms employed by low-income individuals. The environment extends an important influence over the coping mechanisms of low-income women, and stereotypes such as the depiction of women as incapable of managing their lives resulted due to the assumption that these women are in full control of all the factors that influence their lives (Dill et al., 1980). It should however be considered that "options for coping effectively with some problems may simply not be available to a women already hampered by inadequate financial resources and lacking the power, status, language, information, or appropriate advocates to move institutions in her favor" (Dill et al., 1980, p. 507). Fondacaro and Moos (cited in Banyard & Graham-Bermann, 1988) also hypothesized that continuous stressors may eventually result in a diminished repertoire of coping resources. It is thus vital for researchers to consider a potentially limiting environment, and thus the possibility that a chosen coping strategy may be reflective neither of a woman's ability, nor of what she truly wanted (Dill et al., 1980). In the light of the fact that problem-focused coping is often viewed by researchers as the more useful coping strategy (Lazarus, 1999), it is important to consider that "what may seem like poor coping strategies are often the result of severely limited options" (Dill et al., 1980, p. 508). Participants in a study of low-income mothers by Dill et al. (1980) reported many examples of their environment being unresponsive to coping efforts, causing them to feel that they possessed little control over determining forces in their lives. In line with this is the fact that inner resources can also serve to limit coping strategies, and that individuals only choose coping strategies that they feel confident about carrying out (Dill and Feld, 1982). Coping strategies, according to these authors are chosen in line with whom the person knows herself to be. An environment which is unresponsive to coping efforts may affect a woman's self-esteem and motivation (Dill et al. 1980).

It is vital to consider the fact that appraisals of conditions as unchangeable is associated with emotion-focused coping (Folkman & Lazarus, 1980). The poverty of their environment in terms of coping resources is bound to play a significant role in the prevalent use of emotion-focused coping that was found among the participants of this study. The finding that the coping mechanisms of the participants of this study are not only prevalently emotion-focused, but are also often avoidant of these emotions, need to be viewed in the light of the fact that the participants of this study find themselves without a voice. Not only are these women limited by their environment both in financial terms as well as coping options, but they also find themselves in a context where their emotions are often not taken seriously.

4. Conceptualizing the expression of emotions as functional

Many influential schools of thought hold the idea of emotions being a main cause of human suffering (Oatley, 1990). Concern about the nature of emotion has existed even since the time of the philosophers who preceded Socrates. Questions about the emotions have always formed a part of the pursuit of reason, which has formed such a substantial part of philosophy. This is especially associated with the Greek philosophers, Socrates and Plato. The conceptualization of emotions as unreasonable and dangerous, and having ought to be the slave of reason was birthed during this age, and seems to have persistently remained a part of philosophies on reason and emotion (Solomon, 1993).

A different school of thought however also exists. The first functionalist model of the mind was proposed by Aristotle, a model that he also applied to the emotions. This theory is presented in his book *De Anima* (cited in Power & Dalgleish, 1997) in which he argues for and attempts to determine the function of emotions. According to this functionalist view of emotions, the form of emotion is defined by its role in the psychological system (Power & Dalgleish, 1997). The

distinction between non-emotional thought as inherently rational, and emotions as irrational is incorrect, "a relic of a folk theory which in this case was false (Oatley, 1990, p. 130).

Postmodernism challenged the concept of rationality (Peile, 1998), which resulted in a "crisis of reason" (Grosz, quoted in Peile, 1998). Shaking a once certain epistemology caused an interest in other forms of knowledge obtainment such as intuition and emotion (Ife, cited in Peile, 1998). Feminists have also been challenging the rule of positivism and argued for an acknowledgement of emotional ways of knowing (Peile, 1998).

Frijda (1986) provides a functionalist account of emotion, although he also refers to certain "non-functionalities" of emotion e.g. emotions such as panic and nostalgia which he regards as useless or potentially damaging. Emotions are "action readiness changes in response to events relevant to the individual's concerns", and therefore "serve the function of signaling concern relevance" and to "monitor and steer concern satisfaction" (Frijda, 1986, p. 371). In addition thus to serving the function of evaluating the relevance of an event, emotions also serve a motivational function regarding the addressing of such relevant concerns in order to obtain "concern satisfaction". A cognitive system devoid of motivation will fail to lead to goal-oriented action, while affect, in turn, is that which impels motives to action (Epstein, 1993). Emotion further serves the purpose of enabling us to get acquainted with both ourselves as well as our world. A person, through his emotions, can become aware of the fact that he or she is for instance sensitive, dependent or desiring care (Frijda, 1986).

Levenson (1994) describes emotion as "efficient modes of adaptation to changing environmental demands" (p. 123), and thus conceptualizes emotions as being empowering. He further states that "psychologically, emotions alter attention, shift certain behaviors upward in response hierarchies, and activate relevant associative networks in memory...Emotions serve to establish our

position vis-à-vis our environment, pulling us toward certain people, objects, actions and ideas, and pushing us away from others" (p. 123). He also claims that "emotion orchestrates the action of multiple response systems so that they act in a unified way in the service of solving fundamental problems" (1999, p. 495). Emotion is thus seen as an agent of organization as opposed to it being disorganizing or disrupting. According to Clore (1994), the primary function of emotions is to provide information to ourselves through feelings and thoughts, and to others by means of vocal and facial expressions. Emotion can facilitate adaptive behaviours by helping us to gain clarity with regards to the way we feel, guide our thoughts and plans concerning the event that gave rise to our feelings, and share our feelings with others which might lead to others providing support or altering their behaviours (Levenson, 1999). Another way in which our emotions can be functional lies in the fact that emotions often give rise to similar memories being recalled. According to Levenson (1999), it is a possibility that such recall can provide access to previous experience that can provide useful insight in planning efforts. Emotions not only provide individuals with instinctual tendencies, but they also assist in subsequent learning by elaborating intrinsic values. Emotions thus serve as behavioural regulators (Panksepp, 1994).

Emotion also serves to structure the entities by which we are defined, such as our social connections, our sense of morals, and our likes and dislikes. This takes place through the fact that we are drawn to certain things and pushed away from others through our emotions (Levenson, 1994). Developmental psychology has come to regard emotional expressions as vital aspects of human relationships in terms of their development and elaboration (Malatesta-Magai, Izard & Camras, 1991). Fischer and Frijda (1992) state that despite the fact that it is not associated with action, emotion can mostly be identified with "things such as calls for action, changed action readiness, or changes in action plans" (p. 25).

Emotions are vital to our understanding of various situations through the fact that they represent emotional evaluations of these situations. Feelings of sadness or

anger because of certain situations carry the potential to provoke action (Peile, 1998). According to Oatley and Johnson-Laird (1987, cited in Oatley, 1990) emotions serve to organize cognitions in cases of multiple goals and therefore in the planning of actions.

In line with this perspective according to which the experience of emotions can facilitate positive adaptation, Mayne (1999) discusses an emergent literature that has begun to discuss the positive aspects of negative affect. She highlights the fact that negative emotions often lead to positive health behaviour. Although chronic and intense negative affect may lead to health-damaging behaviour such as substance abuse, anxiety and depression, it may on the other hand lead to realistic health assessment, preventive health behaviours and care-seeking.

Among HIV-seropositive subjects, depression lead to an appropriate use of medical care, while an association was found between a lack of depressed symptoms and an underutilization of medical care according to a study by Mayne (cited in Mayne, 1999). Distress and depression also play an important role in eliciting social support (Mayne, 1999) which in turn is associated with better health outcomes (Adler & Matthews; Cohen & Wills, cited in Mayne, 1999). Chronic and intense negative affect may however result in the erosion of social support (Mayne, 1999).

While the coping literature seems to regard emotions as something to be denied or managed, it is important to note that especially in trauma literature, the importance of expressing and experiencing one's emotion is highlighted. For instance, Grossman, Cook, Kepkep & Koenen (1999, p. 168) in writing about the management of feelings in adult survivors of sexual abuse say:

Expressing or experiencing the feeling directly, getting help from others, having the feeling but hiding it from others, and self-soothing all left participants in touch with their feelings. In contrast, distancing from the feeling (numbing, shutting down and so forth), somatizing, and some

forms of acting out involved not being aware of the emotions... Having conscious access to feelings always gives more control and more choice.

The ability to experience and express feelings is a process that is regarded to be vital and central to the recovery of trauma survivors. One of the ways in which therapists can help children with a history of abuse is by validating their feelings. Trauma victims who were not in touch with their feelings as children, experienced more difficulty in "the long run" (Grossman et al., 1999). "Linehan; Olio and Cornell, (quoted in Grossman et al., 1999) state that "learning to tolerate and make use of a strong negative emotion is a key component of trauma therapy" (p. 122). Even life disruption caused by emotional distress can, according to Flach (cited in Grossman et al., 1999), be a first step to a new beginning. Not only traumatized women, but also non-traumatized women need to learn to express their feelings despite society's biased attitude against women's expression of their "difficult feelings" (Grossman et al., 1999). Felsman and Vaillant (cited in Grossman et al., 1999) report the finding that the more resilient individuals had the ability to bear the pain of their hurtful past and draw upon it as a source of strength. Participants in Grossman et al.'s (1999) own study testified that the ability to bear strong emotions brought about by the memory of abuse is an inner resource, and listed the learning of this skill as one of the ways in which therapy facilitated personal growth.

In emphasizing the importance of the patient being in touch with her feelings during the healing process, Herman (1995, p. 175) cites Freud as saying:

[The patient] must find the courage to direct his attention to the phenomena of his illness. His illness must no longer seem to him contemptible, but must become an enemy worthy of his mettle, a piece of his personality, which has solid ground for its existence, and out of which things of value for his future life have to be derived.

Herman (1995, p. 88) states: "The descent into mourning is at once the most necessary and the most dreaded task of this stage of recovery. Patients often fear the task is insurmountable, that once they allow themselves to start grieving, they will never stop."



She however emphasizes that

To the extent that the patient is unable to grieve, she is cut off from a part of herself and robbed of an important part of her healing. Reclaiming the ability to feel the full range of emotions, including grief, must be understood as an act of resistance, rather than submission... Only through mourning everything she has lost can the patient discover her indestructible inner life (1994, p. 188).



While neither of these authors describe the experiencing of one's emotions as an end in itself, they emphasize the empowering impact that a conscious and purposeful facing of emotions can have in the lives of people who have experienced stress or trauma. While the ability to be in touch with one's feelings is not the end goal in the therapy of trauma survivors, it is a vital step to healing and recovery.

While authors such as Grossman et al. (1999) and Herman (1995) claim then that women need to learn to value their feelings, tolerate their emotional experiences and express themselves more authentically, they also acknowledge the importance of managing one's feelings, and emphasize this as being essential to the processes of growth and adaptation. The trauma literature which is closer to a psychodynamic paradigm, seems to view the managing of emotions from a perspective which is radically different from the cognitive perspective on which most coping literature is based. They allow for the possibility of being in touch with one's emotions and yet simultaneously being able to manage these feelings. Despite their emphasis on the experiencing and expression of emotions,

this does not mean that they deny the benefit of coping strategies that lead away from feelings.

Grossman et al. (1999) also stress the fact that an absence of distress is not necessarily evidence of positive adjustment. Coping strategies such as distancing and numbing which are used to escape feelings or diminish their intensity can be beneficial when used by children in an abusive situation. However, if these are taken into adulthood as major ways of coping, they can jeopardize the process of adaptation such as the ability to develop intimate relationships. "What might appear at the time to be good adaptation, such as freedom from extreme emotional distress, may not be helpful or even desirable in the long run" (p. 12).

Relating trauma literature to the participants of this study's coping mechanisms makes sense considering the significant stress involved in dealing with poverty on a daily basis. Although the women in this study have not necessarily been trauma victims, they are faced with the continuous stressor of poverty, and continuous and ongoing difficult conditions can serve as a powerful source of threat in an individual's life (Dill & Feld, 1982). It should be kept in mind that financial problems are associated with problems in various other dimensions of life and seem to intensify almost all other problems (Belle, 1994). A stressful environment can result in poor mental health by for instance diminishing an individual's sense of coherence as a result of the outcomes of coping efforts not being those wished for (Dill & Feld, 1982). An environment poor in coping resources also have a direct effect on the coping efforts of the individual (Dill et al., 1980) as has already been discussed.

It seems clear from the above discussion that much literature defines the experiencing of emotions as functional and even vital. This argument has been confirmed by findings within the larger project of which this study forms a part. When the women who participated in the larger study were asked about the way

in which they had experienced the interviewing process, they consistently ended up stating that the validation of their emotions (negative and positive) were experienced to be supportive, empowering, and helped them to come out of a certain paralysis (Kruger, 2000).

- P: Voel jy meer gemaklik nou? Of...
- D: Ja Pia, ek voel nou...ek voel nou 'n groot verligting vanaand. Dit voel vir my amper of daar iets nou afgegaan het van my af. Voel 'n groot verligting nou [op my
[Oor wat? Oor...
- P: () wat ek nou met Pia gepraat het.
- D: Hmm mm. Is dit beter... lekker om te deel?
- P: Ja Pia, iemand wat jy nou kan in vertroue neem.
- D: Do you feel more comfortable now? Or...
- [P: Yes, Pia, I now feel...I now feel a great relief tonight. It almost feels to me as if something has gone off me. Feel a great relief now [over me
[Because why? Because...
- D: () what I've spoken to Pia about.
- P: Hmm mm. Is it better...nice to share?
- D: Yes Pia, somebody that you now can confide in...]
- D: Want Lesley het vanaand vir my gevra: "Hoe voel jy? Hoe voel julle, uhm, hoe voel jy?" Ek sê: "Ja, ek het gevoel, uh, uh, uhm, ek wil moord pleeg, maar nou staan ek met my ... Since ek gepraat het, nou voel ek 'n ander mens. Ek voel om aan te gaan, dan... Ek kan verander, en 'n meer beter mens geword het."
- [D: Because Lesley asked me tonight: "How do you feel? How do you {plural} feel, uhm, how do you feel?" I said: "Yes, I felt, uh, uh, uhm, I want to commit murder, but now I stand with my ...since I've talked, now I feel a different person. I feel like carrying on, then... I could change, and have become a better person."]
- E: ...Ek sê: "Ek het baie dae eensaam en alleen gevoel, maar net die feit dat ons kon gesels het daaroor...
- P: Mm.
- E: Voel ek al klaar, ek is, ek is verlig daarvan". En Lesley het alles geluister.
- P: {laughs}
- E: Ek dink dis reg ja, sê vir haar, hoe, hoekom en waarom julle het... Ek sê, julle het, om te dink...hier is baie van die mense wat dink ons is (), jy weet ons tyd hier mors of so, maar dit was vir my regtig die moeite werd ja, regtig waar.
- [E: ...I said: A lot of days I felt lonely and alone, but just the fact that we could talk about it...
P: Mm.
E: I already feel that I, I am relieved from it." And Lesley listened to everything.
P: {laughs}
E: I think it's right, yes, tell her, how, why and why you...I said, you, to think...there are a lot of people here who think we are (), you know, wasting our time here or so, but it really was worthwhile for me yes, really.]

5. Implications for mental health care

Despite the fact that the participants of this project were in need of a practical change with regards to the stressors they face, (interviewees were for example asked to speak to the husbands who are drinking), and by implication problem-focused coping, it is clear from the above quotes that they greatly valued the experience of these interviews and noted their therapeutic value.

Due to the erroneous conclusion of many coping researchers that problem-focused coping is a more desirable strategy (Lazarus, 1999), it is likely that most mental health interventions will also be centered around problem-focused coping strategies, resulting in a negligence of opportunity to focus on emotion. Most feminist therapies insist that psychological distress is based in socio-political structures, and therefore that this sphere rather than the personal should be addressed (Kruger, 2000). However, a belief that denies the potential benefit of an in-depth approach for families who face chronic deprivation may result in superficial solutions and therefore also in further oppression (Applegate, cited in Kruger, 2000).

In the light of the fact that low-income women are often denied any access to mental health care with such an in-depth approach, it makes sense that these women are often avoidant, not only of their stressors, but also of their own emotions which result from these stressors. By denying these women access to mental care which also addresses their emotions, their already limited options for coping are being limited even further. Considering the reports of these women describing open-ended intervention as empowering, a lack of in-depth mental health intervention, would serve to extend their existent disempowerment.

The necessity of offering women the opportunity to explore their own feelings and to validate such feelings is vital. This seems an inevitable conclusion to reach when considering the fact that an environment resistant to change and offering

few coping options may jeopardize both an individual's self-esteem and motivation, and cause feelings of helplessness (Dill et al., 1980). This type of intervention can serve to provide women with a sense of agency, which in turn will empower them, not only as individuals, but also with a vision to be agents for social and political change. Emotions, both positive and negative, are powerful, and can serve as motivation for goal-oriented action (Frijda, 1986; Epstein, 1993; Levenson, 1994). Consider how emotions such as anger and indignation at social injustice have, throughout history, driven individuals to fight for changes in oppressive socio-political structures. The coping literature is rife with findings that emotion-focused coping is more pathogenic than problem-focused coping (e.g. Li, Seltzer & Greenberg, 1999; Aldwin & Revenson, 1987). Lazarus (1999) has criticized both the contrasting of the two functions of coping, as well as attempts to determine the most useful function. According to him it is "the fit between thinking and action – that is, the balance between them and the environmental realities – which makes coping efficacious or not" (p. 124). Emotion-focused coping, defined as efforts to be in touch with and deal with one's emotions, as opposed to "strategies that entail an effort to reduce tension by avoiding dealing with the problem" (Holahan & Moos, 1987, p. 946), or as efforts to reduce or manage emotional distress (Folkman & Lazarus, 1980), can be redefined as a powerful way of coping. It can be agreed upon that denial is only harmful when it prevents positive adaptive action as argued by Lazarus (1999). It can be contended in conclusion however, that denial most often will prevent such positive adaptive action, and that not experiencing and expressing one's emotions in the short term will almost inevitably lead to a long-term failure to effectively manage the problem or the emotion.

Mental health intervention should therefore, without failing to recognize and address the socio-political roots of many stressors, aim at facilitating problem-focused as well as true emotion-focused coping.

CHAPTER 6

CONCLUSION

The primary goal of this study was to determine the coping strategies employed by female farm workers in the Western Cape of South Africa. Participants were asked to respond to an open-ended question on how they cope with life's difficulties. Their subjective view with regard to their coping strategies formed the focus of the study i.e. emphasis was placed on what they regard to be their methods of coping. The data therefore consists of what participants consciously know about their experiences (Dill & Feld, 1984). The study formed part of the exploratory research project titled "*Forgotten women on farms*". *The psychological distress and resilience of female farm workers of colour in the Western Cape: exploring the possibilities for mental health support.* (Kruger, 1998), which focuses on the psychological distress and resilience of female farm workers in the Western Cape. The question on coping formed part of the last of a series of 5 interviews that were held with each participant who participated in the larger project. Since the first available eight transcriptions from the larger study were utilized for this study, the sample used can be considered to be a sample of convenience.

A qualitative analysis of the interviews by means of grounded theory was done in order to determine the coping strategies employed by the participants of the study. It was possible to identify 28 coping mechanisms. Of these identified mechanisms, many corresponded with mechanisms already identified in the literature. Some strategies which were not found in the literature were come across in the study, while some strategies reviewed in the literature were not found in the material. A conceptualization of the coping strategies was also made by categorizing the coping strategies into problem-focused and emotion-focused coping (Folkman & Lazarus, 1984). As has already been discussed in the Methods section, existing coping questionnaires are westernized measuring

instruments which have not been validated for use with low-income South African women of colour. The fact for example that strategies that were not found in the literature were come across in this study, also suggests that the sole use of existent coping questionnaires among this population group might prove to be insufficient. Information gained by this study can be used for the purpose of comprising a coping questionnaire for use among this community. Such a questionnaire would however need to be validated in order to be used for this purpose.

Two significant trends were identified. A significantly prevalent use of emotion-focused strategies was found to be employed by the participants: Out of the 28 identified coping mechanisms, 20 were categorized as emotion-focused coping. It was also found that the emotion-focused coping mechanisms employed by the participants often involved an avoidance of emotion. The way in which emotion-focused coping traditionally seems to be defined within the coping literature as a way of controlling or preventing one's emotions, is critically discussed. This is followed by a discussion of the importance of expressing and experiencing one's emotions as proposed by the psychoanalytic perspective and more specifically by the authors of trauma literature.

Possible reasons for this prevalent use of emotion-focused coping were discussed. The influence of a limiting context in terms of coping strategies, and especially the limiting effect that continuous stressors (of which poverty is an example) have on an individual's repertoire of coping resources is emphasized. It is therefore vital that the individual's context and the coping options (or lack of coping options) offered by this context be taken into consideration by mental health workers. While the conclusion by many coping researchers that problem-focused coping is more useful and desirable is erroneous (Lazarus, 1999), such a conclusion might have caused mental health interventions to adopt the same perspective, resulting in a negligence of facilitating the opportunity to focus on or express one's emotions.

The important need for mental health interventions to facilitate both problem-focused and emotion-focused coping is emphasized. This is also specifically done in the light of the finding within the larger project that the validation of their emotions throughout the interviewing process was experienced as supportive and empowering by participants of the project (Kruger, 2000).

Recommendations for future research

The method of sampling of course implies that results are not generalizable. It will be interesting to conduct the same study using a more representative sample.

The choice of only one method, namely qualitative methodology also holds certain limitations. Participants were asked to respond to the open-ended question on how they cope with life's difficulties. It is possible that participants at the time of the interview did not recall and therefore also not report all the coping strategies which they employ. Once valid coping questionnaires have been developed it will make sense to use quantitative measures for this population.

Since none of the existing coping questionnaires have been validated for use with low-income South African woman, it is recommended that the information obtained by this project be used as part of an effort to compile a coping questionnaire which needs to be validated for use within this specific community of South Africa.

It is also recommended that studies be done in order to compare the use of cognitive therapies (which are more focused on problem-solving and the managing of emotion), to more unstructured therapies which are more focused on the expression and managing of emotions.

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APPENDIX A

PROFILE OF PARTICIPANTS

Code name	Age	Composition of household	Working on farm	Living on farm
Roos	24	9 people (self, mother, father, 2 brothers, own child, 3 foster children)	Full-time	10 years
Marianda	61	6 people (incomplete info)	Grant	Info not available
Aspoestertjie	56	7 people (self, 3 children, 3 grandchildren)	Domestic	25 years
Elaine	31	7 people (self, 2 parents, own child, adopted child, brother, cousin)	Full-time	13 years
Elize	20	9 people (self, 2 parents, 2 sisters, 1 brother, sister-in-law, 2 nieces)	Full-time	Permanently
Maggie	25	4 people (self, own child, father, stepmother,)	Full-time	1 year
Timone	22	7 people (self, own child, father, 3 sisters, 1 cousin)	Full-time	1 year 7 months
Santie	28	8 people (self, own child, brother, sister, brother-in-law, their 3 children)	Full-time	Permanently

APPENDIX B

LETTER OF INFORMED CONSENT

Beste Deelnemer

Hiermee wil ons u graag versoek om deel te neem aan 'n navorsingstudie wat ondersoek instel na die psigologiese probleme wat plaaswerkervroue in die Wes-Kaapland ervaar. Ons stel daarin belang om nie net meer te verstaan oor wat die probleme en die oorsake daarvan is nie, maar ook om meer te verstaan oor wat help om die probleme op te los.

Indien u bereid is om aan hierdie studie deel te neem, sal ons graag vyf onderhoude met u wil voer. Elke onderhoud sal ongeveer twee uur duur. Die onderhoude sal op band opgeneem word. Vroulike navorsers, wat of geregistreerde kliniese sielkundiges of magisterstudente in Kliniese Sielkunde is, sal die onderhoude voer. Die onderhoude sal gevoer word of by u woonplek of by die Departement Sielkunde aan die Universiteit van Stellenbosch, of enige ander plek wat vir u geskik is, op 'n tyd wat u pas.

Tydens die onderhoud sal vrae gestel word oor probleme (medies en sielkundig) wat u tans ondervind, maar ons sal ook vrae vra oor u lewensgeskiedenis, lewensstyl (werk, godsdiens, eetgewoontes, seksualiteit, moederskap, verhoudings ens.) en hoe u gewoonlik te werk gaan om probleme op te los. Met ander woorde, ons wil graag verstaan wat belangrik is in u lewe.

Ons vertrou dat die onderhoud interessant en nuttig sal wees vir elkeen wat aan hierdie studie deelneem. Sommige van die vrae wat gestel word, sal egter hoogs persoonlik wees, en kan onaangename herinneringe oproep. U moet asseblief kennis neem dat die onderhoud te enige tyd kan beëindig, en dat u tydens die onderhoud kan weier om spesifieke vrae te beantwoord. Deelnemers het die vryheid om hulle deelname ter enige tyd te beëindig. Indien u van die studie onttrek, kan u vra dat al die data wat oor u versamel is, dit sluit die bandopnames en die transkripsies van die bande in, vernietig word, en dit sal gedoen word.

Om die vertroulikheid van die navorsingsmateriaal te verseker, sal geen name op die onderhoude of vorms geplaas word nie. Elke deelnemer sal gevra word om 'n kodenaam te kies, en daar sal 'n lys saamgestel word om aan te toon watter deelnemer met watter kodenaam ooreenstem. Die lys sal in 'n toegesluite kas in 'n kantoor by die Departement Sielkunde gebêre word. Slegs lede van die navorsingspan sal toegang hê tot enige van die data, wat die bande en die transkripsies insluit. Dit sal ook in die reeds genoemde toegesluite kas bewaar word. Alle inligting sal dus vertroulik gehou word. Verslae oor die studie, dit sluit artikels in, sal nie enige ware name noem nie. Beskrywings van alle persone sal verbloem word sodat hulle nie herkenbaar sal wees vir enige iemand anders wat die studie lees nie. Daarom sal geen stuk inligting wat deur die studie versamel is

op enige manier met enige spesifieke persoon of familie verbind word nie. Aangesien sodanige inligting oor lewens van vroue so waardevol is, sal die bande bewaar word solank as wat die navorser navorsering op hierdie terrein voortsit. Sodra die navorser hierdie studie voltooi, sal die bande vernietig word, tesame met die lys wat die name en kodenamme bevat.

Indien u vind dat die vrae wat tydens die navorseringsonderhoud gestel word, pynlike of onaangename herinneringe oproep, en u sou met iemand oor u gevoelens wou praat, het ons 'n lys hulpdienste wat u kan kontak. Ons kan u ook help om hulp te kry indien ons tydens die onderhoud agterkom dat u sielkundige hulp wil hê.

Indien u daarin belangstel om aan hierdie studie deel te neem, lees asseblief die volgende verklaring en teken hieronder.

Ek begryp dat deelname aan hierdie studie vrywillig is, en is bewus van die moontlike risiko's, voordele, en ongerief verbonde aan my deelname. Ek aanvaar dat ek vrylik vrae kan vra, kan weier om vrae te beantwoord, en dat ek 'n sessie ter enige tyd kan beëindig. Ek begryp ook dat indien ek enige vrae of probleme het wat hierdie navorsering betref, ek die hoofondersoeker, Dr. Lou-Marie Kruger by 808-3460, kan bel.

Handtekening van deelnemer

Datum

APPENDIX C

INTERVIEW SCHEDULE

Interview 1:

1. Signing of Informed Consent form
2. Choosing of code name
3. Demographic details
4. Life style and daily routine
5. Clinical evaluation
6. Satisfaction with Life Scale
7. Beck Depression Inventory
8. General Health Questionnaire

Interview 2:

1. Personal and family history
2. Identity and self concept
3. Self perception vs. perception of others
4. Connectedness and separation

Interview 3:

1. Sexuality
2. Motherhood
3. Food and eating
4. Getting dressed: clothes, hair, make-up

Interview 4:

1. Life Events scale
2. Life events open questions (past year)
3. The impact of people: Positive and negative
4. Continuous stressors
5. Violence

Interview 5:

1. Substance use
2. Coping
3. Social Support Appraisal Scale
4. General Health Questionnaire

APPENDIX D
TRANSCRIPTION GUIDELINES

<u>Symbol</u>	<u>Explanation</u>
[Left brackets indicate the point at which a current speaker's talk is overlapped by another's talk
=	Equal signs, one at the end of a line and one at the beginning, indicate no gap between the two lines
(.4)	Numbers in brackets indicate elapsed time in silence in tenths of a second
(.)	A dot in brackets indicates a tiny gap, probably no more than one-tenth of a second
_____	Underscoring indicates some form of stress via pitch and / or amplitude. The usage of italics can also be used for this
::	Colons indicate prolongation of the immediately prior sound. The length of the row of colons indicates the length of the prolongation
WORD	Capitals, except at the beginning of lines, indicate especially loud sounds relative to the surrounding talk
.hhhh	A row of h's prefixed by a dot indicates an inbreath; without a dot, an outbreath. The length of the row of h's indicates the length of the in- or outbreath
()	Empty brackets indicate the transcriber's inability to hear what was said
(word)	Words in brackets are possible hearings
{ }	Parentheses contain transcriber's description rather than transcriptions
. ? ,	Indicate speaker's intonation

APPENDIX E
EXAMPLES OF TRANSCRIBED INTERVIEWS

Transcript 1

Interviewer: Pia

Participant: Elaine

P: Ons het nou die afgelope paar weke baie gepraat oor wat vir jou moeilik is en wat vir jou swaar is. Uhm, ek wil nou graag hê jy moet in jou eie woorde vir my sê, hoe cope jy? Wat is die dinge wat jou aan die gang hou? Ek dink ons het bietjie daarvan gepraat verlede week maar sê dit vir my in jou eie woorde.

E: Uhm, ek het nou, nou vanaand toe sê uh, toe uhm, toe sê Lesley vir ons: "Elaine maar, uh, uh, kom jy regtig uit met wat ons vir jou hier betaal?" Toe sê ek vir haar: "Lesley, as dit nie vir die Here was nie, sou dit anders gewees het." En ek bedoel, uhm, as dit nie vir die Here se genade was wat my dra nie, regtig waar Pia, uhm, ek verdien nou wel () (min) maar regtigwaar ek kom uit daarmee. Regtig. En, en baie mense sê, wat, wat hier op die plaas woon hulle sê altyd: "Hene, om te dink jy, jy't nie 'n pa wat vir die kind werk." Of uh, "Jy's al een wat werk.". Maar daar's elke dag (vir haar). Ek sê as ek nie by die Here was nie dan sou dit vir my regtig anders gewees het. En dan sou ek rêrig nie kon (.), dan sou ek nie gecope het soos ek nou gecope het nie. En, en, en, regtig waar, uhm, die Here se seëninge rus op 'n mens. Regtig waar, en, en ek kan dit regtig, elke dag kan ek dit sien. En, en het vir my, ek het vir myself gesê, ek gaan nie murmureer oor geld nie. Oor (). Ek gaan die ding, gaan ek in die Here se hande los. Want die Here werk mos self. Hy werk self. En uh, verlede week en Vrydag, toe kom my een broer, (wat) ek vir Pia gesê van die vrou, hy't die vrou wat mos so () en ()

P: Oe.

E: Wat hulle mos (), op skei gegaan het. En toe kom [()

P: [()

E: Ja. En toe kom hy hierso. Toe't hy en die vrou het nou alweer probleme. Die vrou het die kinders gevat. Hy't nie eintlik geweet waarnatoe hulle is vir die twee weke nie, en uh, en hy begin so te huil en (.), ek en my ma het nog gesê, hene as dit so stil hier by hulle is, en hulle laat weet vir ons niks nie, dan's dit weer moeilikheid. En hy sê vir ons, ek sê vir hom, (), ek sal nooit ophou om vir hu-, om vir julle te bid nie. Ek sê, uhm, "Julle moet rêrig die Here 'n kans gee in julle huwelik". Ek sê: "En man en vrou kan nie albei drink nie". Ek sê: Daar moet darem iemand wees wat voet neersit en sê, maar kyk, tot hiertoe en nie verder nie. En nou die vrou is hardgebak en hy is saggeaard. En die vrou wil bietjie oor die man se kop klim. Want ek het al baie vir haar () hier by ons as sy kom kuier, want, sy wil (advantage) vat, sy wil die sleutels vat, sy wil die kar ry, en sy wil, wil... Hy, hy hou nie van dit nie. En, sy wil vir hom vrie-, vriende kies. En dit werk nie so in die huwelik nie. En, en ek, ek bedoel ek kon vir hom so bemoedig want hy sê, hy het twee weke laas sy kinders gesien. En ek bedoel dis hartseer vir 'n man. En hulle sê 'n man huil nie sommer uit nie. En hy, sy trane het geloop. Regtig waar. En ek kon nie anders om, toe hulle nou weg is toe gaan ek in my kamer en ek sê vir die Here: "Maar U is mos die, die, die antwoord, die antwoorder op ons gebede." Ek sê: "Here, die saak lê ek in U hande. Ek sê:

"Here, net U wil en weg geskied. Ek sê: "Here, waar sy vrou (hap) en (), gee haar net 'n gewete, dat sy sal terugkom huis toe." En, hy het 'n verlange na die kinders. Ek sê: "Here, nie my wil nie, maar net U wil in ()." En, hulle, hy't nou nog niks vir ons in die week laat weet nie, maar my gevoel sê vir my sy's terug huis toe. Want ek het vir die Here gesê: "Gee haar net 'n gewete, en, laat daai voete wat so wegloop, laat dit net huis toe, laat sy net daai smagting kry om huis toe te kom". Want ek bedoel, 'n pa hy, ek bedoel hy't twee meisiekinders en een seun. En, die dogtertjie het haar gebel, die, daar waar hulle is gaan nie lekker nie. En hulle pa moet vir hulle kom haal. Nou wil sy te kenne gee, sy is in die, sy's in 'n, in 'n, in 'n inrigting, en die kinders ook in 'n inrigting. En die skoolhoof, was, is elke keer by hom, want sy kind was, was verlede jaar, nou is in hierdie jaar, sy was die monitor in die klas, en sy was die beste student. En die hoof was elke keer by hom. En, en hy sê hy weet nie (), want hy't vir hulle, vir hulle vermis gaan verklaar by die polisiestase. Ek meen dis terrible vir 'n man. En ek meen, ek sê, hy het haar, sy. sy't regtig van alles in die lewe. En ek het al met haar gepraat en vir haar gesê, en Vrydagaand toe sê ek ook vir hom, ek sê, 'Wee jy, daar's so baie vrouens wat *huil*, laat hulle manne moet terugkom, of (te), hulle manne moet by hulle wees of so. Ek voel, en(.2), en'n mens kry dit min van vrouens wat wegloop met die kinders (). As, dit is nou, ek bedoel ek wil nie kant kies nie. Hy het ook sy foute, hy het ook sy probleme, maar ek bedoel, die, die, die gouste wat jy 'n man afbreek, is wanneer jy sy kinders van hom af wegneem, en jy ook pad kies. En, en regtig waar, daaruit kon ek ook weer leer, (en vandag), toe dink ek, dis ook maar die moeite werd om, by jou ouers dan te bly, en dan, ek bedoel, dan (is), jy, jy kry nog daai ouerliefde.

P: Hm

E: En, en, voel darem vir my nog so (), ag ek gaat ook maar nie gou, gou trou nie. () (ek), dan is die huwelike so, mens hoor so, in die baai hoor jy net van egskedings, en van huwelike wat opgebreek is. En, en, en ek bedoel, regtig waar, dit is nie die moeite werd nie. Regtig waar. Maar (.2), ek kom goed klaar. Regtig waar, uh, uhm Pia. Ek kan nie kla nie.

P: Maar hoe cope jy () behalwe die Here wat uhm () en jou familie wat baie belangrik is vir jou

(). Wat, watter ander dinge ()... Hoe cope jy?

E: Uhm, ek het ver-, verlede week het ek gesê, uh, uh, uhm, hulle maak so, uh, uh, hulle, hulle spot so met my hier by die werk dan sê hulle vir my, "Jong, dit raak nou alweer Krismis". (Dan sê hulle), "Oe, daar's nog soveel maande oor dan's dit Kersfees". () dink man. Jy raak nou al 32. Wanneer (dan)? Dan sê ek, 'Jong, julle, julle's te haastig met my, man.' Ek sê, julle's te haastig. En, en, en, en, sommige tye as ek so, so alleen voel, en, en, en dan kan ek weer net so met die Here praat en vir die Here sê: "Ag Here, U, U weet op die regte tyd wanneer U vir my gaan 'n man stuur. En jy weet Pia, U sal nooit besef watter verligting kry ek nie. En, en dan kom daar so kalmte oor my. Regtig waar. En dan kan ek weer so terug dink aan hoe, hoe baie uh, uh, een meisie vir my nou, Saterdag in die dorp gesê: "Hene wee jy (), is, is maar die beste as jy sonder 'n ou is, as jy niemand het nie". Toe sê ek: "Ja maar 'n mens voel alleen man". En sy sê vir my, "Jong, is ook maar goed om sonder die goed te bly". (lag)

P: () derde interview. () verantwoordelikheid wat baie is. ()

E: Pia, ek het nou die dag, toe sê (): "Mammie onthou, dit raak nou al, ons gaan nou alweer () kry. Mammie weet ek wil 'n bietjie weer na my pa se mense toe gaan". Toe sê ek: "Lucricia, maar dis net een week vakansie". "Ja maar al sien ek ook net vir hulle. Dan is dit ook maar, maar dan't ek ook tog klaar my pa gesien". En, en, so ouer sy beginne raak, hoe meerder praat sy van haar pa. En ek lig haar net elke keer in (). En sy sê ook vir my: "Mammie, maar as Mammie 'n ander man gaan vat, dan is daai nie my pa nie, maar daai is dan my *pleegpa*". Sê sy vir my. Dan sê ek: "Ja Lucricia, daai is dan jou pleegpa". "Maar () is my pa, né Mammie". Dan sê ek: "Ja dit is jou pa".

P: Probeer jy sê jy cope met die verantwoordelikheid deur, dat jou kind so (oulik) is en () dat hulle ook bietjie meer ().

E: Ja. Een ding van sy familie, hulle's baie lief vir haar. Hulle's baie lief vir haar. En sy kuier al van kleintyd af by hulle. En, en, en, as sy nie kom kuier nie dan kom hulle vir haar. Dan kom haal hulle vir haar dan vra hulle ook, is sy dan nou so () geraak, of hoogmoedig geraak laat sy nie by ons kom kuier nie. Sy't 'n pragtige rapport gekry Pia.

P: ()

E: Ja, sy't 'n pragtige rapport gekry.

P: () O wonderlik. Veels geluk.

E: {lag} Pragtige rapport. My een suster, wat in die Paarl woon, haar, haar seuntjie het verlede Vrydag, het hulle by Worcester baseball gaan speel.

P: Ja.

E: En hy, hy () vir die uhm, vir die Boland. Hulle gaan, einde Desember gaan hulle, nee, Desember vakansie gaan hulle Rustenburg toe.

P: ()

E: Ja.

P: So oe, so julle't almal baseball en goed, sport en skool en alles.

E: {lag}

P: Uhm, onthou jy () was dit in die verlede (). As jy (sê) so voel.

E: Ja, daai tye was ek net, ek was (). Ek het net gevoel ek wil bietjie wegkom. En toe is ek en my kind se pa nou in aanraking. En uh, hy (), daar't hy gewoon, by mense het hy gewoon. En uh, toe het hy uitgevind waar ek werk, en hy kry, hy't die foonnommers en alles gekry. Nou't daar't hy mos elk-, al oor 'n naweek het hy gewerk. Pia maar ek sê hy was vir jou lastig op daai fone. En ek, daai tye, ons het, ons het, ons was nog in verbinding met mekaar. Maar, hy't nie my kind onderhou nie, en ek het net gevoel maar, is nie die moeite werd om met so man 'n lewe op te bou nie. En, en, en, toe en, elke keer dan bel hy vir my werk toe. En toe sê ek vir daai matrone, toe's ek nog nuuts by die werk, by daai werk, en toe sê ek vir daai matrone, maar, (.2) as so iemand bel moet hulle vir hom sê, ek werk nie meer hier nie. Toe vra sy vir my, toe roep sy vir my, sê vir my, maar hoekom moet sy so sê. Toe sê ek, nee, maar dit is nie die moeite werd, is, is my kind se pa, maar dit is nie die moeite werd om met so man in, in verbinding te wees, en, en, en hy kom nie sy, sy sy vaderlike pligte na nie. En uh, en uh, hulle't toe vir hom belet om nie weer te bel nie. En hy was lelik met hulle oor die foon. En hulle was op die om, hulle was op daai punt om vir hom in die tronk te sit. En

hy('t, weet), verskriklik lelik met die, mense gepraat oor die foon. En dan skel hy vir hulle as hulle die foon optel en vra, 'Waar's daai (.) persoon?'. Dan sê hulle nee maar sy *werk* nie meer hier nie. Maar hy't nooit 'n poging aangewend om soontoe te kom nie, want hy was seker maar bewus, as hy soontoe kom (). En ek het net gevoel, ek wil wegkom. Net 'n bietjie.

P: Mmm.

E: Net 'n bietjie wegbreek. En dit was, ek, en ek het, dit het vir my goed gedoen. En toe kom ek weer in aanraking met ander mense, en ek kom in aanraking met mense wat regtig lyding het, mense wat siek is, mense wat regtig in pyn lê. En, daar't ek ook, daar't ek (gou) geleer hoe is dit om lyke af te was. En, en, en hoe is dit met mense wat nou regtig van hulle koppe af is. Hoe is dit om met hulle nou te, te te kommunikeer en hoe is dit, maar ek het regtig, daai werk het ek regtig geniet. Regtig waar, ek het dit *geniet*. Ons is[()

P: [().

E: Nee, nee, nee, toe't ons nog nie, toe's dit nog wat ons moet (*pars*) in die warm son. En ek het gevoel maar ek is (), maar die werk is nie vir my nie. En, dit het, ek het net beginne (.) moeilik raak en... Maar dit was nie vir my die oplossing nie. Dit was nie, rêrig waar, dit was nie vir my die oplossing nie. En ek het met die Here gepraat en toe't die Here vir my, ek het vir die Here gesê: "Here, U moet vir my leiding gee". En ek het maar terug weer huis toe gekom. En toe ek daarvandaan kom toe's ek 'n heel nuwe, 'n heel ander mens () asof laste van my af is.

P: Mm.

E: Regtig waar. En ek het weer *goed* begin. Regtig waar, ek het weer goed begin.

P: ()

E: Ja.

P: Mm.

Transcript 2

Interviewer: Suzanne

Participant: Roos

S: Ons het nou al die afgelope paar weke wat ek en jy nou gesels het baie gepraat oor dinge wat () en lekker goeters, maar ook baie keer oor dinge wat maar moeilik was, en wat nog moeilik is dalk vir jou. En uhm, ons het ook verlede week bietjie gepraat oor dinge wat lekker is, goeie dinge, wat mens laat goed voel. Ek wil nou hoor wat jy dink, wat is die goeters wat jou help om te cope in die lewe. Hoe cope jy? Hoe kom jy oor die weg met..?

R: Met al die dinge. () ek. (Nee) ek weet nie. Ek... as, ek weet rêrig nie hoe nie, maar ek (), die werksdag het, die dag het weer begin. So gaat dit aan. As, as dinge vir my 'n bietjies te veel raak, dan, dan soos ek sê dan gaan drink ek. Of, as ek nie drink nie dan loop ek net van die huis af. Gaat sit net eenkant en, worry met niemand nie. Worry met niemand nie. En, maar hulle weet as ek nou, as, sê maar ek kom nou by die huis aan, en my ma en my oudste broer stry, () dan loop ek net by die huis uit. Dit kan maar nou hoe laat in die nag wees, ek sit net e:enkant. (). So by eleven o' clock, half twaalf, dan gaat, gaat ek lê. En dan sê ek ook vir hulle, () ek wil nie hê hulle moet so stry nie. Ons, ek weet ons trek swaar. Ek weet ons het min geld, maar hulle moet pro-, die ding probeer aanvaar soos dit is. Ek sê: "Eendag sal daar (dalk)..." Nou sê () ek is nie 'n seun nie. Ek hoef nie (). Nou sê ek maar ek, dit is wat ek moet doen. Kyk miskien moet ek maar die seun gewees het en hulle die meisiekinders gewees het. Dis nou net anders om want hulle seun is, hulle seun het nou miskien die familie se geaardheid (wat) nou die ouma, ouma-grootjie of so. () omdat ek nou 'n meisie is kan ek nie my pa ten volle bystaan nie.

S: ()

R: Byvoorbeeld () my ma en pa. Partykeers voel ek net, as, as my broer, veral as hy die Saterdagoggend so (). (Voel ek net) () nou loop ek. Dan loop ek. Dan *drink* ek. Dan kom ek nie () terug huis toe nie. Dan kom ek hier Saterdagagaand, Sondagoggend, one o'clock, two o'clock, huis toe. (Slaap ek.)

S: So die drank help nogal (om te vergeet).

R: Om dit te vergeet. Ja, ja, ja, help dit nogal.

S: Is daar mense, enige iemand in die omgewing wat vir jou help om te cope met dinge?

R: Hm mm. {ontkennend} () party keer (het ek) bietjie gesels, ja dan gesels ek bietjie met hulle, met (Floris), my skoonsuster. () pra:at (). Maar wat, wat kan sy doen? Sy's ook nou nog jonk. En sy, ek bedoel sy't 'n lekker lewe by haar ouers en... Maar sy kan niks doen nie. Dis maar net sy luister maar nou net (). Maar daar's niemand wat vir my iets kan doen nie.

S: (Dit help) as jy met haar gesels en..?

R: Ja.

S: Is daar enige iemand anders met wie jy soms sal gesels?

R: Ek het eers met, met apostel en (apostelares) gepraat. (Net) oor die dinge, maar, nou vandat sy so geskel het en () nou worry ek nie meer nie. Nou hou ek maar alles vir myself en ().

S: Hoe dink jy gaan jy in die toekoms maak om te cope met dinge?

R: Ek weet self nie. Aanvaar dit maar soos dit kom. Ek sit my nie uit oor die dag van môre nie. Ek weet nie as, as ek moet tronk toe gaan, of as my ma moet tronk toe gaan oor die skuld (), dan moet dit maar nou net gebeur of, as hulle iemand moet kry wat vir haar kan hulp aanbied met die skuld die moet (). (Ek) kan nie, ek weet nie wat om te sê of wat om te maak nie.

S: Is jy bang om tronk toe te gaan? Dink jy dit gaan gebeur?

R: Ja, dit kan gebeur so, want my ma skuld. Sy't, sy't, sy't vir haar () gevat by (). Sy't daar klere gevat by Foschini. Sy't goed gevat by American Swiss. Sy het gevat by (). (En) sy's nou gelukkig klaar. (). Dis al winkels daai wat vir haar druk. En dit, ek dink dis hoekom haar bors nou weer so begin. Dit is te veel worries.

S: Hm. Hoekom dink jy sal jy tronk toe kon gaan?

R: Nee ().

S: Is van die skuld op jou naam?

R: Nee, (sy't darem nie die skuld op my naam gesit nie.)

S: So jy dink in die toekoms sal jy maar op dieselfde manier cope as nou?

R: Ja, ek dink ek sal maar dieselfde manier probeer aangaan. Ek dink net nie ek gaat weer drink nie, want ek wil nie drink nie. () Hy't my gevra om, nie gevra, hy't net gesê hy sal nie worry nie. (Maar) na Desember maand toe dan drink (). En ek dink dis maar die moeite werd om... kyk hoe lyk dit nou as julle nou kuier vir mekaar, jy drink, en hy sit daar en drink nie. () so baie drink nie, glad nie drink nie.

S: Gaan dit moeilik wees oor Desember? ()

R: (). Jy weet as jy nou () al is dit nou wel bietjie goedkoper. ()

S: So as jy nie meer drank het om te cope nie, gaan jy ander maniere kry?

R: {lag}