
ADOLESCENTS' PERCEPTIONS OF STRESSORS CONTRIBUTING TO SUICIDAL BEHAVIOUR

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ABSTRACT

South African adolescents show increased levels of suicidal behaviour. This article explores the perceptions of adolescents at risk of suicide regarding the psychosocial stressors they believe contribute to suicidal behaviour among South African adolescents. This study was conducted on 214 adolescents from the Western Cape Province with a high suicide risk. The group was selected on the basis of their high scores on the Suicidal Ideation Questionnaire. A qualitative content analysis was performed with their responses on a question about the reasons for adolescent suicide. The analysis highlighted risk factors relating to substance abuse, negative emotional experiences, lack of self-esteem, problem-solving ability and hope for the future; negative family environment and conflict in family relationships; peer group and romantic relationships; stressful life events; and socio-economic factors. Guided by the Conservation of Resources (COR) theory suggestions were made for adolescent resource development to counter-act the impact of the various stressors they experience.

Key words: adolescence, suicidal ideation, individual risk factors, social risk factors, Conservation of Resources theory

INTRODUCTION

International concern about the mental health of adolescents is equally pertinent to South Africa (Patel, Flisher, Nikapota and Malhotra, 2008; Herrman, Saxena and Moodie, 2005). Results of *The 2nd South African National Youth Risk Behaviour Survey 2008* (YRBS) (Reddy, James, Sewpaul, Koopman, Funani, Sifunda, Josie, Masuka, Kambaran and Omaidien, 2010) reflect a significant increase in adolescent suicidal behaviour. Compared to a similar American Youth Risk Survey (Centre for Disease Control and Prevention, 2008), it appears that the prevalence of South African adolescents' suicidal thoughts, suicide plans and suicide attempts significantly exceed those of their American counterparts (Reddy et al., 2010). Accordingly, one could easily support the viewpoint of Reddy et al. (2010) who maintain that adolescents in South Africa are faced with serious emotional health problems.

Insight into suicide risk factors is critical for the purpose of developing contextualised intervention programmes and services to combat the rising incidence of youth suicide among South African adolescents (Schlebusch, 2005). Mortality statistics recorded in the Free State reveal that 11.5% of deaths in the age group 11-20 years are the result of suicide (Stark, Joubert, Struwig, Pretorius, Van der Merwe, Botha, Kotzé and Krynauw, 2010). Despite the relatively high rates of South African adolescent suicidal behaviour, numerous authors agree that the causes have received very little attention from South African researchers (George and Van den Berg, 2012; Mashego and Madu, 2009) and remain speculative (Flisher, Liang, Laubscher and Lombard, 2004). Information is needed on context-relevant risk factors experienced by young South Africans. The current study explored the perceptions of South African adolescents at risk of suicidal behaviour about the factors that contribute to their suicidal behaviour. The knowledge gained can aid in the generation of uniquely South African solutions and reduce suicide in this group.

The extent of adolescent suicidal behaviour in South Africa and the stressors that contribute to increased suicide risk will be illustrated, followed by a discussion of the Conservation of Resources (COR) theory (Hobfoll, 1989) which was used as analytical framework for the stressors associated with adolescent suicide.

THEORETICAL BACKGROUND

Suicidal behaviour is considered to be an encompassing term that incorporates a range of self-harming acts resulting from emotional distress

and include suicidal ideation which refers to thoughts, ideas and images about committing suicide (Maphula and Mudhovozi, 2012; Schlebusch, 2005). Results from two South African Youth Risk Behaviour Surveys (Reddy et al., 2010; Reddy, Panday, Swart, Jinabhai, Amosum, Monyeki, Stevens, Morejele, Kambaran, Omardien and Van den Borne, 2003) showed a marked increase in suicidal thoughts and acts over a period of seven years between the first and second surveys. The percentage of youths who indicated that they have contemplated suicide in the six months preceding the survey increased from 19% to 20.7% and the number of participants who have attempted suicide increased from 17% to 21.4%.

Adolescent suicidal behaviour is associated with the convergence of multiple risk factors (Waldvogel, Rueter and Oberg, 2008) including individual, familial, demographic and socio-environmental factors (Venta and Sharp, 2014; Beautrais, 2000). Recent literature suggest that risk and protective factors (comprising emotional, educational, social and economic influences) are interrelated in a dynamic process of adjustment that determine future life trajectories of individuals (Du Plessis, 2012; Coleman and Hagell, 2007). The risk and protective factors are closely related and many authors consider the absence/shortage of protective factors as a risk, for instance low self-esteem is considered to be a risk factor for negative health outcomes while high self-esteem is a protective factor (Botha, 2014; Hobfoll, 2002). In order to understand the risk factors for suicide, one has to consider both personal factors and the reciprocal relationship between the adolescent and his/her environment.

Hobfoll's Integrated Stress Theory (Hobfoll, 2002: 1998; 1989) which is known as the Conservation of Resources (COR) theory, provides a theoretical framework explaining the inter-connected nature of risk (identified in the current study) and resource factors in the development of psychological problems such as suicidal behaviour. Resources can be classified as: object resources (material possessions); condition resources (those that lay a foundation for access to other resources such as group and family membership); personal resources (skill-based e.g. self-esteem); and energy resources (to facilitate acquisition of other resources, e.g. developmental maturity, educational status) (Hobfoll, 1998). Resources are of primary importance in assisting the individual to achieve his or her goals and therefore, are highly valued by the individual striving to be successful. The basic principle of COR theory is that stress occurs and negative outcomes increase when resources are threatened with loss, when resources are actually lost, or when there is a failure to adequately gain resources following significant resource investment (Hobfoll, 2002). Adolescent development is

associated with significant physical, cognitive, emotional and social changes (Richter, Norris and Ginsburg, 2006). Difficulty to integrate these changes in a coherent identity may threaten the ability of the adolescent to deal with future challenges due to a lack of self-esteem (a personal resource) or emotional immaturity (an energy resource). Major life stressors such as the death of a parent (a condition resource) or being the victim of abuse are likely to have a significant impact on resource acquisition and protection; but even minor hassles such as academic demands and interpersonal conflict may collectively act to diminish people's capacity to cultivate and guard their personal and energy resources (Hobfoll, 2002).

Stressful circumstances threaten or deplete the individual's resources. For instance, the emotional energy invested in grieving the loss of a parent or friend can impact negatively on the adolescent's ability to focus on academic work which may result in poor academic achievement and failure to attain academic goals (Heckler, Taute, Krüger, De Wet, Calitz, Van der Merwe and Raubenheimer, 2012; Ittel, Kretchmer, and Pike, 2010; Basson and Van den Berg, 2009). These challenges can steer the life trajectory of the adolescent in a negative direction and may impact on his/her future ability to build object resources (such as a home, car and other desired possessions). Family members form an essential part of the adolescent's support system, however, interpersonal conflict between parents and siblings can lead to an increased sense of insecurity, low self-esteem and heightened distress which impact negatively on the mental health of adolescents (Crause and Booyens, 2010; Evans, Hawton and Rodham, 2004). This links the loss of resources to emotional distress and resultant negative outcomes such as suicidal behaviour. COR theory posits that those with greater resources are less vulnerable to lose resources and more capable of planning how to regain the resources. In a ten-year study by Holahan, Moos, Holahan and Cronkite (1999), it was found that a long-term gain in resources has a great impact on reversing psychological distress. Risk factors such as poor self-esteem, family and peer conflict and the experience of major life stressors influence resource protection/acquisition through an individual's diminished capacity to cope with risks (Hobfoll, 1998). The COR theory (Hobfoll, 2001; 1998) offers an integrative stress theory that considers the influence of both environmental and internal factors on the final outcome of the stress and coping process.

The majority of existing South African studies on the factors contributing to adolescent suicide used close-ended enquiry and quantitative methodology, involving measuring instruments that were not standardised for South African adolescents (Mashego and Madu, 2009; Meehan, Peirson and Fridjhon, 2007; George, 2005; Flisher et al., 2004).

AIM OF THE RESEARCH

The aim of the research was to explore the perceptions of a group of adolescents with a high risk for suicide about the psychosocial factors that contribute to adolescent suicidal behaviour.

METHOD

This interpretive study used content analysis to explore the stressors perceived by a selected group of adolescents as factors contributing to adolescent suicidal behaviour.

Participants

The initial sample consisted of 594 learners in grades 8, 9 and 10 from four public secondary schools in an urban town in the Western Cape, South Africa. A subgroup of 214 learners was selected on the basis of their high suicidal risk as indicated by a score of >31 on the *Suicidal Ideation Questionnaire* (Reynolds, 1999). Scores of 31 and higher is considered by Reynolds (1999) as indicative of a high clinical risk for suicide.

Ethical considerations

The research committee of the Faculty of Humanities, University of the Free State approved the study. The Western Cape Education Department as well as principals of participating schools, granted permission for the study. Informed consent was obtained from learners who participated in this study. Participants were assured of the confidentiality and anonymity of their responses and counselling opportunities were offered to assist learners after they had completed the questionnaire. It was not deemed necessary to obtain parental consent, based on the South African Children's Act No. 38 of 2005 (Republic of South Africa, 2006) which recognises the rights of children over the age of 12 to consent to their own medical treatment and to make other health-related decisions without parental consent. A registered psychologist was present during the administration of the questionnaire to ensure an environment conducive to the issues of fairness, ethical behaviour and confidentiality.

Data collection

Data was gathered with a biographical questionnaire and the *Suicidal Ideation Questionnaire* (Reynolds, 1999). The biographical questionnaire

included questions on the age, gender, race, and history of suicidal behaviour of participants. This questionnaire also included the following open-ended question: "Write a paragraph to describe the most common reasons for adolescent suicide?"

Participants could answer the questionnaires in their preferred language (English, Afrikaans or Xhosa). Two independent, registered translators translated the responses into English using the back translation method.

Data analysis

Transcribed information was analysed systematically using thematic content analysis according to the technique of Neuman (1997). The analytic process followed three main steps:

- Open coding: a process of immersion, highlighting key thoughts, examining, writing down first impressions, labelling and sorting into categories;
- Theoretical coding: conceptual organisation of categories, creating a hierarchical structure based on relationships discovered in the data, and defining categories; and
- Reporting emerging central themes: linking themes to relevant theory or other research findings.

The following measures were used to improve the trustworthiness of the data: Two of the authors identified themes independently and merged clusters of themes into meaningful categories. Effort was made to locate and understand discrepant information that was different or challenged the conclusions made. The researchers inferences were reduced when the extracted categories were given a text reference (own words of the participant). In addition the analysis was supplemented by descriptive statistics on frequency of categories (indicating the magnitude of a theme), and characteristics of the participants.

RESULTS AND DISCUSSION

The participants were between the ages of 13 and 19 years (with a mean age of 15,1 years). The gender composition for this subgroup was 121 female and 92 male adolescents. The racial distribution of the high suicide risk group in the present study is as follows, 17,7% (n=38) were black, 68,2% (n=146) were coloured, while the white group totalled 14% (n=30).

Suicide risk

About a quarter of the this group (23,8%; n=51), (29 females and 22 males) had attempted suicide previously. The subsample of 214 participants with high suicidal risk represents 36% of the original sample. This incidence of suicidal ideation is noticeably higher than the 20,7% found in the South African YRBS (Reddy et al., 2010) and the 31,6% found in a similar regional study by Peltzer, Kleintjies, Van Wyk, Thompson and Mashego (2008). It is also significantly higher than international figures reported by Bertolote, Fleischmann, De Leo, Bolhari, Botega, De Silva, Thanh, Phillips, Schlebusch, Värnik, Vijayakumar and Wasserman (2005).

Analysis of responses

Five themes were extracted from the responses(the % of responses attributed to each theme is reported in brackets):

- Individual factors: behavioural, emotional and cognitive dimensions of individual functioning (42.8%).
- Family factors: interactions within the family (27.5%).
- Peer group and romantic relationships: interactions within the peer group (14.1%).
- Stressful life events: situations not conducive to healthy adolescent development (.11%)
- Socio-economic status: finance-related factors (4.6%).

The identified themes will be discussed against the background of Hobfoll's Conservation of Resources theory (1989). The source of direct quotes from participants are identified with the code P followed by the number of the participant eg., P56.

Individual factors

The most common risk factor reported by participants of this study (in 42,8% of responses) concerned the behavioural, cognitive and emotional functioning of adolescents with risk factors related to substance abuse, academic achievement, stress, rejection, depression, problem-solving skills, and self-esteem.

Responses indicated substance abuse as the individual factor that participants associated most with suicide risk. According to COR theory, people with insufficient coping resources try to conserve what resources they have

through adapting a defensive style of coping. Avoidant coping is an example of how the person tries to escape stress by means of substance abuse. This can lead to alcohol abuse that poses a significant risk to South African adolescents. *The 2nd South African Youth Risk Behaviour Survey* reported that 28,5% of their sample reported binge drinking (Reddy et al., 2010). This is a 5,5% increase since the first survey in 2002 (Reddy et al., 2003). Substance-related disorders have been found to be the second most prominent diagnostic factor in adolescent suicide (Fleischmann, Bertolote, Belfer and Beautrais, 2005). The adolescent's developmental task of obtaining new resources are jeopardised by the influence of substance abuse through distancing possible positive support systems from the individual, interrupting academic achievement and increasing the risk for injury. Morojele and Brook (2006) found that South African adolescents who use legal and illegal substances are more exposed to the possibility of trauma such as sexual abuse. Substance abuse, which was initially intended as an attempt to avoid stress, in fact causes additional stress and a secondary loss of resources (Amoateng, Barber and Erikson, 2006).

Scholastic achievement is one of the major criteria for success in adolescence and a critical condition resource necessary to build further resources. However, the current group of adolescents associates schoolwork with "*the pressure to perform*" (P16) which suggests that schoolwork is related to "*stress about school*" (P248). The acquisition and facilitation of resources such as academic achievement is a central motivational construct according to COR theory (Hobfoll, 2002). If a central resource such as this is not achieved, the motivation to attain the associated resources of career development and economic independence is jeopardised as well. If the prospects of future success are fragile, it is understandable that general motivation can deteriorate. Findings from South African studies confirm that academic failure, among other factors, trigger suicide attempts (Du Plessis, 2012; Mhlongo and Peltzer, 1999) while unmet school goals are a predictor of suicide risk in a suicide risk group (Peltzer et al., 2008). This kind of disappointment is further influenced by parents' educational aspirations, family values about the importance of learning, the provision of material resources for studying and continued support of parents (Catan, 2004).

Stress is experienced when resources are perceived to be insufficient to deal with demands. This can be overwhelming to the adolescent who lacks coping experience. The most prominent emotional experience described by the current adolescent group was that of being stressed, worried, anxious and afraid. They expressed it as "*stress over your problems*" (P72), "*worry too much about things, you are under too much stress*" (P326). The findings of a

South African study by Peltzer et al. (2008) showed that adolescent's perceived stress was a significant predictor of the risk of suicide. By implication, adolescents can be overwhelmed by their experience of stress and then resort to ineffective coping strategies like taking an emotional way out - such as attempting suicide. On the other hand, stress has the potential to promote growth when resources are gained in the process of handling both traumatic and chronic stressors successfully (George and Van den Berg, 2012; Aldwin, 2007). Individuals can gain an increased problem-solving competence, wisdom, empathy and self-understanding. It also happens that during stressful times one can discover hidden resources such as when one's friends suddenly offer their support and assistance. It seems as if in the case of suicidal adolescents the resource gain cycle is much more difficult to achieve.

Some of the respondents experienced rejection. This is implicit in the statements that they "*feel that people don't want me there*" (P180), "*there is no-one on my side*" (P353) and "*no-one cares about me*" (P59). This culminates in experiences such as "*I always think what if I were not born*" (P365). Feelings of rejection, unhappiness and anger are factors contributing to respondents' suicidal risk. A general sense of being overwhelmed by circumstances is evident in many of the responses. Holahan et al. (1999) found that a preponderance of negative life events and psychosocial resource depletion were associated with increased depression over time.

The present group of adolescents' lack of optimism for the future is evident in comments such as "*want to get rid of their lives*" (P13), "*you hate your life*" (P165), "*feel life sucks*" (P159), "*you wish you were never alive*" (P165). These utterances reflect hopelessness and an inability to see a way out of difficult situations. It was found that adolescents with a high suicide risk have a negative problem orientation (cognitions of pessimism and self-blame) and use more avoidant problem-solving (procrastination and passivity) and impulsivity in dealing with everyday problems (Becker-Weidman, Jacobs, Reinecke, Silva and March, 2010).

A sense of low self-esteem is also evident in many responses that refer to feeling "*uncertain about themselves*" (P534) and "*not being satisfied with themselves*" (P220). Peltzer et al. (2008) have found low self-esteem to predict the suicide risk for a group of South African adolescents while in another South African study, low self-esteem was independently associated with suicide ideation, and differentiated significantly between suicide attempters and ideators (Wild, Flisher and Lombard, 2004). Suicide then becomes a solution to "*solve problems*" (P55) when the impression is that

“*there is no other way out*” (P116). Many of the adolescents in the current study indicated that they feel overwhelmed by their problems. An avoidant style of problem solving prevents them from seeing the benefits of support.

Family factors

In 27,5% of responses from participants in the present study, the family system is indicated as a potential risk area. Emphasis was placed on family-related factors such as problematic parent-child relationships, troubled home life, and a disagreement with disciplinary actions of parents.

The family is a central source of support to adolescents (George and Van den Berg, 2012; Larson, Wilson and Mortimer, 2002) and vital in the total bundle of resources possessed. This corresponds to what Hobfoll (1998) meant by *resource caravans*, implying that having one major resource is typically linked with having other resources. A supportive family environment acts as a protective resource through its ability to provide the circumstances of cohesion, warmth and an absence of discord (Catan, 2004; Venta and Sharp, 2014). These family resources stimulate the growth of resources in the adolescent such as self-value, emotional stamina and relationship skills, which are important assets to the adolescent’s repertoire of possible solutions for dealing with stress. Many of the respondents characterised their experiences of family life as “*maltreatment and abuse*” (P155). These adolescents rather experience that “*parents don’t take them seriously*” (P209) and that they are “*hated at home*” (P55). The number of resources available plays a role in the vulnerability of the adolescent. This implies that the fewer the resources, the greater the vulnerability (Hobfoll, 1988). When young people have plenty of inner resources, a supportive family and social contexts, a capacity for constructive adaptation to adversity can be enhanced (Louw, Mokhosi and Van den Berg, 2012; Olsson, Bond, Burns, Vella-Brodrick and Sawyer, 2003). It is also very reassuring to individuals in times of loss and emotional distress (i.e. losing friendships) that they have a family to fall back on. The findings from South African studies show that low family connection and frequent parent-child conflict are the most important independent predictors of adolescent suicidal ideation (Van Renen and Wild, 2008; Pillay and Wassenaar, 1997).

The responses indicate that parent-child conflict is largely associated with parental discipline. The current adolescents refer to parental discipline in the following ways: “*reject any form of control over you while you are still young*” (P383), “*reject parental control*” (P365), “*you are not allowed to go out with friends*” (P341), “*are treated as children*” (P202). The process of

parent-child conflict can be a major threat to an adolescent's well-being or an opportunity for growth (Louw, Louw and Ferns, 2007). Well-being is threatened when the adolescent's striving towards greater autonomy and freedom distance the adolescent from the needed resources of parental involvement, management, discipline, and supervision of adolescent behaviour, which protects them against stress and injury (Wild, Flisher and Robertson, 2011; O'Brien and Scott, 2007). In terms of the potential that growth can come from parent-child conflict, the adolescent learns and exercises much needed skills in communication, decision-making, problem-solving in the resolution of conflict with parents (Louw et al., 2007).

Adolescents participating in the present study often reported troubled home environments as described in the following words: "*you do not like it at home*" (P373) probably because of "*violence at home*" (P25), "*parents fight*" (P209, 275), "*you have been shouted at by people at home*" (P389) and "*parents shout at them all the time*" (P533). Adolescents in such circumstances are more likely to show negative coping resources in areas of conflict resolution and emotional regulation.

Peer group and romantic relationships

The adolescents' relationships with friends and romantic partners were described as very stressful in 14,1% of the responses. Peer relationships were characterised by peer pressure and victimisation/bullying where, for example, they were "*teased about how you look*" (P413). This can create psychological stress and potential suicide risk (Du Plessis, 2012; La Greca and Harrison, 2005). These relationships may challenge young people's interpersonal, emotional, and cognitive resources such as the demand for self- and emotional regulation when the interpersonal experience elicits strong feelings, i.e. sadness and guilt. The adolescents who are still lacking in interpersonal skills may struggle to overcome the stress and be at an increased risk for depression. This is particularly true of adolescents with personal and family resources that have already been compromised (La Greca, Davila and Siegel, 2009).

Many responses indicated that adolescents experience romantic relationships as very stressful, especially when threatened break-ups have to be negotiated. The current group highlighted romantic break-ups, described as "*your relationship that you were in, is broken up*" (P496) as the most pervasive kind of relationship loss experienced. Romantic break-ups have similarly been identified as a prominent psychosocial risk factor for suicidal ideation in South African adolescents (George, 2005). When this is interpreted from the

basic tenets of the COR theory (Hobfoll, 1998), the actual loss of a relationship involves threats to personal and social resources such as self-esteem, social status and acceptance. It also constitutes that the investment made in terms of commitment can fail and trigger the adolescent's rejection sensitivity (La Greca et al., 2009). The abandonment and associated social exclusion experienced add to negative affect and conclusions related to self-blame (Wild et al., 2011; Furman, McDunn and Young, 2009) associated with suicide.

Peer relationships play a vital role in the lives of adolescents by providing a context wherein all the dimensions of development (i.e. social, physical, cognitive, emotional, moral, sexual and personality) can manifest themselves (La Greca et al., 2009). It is also of special importance to the adolescent's sense of belonging and acceptance (Newman, Lohman and Newman, 2007). This corresponds with the notion of COR theory that resources hold both instrumental and symbolic value and when peer relationships are troubled, the implied loss pertains to both these needs.

Stressful life events

Stressful life events are extremely demanding and this can cause the adolescent to be overwhelmed by the situation when the initial trauma triggers a chain of events that contain multiple losses and threats (George and van den Berg, 2012; Hobfoll, Freedy, Green and Solomon, 1996). This was the case in 11% of the responses from participants in this study. During stressful life events, the existing coping resources are not effective, either because of inadequate resources to deal with the challenge or owing to circumstances that are too overwhelming no matter how many resources are available (Hobfoll, 2002). In such situations, resource deterioration and negative outcomes occur in increasingly rapid and critical loss cycles (Kaniasty and Norris, 1995). For the current group, teenage pregnancy, molestation and rape are examples of stressful life events that they have had to endure. Kaye (2008) noted the negative loss cycles that occur when the pregnant adolescent experiences a reduced quality of life because of the interference of a pregnancy with educational expectations, self-realisation, marital prospects, and economic prosperity. These adolescents most often distance themselves from services and help because of their confusion about options available and worry and shame about the moral judgement of society (Richter et al., 2006). Molestation and rape relate to a high incidence of exposure to direct and indirect violence in neighbourhoods and families in South Africa (Heckler et al., 2012; Suliman, Kaminer, Seedat and Stein, 2005).

The stress that is experienced when a resource is lost is underlined by responses such as “*when one has lost both parents*” (P374). This event of loss can cause extreme stress when the adolescent is thereby deprived of a core resource and guide (Borges et al., 2008). In South Africa parental death is especially pronounced because of the AIDS pandemic. This is clear from Cluver and Gardner (2006) who report that more than two million children have already lost their parents to AIDS in this country. COR theory posits that those who have experienced the interpersonal loss of important attachments adopt a defensive style of coping and will be hesitant to invest resources of trust, time and commitment in new relationships because they feel insecure (Louw et al., 2012; Hobfoll, 2001).

Socio-economic status

Poverty was indicated as a potential risk for suicide in 4,6% of participant responses. This is a surprising finding, because national statistics and individual studies indicate that a much larger percentage of youths in South Africa live in poverty. Patel and Kleinman (2003) found that income per capita in the poorest 40% of South African households is insufficient to provide for all household members' basic needs. Socio-economic factors affect the lives of participants in the current study through unfulfilled needs demonstrated in descriptions such as “*have absolutely nothing*” (P78) and “*to be hungry*” (P502). This lack of resources associated with poverty clearly reflects that the lack of resources can impede future resource accumulation which is especially pronounced when it comes to school enrolment, attendance and attainment that are strongly influenced by the inability to pay school fees and utensils and a lack of space and time at home for homework (Botha, 2014; Noble, Wright and Cluver, 2006). This diminished opportunity for education, increases the possibility of the emergence of factors such as hopelessness, poor physical health, and associated mental health problems such as anxiety and depression (Heckler et al., 2012; Corrigan, Lund, Patel, Plagerson and Funk, 2008). The findings concur with other studies that argue that the experience of poverty and the associated multi-dimensional deprivations (i.e. material, adequate care, physical safety, health) due to living standards imply a loss of resources and increased risk for suicidal behaviour. In circumstances like this, where the psychological well-being of the adolescent is put in jeopardy through the limited resources (Call, Riedel, Hein, McLoyd, Petersen and Kipke, 2002), suicidal behaviour could appear to be an option to some.

CONCLUSION AND RECOMMENDATIONS

This study found a high level of suicide risk amongst the participants and emphasised the impact of limited social and personal resources on increased risk for suicidal behaviour. The lack of personal resources such as positive self-esteem and effective coping skills were strongly associated with increased adolescent suicidal behaviour and was exacerbated by ineffective, escapist coping strategies such as substance abuse. This supports the findings of other South African studies that dysfunctional coping strategies correlate with higher suicide risk (Loots, 2008; Meehan et al., 2007).

Furthermore, the study emphasised the role of supportive family and peer relationships as condition resources that provide adolescents with emotional and behavioural knowledge and value systems to guide them towards effective coping responses. This supports the tenets of COR theory with regard to the role of resources in achieving successful mastery of the environment (Hobfoll, 2001). The increased vulnerability of adolescents who feel disconnected from these support systems because of conflict and dysfunctional relationships is also evident in the results of this study and is consistent with other international and South African studies (Kaminer, Hardy, Heath, Mosdell and Bawa, 2013; Van Renen and Wild, 2008; Pillay and Wassenaar, 1997).

Contrary to findings by Corrigan et al. (2008) poverty was reported by participants far less often than their own personal development and quality of relationships, as a potential factor contributing to stress and potential risk for suicidal behaviour. It might be that even though the impact of poverty reaches far wider than just the lack of object (material possessions), energy resources (education and a network of opportunities), the impact of daily struggles with parents, peers and personal conflicts were more prominent in the minds of participants when they were questioned about the causes of youth suicide.

This study contributes to the understanding of the risk factors or deficits in resources confronting South African adolescents and provide evidence for the value of the COR theory as explanatory framework for adolescent suicidal behaviour. The qualitative nature of the study provides valuable insight into the personal experiences of this group of adolescents and add to the existing knowledge provided by mostly quantitative studies identifying personal factors, support from family and friends and limited economic resources as factors increasing the risk for adolescent suicide. The results of the study support the basic premise of the Conservation of Resources (COR)

theory (1989) that risks and resources are interconnected, and that the loss of resources can be considered to be stress inducing.

The findings of the study must be interpreted against the background of the following limitations: The study only focussed on the perceptions of the participants and did not include quantitative measures of the stressors experienced by the participants, such as objective measures of economic status. Another limitation involves the use of a relatively small sample of participants drawn from a specific region in South Africa that does not necessarily represent the circumstances of the greater multi-cultural society. The sample is also not representative of all South African population groups but rather reflects the demographics of the Western Cape region. In addition, the fact that the open-ended question was the only qualitative method employed in the current study is also limiting the value of the study. Additional qualitative methods such as follow-up semi-structured interviews could have yielded richer data to shed light on the reported risk factors.

The researchers recommend that future studies include multiple qualitative data gathering methods such as focus groups and semi-structured interviews and include samples from different geographical regions, population and socio-economic groups to ensure a better understanding of the unique risk factors faced by adolescents from different environments. The results of this study also supports the need for primary interventions with adolescents and their parents, aiming to develop effective coping strategies and social skills that can help to reduce the identified risk factors such as substance abuse, conflict in relationships and low self-esteem.

REFERENCES

Aldwin, C.M. (2007). *Stress, Coping, and Development: An Integrative Perspective* New York: Guilford Press.

Amoateng, A.Y., Barber, B.K. and Erickson, L.D. (2006). "Family Predictors of Adolescent Substance Use: The Case of High School Students in the Cape Metropolitan Area, Cape Town, South Africa" *Journal of Child and Adolescent Mental Health* 18(1):7-15.

Basson, N. and Van den Berg, H.S. (2009). *Exposure to Stressors and Access to Resources as Experienced by a Group of Adolescents* Association for Child and Adolescent Psychiatry and Associated Professions Conference, Bloemfontein, South Africa, July 2009.

Beautrais, A.L. (2000). "Risk Factors for Suicide and Attempted Suicide Among Young People" *Australian and New Zealand Journal of Psychiatry* 34(3):420-436.

Becker-Weidman, E.G., Jacobs, R.H., Reinecke, M.A., Silva, S.G. and March, J.S. (2010). "Social Problem-solving Among Adolescents Treated for Depression" *Behaviour Research and Therapy* 48(1):11-18.

Bertolote, J., Fleischmann, A., De Leo, D., Bolhari, J., Botega, N., De Silva, D., Thanh, H., Phillips, M., Schlebusch, L., Värnik, A., Vijayakumar, L. and Wasserman, D. (2005). "Suicide Attempts, Plans and Ideation in Culturally Diverse Sites: The WHO SUPRE-MISS Community Survey" *Psychological Medicine* 35(10):1457-1465.

Botha, A. (2014). *The Influence of Risk and Resilience Factors on the Life Satisfaction of Adolescents* (Unpublished Doctoral Thesis) University of the Free State, Bloemfontein.

Call, K.T., Riedel, A.A., Hein, K., McLoyd, V., Petersen, A. and Kipke, M. (2002). "Adolescent Health and Well-being in the Twenty-first Century: A Global Perspective" *Journal of Research on Adolescence* 12(1):69-98.

Catan, L. (2004). *Becoming Adult: Changing Youth Transitions in the 21st Century: A Synthesis of Findings from the ESRC Research Programmes. Youth, Citizenship and Social Change 1998-2003* Brighton: Trust for the Study of Adolescence.

Center for Disease Control and Prevention. (2008). "Youth Risk Behavior Surveillance - United States, 2007: Surveillance Summaries" *Morbidity and Mortality Weekly Report*, 57(4), <http://www.cdc.gov/mmwr/PDF/ss/ss5704.pdf> (Accessed on 27/01/2010).

Cluver, L. and Gardner, F. (2006). "The Psychological Well-being of Children Orphaned by AIDS in South Africa" *Annals of General Psychiatry* 5:8-9.

Coleman, J. and Hagell, A. (2007). *Adolescence, Risk and Resilience: Against the Odds* Sussex: John Wiley and Sons.

Corrigall, J., Lund, C., Patel, V., Plagerson, S. and Funk, M.K. (2008). "Poverty and Mental Illness: Fact of Fiction? A Commentary on Das, Do,

Friedman, McKenzie and Scott (65:3, 2007, 467-480)" *Social Science and Medicine* 66(9):2061-2063.

Crause, E.J. and Booyens, M.G. (2010). "Demographic Tragedy or Opportunity? Are Micro-issues Necessitating a New Social Contract with the Youth in South Africa?" *Commonwealth Youth and Development* 8(2):2-15.

Du Plessis, E.D. (2012). *Psychosocial Factors as Predictors of Suicidal Ideation amongst Adolescents in the Free State Province: A Cross-cultural Study* (Unpublished Doctoral Thesis) University of the Free State, Bloemfontein.

Evans, E., Hawton, K. and Rodham, K. (2004). "Factors Associated with Suicidal Phenomena in Adolescents: A Systematic Review of Population-based Studies" *Clinical Psychology Review* 24(8):957-979.

Fleischmann, A., Bertolote, J.M., Belfer, M. and Beautrais, A. (2005). "Completed Suicide and Psychiatric Diagnoses in Young People: A Critical Examination of the Evidence" *American Journal of Orthopsychiatry* 75(4):676-683.

Flisher, A., Liang, H., Laubscher, R. and Lombard, C. (2004). "Suicide Trends in South Africa, 1968-90" *Scandinavian Journal of Public Health* 32(6):411-418.

Furman, W., McDunn, C. and Young, B.J. (2009). "The Role of Peer and Romantic Relationships on Adolescents Affective Development" in Allen, N.B. and Sheeber, L. (Eds.). *Adolescent Emotional Development and the Emergence of Depressive Disorders* New York: Guilford Press, 299-317.

George, A.A. (2005). *The Influence of Psychosocial Factors and Resources on Suicidal Ideation of Adolescents* (Unpublished Master's Dissertation) University of the Free State, Bloemfontein.

George, A.A. and Van den Berg, H.S. (2012). "The Influence of Psychosocial Variables on Adolescent Suicidal Ideation" *Journal of Child and Adolescent Mental Health* 24(1):45-57.

Heckler, H., Taute, C.E., Krüger, G., De Wet, D., Calitz, F.J.W., Van der Merwe, L.M. and Raubenheimer, J.E. (2012). "Profile of Stress Factors Associated with Mental Disorders in Children and Adolescents Referred for

Evaluation and Treatment to the Free State Psychiatric Complex, 2007” *South African Journal of Psychology* 18(2):61-67.

Herrman, H., Saxena, S., and Moodie, R. (2005). “Promoting Mental Health: Concepts, Emerging Evidence, Practice”, Summary Report / a Report from the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. Geneva: World Health Organization, http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf (Accessed on 25/04/2010).

Hobfoll, S.E. (1988). *The Ecology of Stress* New York: Hemisphere Publishing Corporation.

Hobfoll, S.E. (1989). “Conservation of Resources: A New Attempt at Conceptualizing Stress” *American Psychologist* 44(3):513-524.

Hobfoll, S.E. (1998). *Stress, Culture and Community: The Psychology and Philosophy of Stress* New York: Plenum Press.

Hobfoll, S.E. (2001). “The Influence of Culture, Community, and the Nested-self in the Stress Process: Advancing Conservation of Resources Theory: Applied Psychology” *An International Review* 50(3):337-421.

Hobfoll, S.E. (2002). “Social and Psychological Resources and Adaptation” *Review of General Psychology* 6(4):307-324.

Hobfoll, S.E., Freedy, J.R., Green, B.L. and Solomon, S.D. (1996). “Coping in Reaction to Extreme Stress: The Roles of Resource Loss and Resource Availability” in Zeidner, M. and Endler, N.S. (Eds.). *Handbook of Coping* New York: John Wiley and Sons, Inc., 322-349.

Holahan, C.J., Moos, R.H., Holahan, C.K. and Cronkite, R.C. (1999). “Resource Loss, Resource Gain and Depressive Symptoms: A 10-year Model” *Journal of Personality and Social Psychology* 77(3):620-629.

Ittel, A., Kretchmer, T. and Pike, A. (2010). *Siblings in Adolescence* Abingdon: Psychology Press.

Kaminer, D., Hardy, A., Heath, K., Mosdell, J. and Bawa, U. (2013). “Gender Patterns in the Contribution of Different Types of Violence to

Posttraumatic Stress Symptoms among South African Urban Youth” *Child Abuse and Neglect* 37:320-330.

Kianiasty, K. and Norris, F. (1995). “In Search of Altruistic Community: Patterns of Social Support Mobilization Following Hurricane Hugo” *American Journal of Community Psychology* 23(4):447-477.

Kaye, D.K. (2008). “Negotiating the Transition from Adolescence to Motherhood: Coping with Prenatal and Parenting Stress in Teenage Mothers in Mulago Hospital, Uganda” *BMC Public Health* 8:83-88.

La Greca, A.M. and Harrison, H.M. (2005). “Adolescent Peer Relations, Friendships and Romantic Relationships: Do they Predict Social Anxiety and Depression?” *Journal of Clinical and Child and Adolescent Psychology* 34(1):49-61.

La Greca, A.M., Davila, J. and Siegel, R. (2009). “Peer Relations, Friendships and Romantic Relationships: Implications for the Development and Maintenance of Depression in Adolescents” in Allen, N.B. and Sheeber, L.B. (Eds.). *Adolescent Emotional Development and the Emergence of Depressive Disorders* Cambridge: Cambridge University Press, 318-336.

Larson, R.W., Wilson, S. and Mortimer, J.T. (2002). “Conclusions: Adolescents’ Preparation for the Future” *Journal of Research on Adolescence* 12(1):159-166.

Loots, S. (2008). *The Role of Exposure to Suicide and Coping Strategies in the Suicidal Ideation of Adolescents* (Unpublished Master’s Dissertation) University of the Free State, Bloemfontein.

Louw, A.E., Louw, D.A. and Ferns, I. (2007). “Adolescence” in Louw, D.A. and Louw, A.E. (Eds.). *Child and Adolescent Development* Bloemfontein: Psychology Publications, 278-347.

Louw, D.A., Mokhosi, M. and Van den Berg, H.S. (2012). Stressors, Resources and Coping Skills among Double AIDS-orphans *Child Abuse Research: A South African Journal* 13(2):1-12.

Maphula, A. and Mudhovozi, P. (2012). “Suicide Ideation: A Study of Secondary School Learners in Limpopo Province, South Africa” *African Journal for Physical, Health Education, Recreation and Dance* September 2012 (Supplement):104-116.

- Mashego, T.A.B. and Madu, S.N. (2009). "Suicide-related Behaviours among Secondary School Adolescents in the Welkom and Bethlehem Areas of the Free State Province (South Africa)" *South African Journal of Psychology* 39(4):489-497.
- Meehan, S., Peirson, A. and Fridjhon, P. (2007). "Suicidal Ideation in Adolescent South Africans: The Role of Gender and Coping Strategies" *South African Journal of Psychology* 37(3):552-575.
- Mhlongo, T. and Peltzer, K. (1999). "Parasuicide among Youth in a General Hospital in South Africa" *Curationis* 22(2):72-76.
- Morojele, N.K. and Brook, J.S. (2006). "Substance Use and Multiple Victimization among Adolescents in South Africa" *Addictive Behaviours* 31(7):1163-1176.
- Neuman, W.L. (1997). *Social Research Methods, Qualitative and Quantitative Approaches* Boston: Allyn and Bacon.
- Newman, B.M., Lohman, B.J. and Newman, P.R. (2007). "Peer Group Membership and a Sense of Belonging: Their Relationship to Adolescent Behaviour Problems" *Adolescence* 42(166):241-263.
- Noble, M., Wright, G. and Cluver, L. (2006). "Developing a Child-focused and Multidimensional Model of Child Poverty for South Africa" *Journal of Children and Poverty* 12(1):39-53.
- O'Brien, C. and Scott, J. (2007). "The Role of the Family" in Coleman, J. and Hagell, A. (Eds.). *Adolescence, Risk and Resilience Against the Odds* Chichester: John Wiley and Sons, Ltd., 17-40.
- Olsson, C.A., Bond, L., Burns, J.M., Vella-Brodrick, D.A. and Sawyer, S.M. (2003). "Adolescent Resilience: A Concept Analysis" *Journal of Adolescence* 26(1):1-11.
- Patel, V., Flisher, A.J., Nikapota, A. and Malhotra, S. (2008). "Promoting Child and Adolescent Mental Health in Low and Middle Income Countries" *Journal of Child Psychology and Psychiatry* 49(3):313-334.
- Patel, V. and Kleinman, A. (2003). "Poverty and Common Mental Disorders in Developing Countries" *Bulletin of the World Health Organization* 81(8):609-615.

Peltzer, K., Kleintjies, S., Van Wyk, B., Thompson, E.A. and Mashego, T.B. (2008). "Correlates of Suicide Risk Among Secondary School Students in Cape Town" *Social Behavior and Personality* 36(4):493-502.

Pillay, A.L. and Wassenaar, D.R. (1997). "Family Dynamics, Hopelessness and Psychiatric Disturbance in Parasuicidal Adolescents" *Australian and New Zealand Journal of Psychiatry* 31(2):227-231.

Reddy, S.P., James, S., Sewpaul, R., Koopman, F., Funani, N.I., Sifunda, S., Josie, J., Masuka, P., Kambaran, N.S. and Omardien, R.G. (2010). "Umthente uhlaba usamila – The 2nd South African National Youth Risk Behaviour Survey" Cape Town: South African Medical Research Council, http://www.timeslive.co.za/multimedia/archive/00609/yrebs_2008_final_rep_609325a.pdf (Accessed on 24/04/2010).

Reddy, S.P., Panday, S., Swart, D., Jinabhai, C.C., Amosum, S.L., Monyeki, K.D., Stevens, G., Morejele, N., Kambaran, N.S., Omardien, R.G. and Van den Borne, H.W. (2003). "Umthente uhlaba usamila: The 1st South African National Youth Risk Behaviour Survey 2002", Cape Town: South African Medical Research Council, <http://www.mrc.ac.za/healthpromotion/YRBSpart2.pdf> (Accessed on 13/04/2009).

Republic of South Africa. (2006). "Children's Act No. 38 of 2005" *Government Gazette*, 492 (No. 28944), <http://www.info.gov.za/view/DownloadFileAction?id=67892> (Accessed on 17/03/2010).

Reynolds, W.M. (1999). *Suicidal Ideation Questionnaire for Adolescents* Odessa, Florida: Psychological Assessment Resource.

Richter, L.M., Norris, S.A. and Ginsburg, C. (2006). "The Silent Truth of Teenage Pregnancies: Birth to Twenty Cohort's Next Generation" *South African Medical Journal* 96(2):122-124.

Schlebusch, L. (2005). *Suicidal Behaviour in South Africa* Scottsville, South Africa: University of KwaZulu-Natal Press.

Stark, K., Joubert, G., Struwig, M., Pretorius, M., Van der Merwe, N., Botha, H., Kotzé, J. and Krynauw, D. (2010). Suicide Cases Investigated at the State Mortuary in Bloemfontein, 2003-2007 *South African Family Practice* 52(4):332-335.

- Suliman, S., Kaminer, D., Seedat, S. and Stein, D.J. (2005). "Assessing Post-traumatic Stress Disorder in South African Adolescents: Using the Child and Adolescent Trauma Survey (CATS) as a Screening Tool" *Annals of General Psychiatry* 4(2):1-10.
- Van Renen, L.J. and Wild, L.G. (2008). "Family Functioning and Suicidal Ideation/Behaviour in Adolescents: A Pilot Study" *Journal of Child and Adolescent Mental Health* 20(2):111-121.
- Venta, A. and Sharp, C. (2014). "Attachment Organization in Suicide Prevention Research: Preliminary Findings and Future Directions in a Sample of Inpatient Adolescents" *Crisis Journal of Crisis Intervention and Suicide Prevention* 35(1):60-66.
- Waldvogel, J.L., Rueter, M. and Oberg, C.N. (2008). "Adolescent Suicide: Risk Factors and Prevention Strategies" *Current Problems in Paediatric Adolescent Health Care* 38(4):110-125.
- Wild, L.G., Flisher, A.J. and Lombard, C. (2004). "Suicidal Ideation and Attempts in Adolescents: Association with Depression and Six Domains of Self-esteem" *Journal of Adolescence* 27(6):611-624.
- Wild, L.G., Flisher, A.J. and Robertson, B.A. (2011). "Risk and Resilience in Orphaned Adolescents Living in a Community Affected by AIDS" *Youth and Society* 45(1):140-162.