Coping with and Satisfaction of Life among Adolescents: Family Structure and Gender

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Abstract

Changes within the social environment of adolescents' family structure have the ability to influence the personal growth and well-being of adolescents. This study seeks to analyse if family structure and gender (demographic factors) moderate the relationship between satisfaction with life (SWL) and coping. Following a quantitative approach, a correlational design was used. The research sample consisted of 495 learners drawn from 10 schools in five districts of the Free State province in South Africa. Data collection used a biographical questionnaire, the Revised Coping Schemas Inventory as well as the Satisfaction with Life Scale. Multiple regression analyses yielded a positive correlation between adolescent coping and SWL. Family structure moderated the relationship between SWL and acceptance, meaning, social resilience support, self-restructure, and tension reduction as coping strategies. Further research investigating the relationship between SWL and race or ethnicity, specific family structures, as well as coping throughout adolescence is recommended.

Keywords: adolescence; satisfaction with life; coping; coping schema; family structure; gender; Integrated Stress and Coping Process Model

Introduction

Incorporated in the framework of positive psychology, global satisfaction with life (SWL) along with positive and negative effects is considered important components of an individual's subjective well-being (Keys 2005; Pavot and Diener 2008). Although influenced by effect, SWL encapsulates an individual's general and enduring cognitive appraisal of his/her life (Lezak et al. 2004; Proctor, Linley, and Maltby 2009). SWL is seen as both an important outcome variable and influencing factor in an individuals' behavioural processes (Huebner 2004). It has been linked with beneficial outcomes at intrapersonal (Park 2004) and interpersonal levels (Stanley et al. 2012), including better health (Diener and Scollon 2004; Grant, Wardle, and Steptoe 2009) and



vocational or scholastic outcomes (Judge et al. 2001; Suldo et al. 2009). Low levels of SWL are associated with negative mental and physical health outcomes (Frisch 2012; Saunders and Roy 2000).

Acknowledging the increase in literature pertaining to the theme of SWL, coping in adolescence, not much research within a South African context has explored the moderating effects of family structure on these variables (Makiwane et al. 2017). Adolescence is an important period of development in which individuals begin to find their own way in the world (Basson 2008) and is viewed as a particularly dynamic and culturally defined concept (Dehne and Riedner 2001; Louw and Louw 2007). Despite differing perceptions on the topic, adolescence is broadly understood as a time of change and transition, occurring in the biological, psychological and social spheres of life (Louw and Louw 2007). These changes bring about a process of personal exploration as adolescents attempt to understand themselves within the context of increasing developmental challenges and changes in the dynamics of their personal support systems (Louw and Louw 2007). Although most adolescents are relatively unscathed, some experience the shifts and changes in adolescence as stressful (Antaramian, Huebner, and Valois 2008), giving rise to destructive and problematic behaviour, for example eating disorders and risky sexual activity (Louw and Louw 2007).

Understanding SWL within the Context of Coping and other Demographic Factors

The Integrated Stress and Coping Process Model (Moos and Schaefer 1993) serves as a theoretical guide in assisting a better understanding of adolescent behaviour. Its basic assumption posits that personal and environmental stressors and resources combine with life crises and transitions to shape cognitive appraisal and coping skills that ultimately influence health outcomes and well-being. The bidirectional pathways in the model indicate that the processes are reciprocal and able to influence each other (Moos and Schaefer 1993). According to this model, an adolescent's health and well-being are influenced by his/her exposure to stressors, as well as the availability and utilisation of personal and environmental coping resources (Moos and Schaefer 1993).

Subjective well-being is intrinsically linked to adolescent SWL (Sarriera et al. 2015), perceived as a buffer to the negative effects of stressful life events (Bavolar 2017), and viewed as helping to facilitate adaptive development (Antaramian, Huebner, and Valois 2008). Further research indicates that an adolescent's experience of high SWL may act as an important source of psychological strength during stressful situations (Bavolar 2017). Alternatively, low levels of SWL are associated with risk-taking and externalising behavioural problems, such as physical fighting and substance use, including the risk of psychological disorders (Bavolar 2017; MacDonald et al. 2005).

Family factors are indicated as strong contributors to the experience of SWL (Park and Huebner 2005). Within the Integrated Stress and Coping Process Model of contextual stressors and resources (Moos and Schaefer 1993), family structure is considered an important variable. Literature identifies families as complex social systems, which involve reciprocal and constantly evolving relationships (Shaffer and Kipp 2007). Community and cultural influences are acknowledged as exerting a significant impact upon these relationships (Shaffer and Kipp 2007). From a developmental perspective, families as socialising structure helps the youth to acquire the values, motives and behaviours that are perceived to be important within the greater society (Shaffer and Kipp 2007). Beyond these concepts, however, families are viewed as important structures in which individual development and care can be attained through access to support and networks (Amoateng et al. 2004). Stable and supportive family structures are associated with improved school performance (Brown 2006) and the ability to deal with problematic or stressful situations (Amoateng and Heaton 2012). Adverse experiences, such as familial disruption, have a negative impact on adolescents' perceptions of control, which results in a decreased sense of SWL (Sarriera et al. 2015).

South Africa appears to be a very family-orientated society in which most people seek to live within a family structure (Amoateng et al. 2004). The most common form of family structure in South Africa is one in which both parents reside together and care for their children (Department of Social Development 2011). Despite this, Amoateng et al. (2004) and Amoateng and Heaton (2012) warn that changes in the structure of the South African family unit are pervasive. Fuelling this change are factors that include migrant labour, increasing globalisation and urbanisation, divorce, and poverty (South African Institute of Race Relations 2011). These factors are altering the structure of family life. Consequently, the restructuring of family life has paved the way for an increasing prevalence of single parents, caregivers and guardians, as well as skipped generation family structures (Department of Social Development 2011; South African Institute of Race Relations 2011). This shift is significant considering that research has shown, young people from stable two-parent families enjoy an improved standard of living, receive more co-operative and effective parenting, and are more protected from stressful situations than their counterparts from single-parent families (Amato 2005). This highlights the presence of more stable and effective psychosocial support offered by two-parent family structures for the youth, when compared to the support offered by other family structures (Bowden and Greenberg 2010; Gibson-Davis and Gassman-Pines 2010; O'Brien and Scott 2007; Rathunde and Csikszentmihalyi 2006). These aspects have an impact on the individuals' assessment of satisfaction with their family, which in turn functions as an important contributing domain to ratings of global SWL (Rojas 2006).

Along with the above, South Africa's high adult mortality rate (as a result of factors such as a high prevalence of HIV/AIDS) is resulting in increasing maternal, paternal and also double orphans (Birnbaum, Murray, and Lozano 2011; Meintjes et al. 2010).

One consequence of this is a growing phenomenon called child-headed households, where minors become the caregivers of their younger siblings (Meintjes et al. 2010). Having to carry the burden of care, the lack of the necessary skills and knowledge, the ambivalent roles in the family structure, the loss of leisure time, and feelings of discrimination and loss of control are stressful factors that may have an impact on SWL in such households (Nkomo 2006).

In view of the Integrated Stress and Coping Process Model (Moos and Schaefer 1993), the interactional effects of the personal stressors and resources of well-being were explored. This is supported by literature which indicates that personal and social demographic variables (age, gender, religious associations, parental employments status) have been associated with more effective ways in managing the stressors of adolescents (George 2009; Gibbons 2004) including the more adaptive use of coping strategies (Watson, Goh, and Sawang 2011). One variable in particular requires attention within the South African context, i.e. gender.

When dealing with gender, it is important to remember that although constructed as an exogenous factor, the way in which individuals internalise gender affects the form in which it presents (Barker 2007). As such, factors within South Africa's history (i.e. apartheid, colonialism, inequality, and violence) including current sociocultural factors have influenced the constructions of patterns of gender interactions in the country (Baden, Hasim, and Meintjes 1998; Selebogo and Ojakorotu 2013). This underscores the need for further assessment of the patterns of functioning between the genders in South Africa.

A survey of the international literature concerning gender and well-being in adolescence yielded important findings, namely that the relationship between gender and SWL is ambiguous, with research simultaneously identifying and contradicting an association between the two (Goldbeck et al. 2007). Studies found a significant relationship as females reported lower levels of SWL than their male participants (Goldbeck et al. 2007; Salmela-Aro and Tynkkynen 2009). Such results seem to be especially evident with regard to health-related components. According to Goldbeck et al. (2007), the more dramatic physical and emotional changes may result in higher levels of critical self-perceptions among girls.

Secondly, gender differences have been noted in adolescents' coping behaviours (Seiffge-Krenke, Aunola, and Nurmi 2009). Reportedly, boys tend to use strategies involving direct action in dealing with situations; whereas girls seem more focussed on support-seeking strategies (Piko 2001). One explanation in understanding this difference is linked to gender socialising (Piko 2001).

Coping is described as a transactional process through which interactions between the person's internal resources and environmental demands occur (Lazarus and Folkman 1984; Skinner and Zimmer-Gembeck 2007). In this way, one assesses a situation or its

demands according to its importance and consequences (Peacock, Wong, and Reker 1993; Wong, Reker, and Peacock 2006), as well as one's personal options or resources which can be of possible use, i.e. skills, tools, knowledge and support systems (Van Berkel 2009). As such, coping functions as a set of dynamic, multilevel and goal-directed activities, or strategies (Alumran and Punamäki 2008), finding expression through the active agency of the individual to select these in light of perceived consequences (Moos and Schaefer 1993).

Adopting a rational analysis toward coping will most likely yield the most beneficial results, as it allows for the most appropriate schema and, in turn, the best strategies to be selected for the situation (Wong, Reker, and Peacock 2006). Therefore, adolescence becomes an important area of study, owing to the rapid cognitive development and the advancement in adolescents' inherent decision-making abilities during this period (Frydenberg 2008).

The topic of adolescent well-being identifies coping as crucial to understanding the effects of stress on youth (Compas and Reeslund 2009) as it assists in identifying the active role that adolescents take in dealing with their life stressors, including how such experiences influence adjustment and future development (Compas and Reeslund 2009). Research concurs with this, as can be seen in the following three examples. In a study of Hungarian secondary school students, Piko (2001) identified a vicious circle that may develop when maladaptive coping and risk-taking behaviours coexist with psychosocial health problems. Frydenberg (2008) maintains that different patterns of coping strategies are associated with socially well-adjusted and maladjusted adolescents. Furthermore, results from a study conducted by Suldo, Shaunessy, and Hardesty (2008) identified that a significant amount of variance in mental health outcomes in high-achieving students can be attributed to coping.

In view of the above-mentioned literature, this study aims to investigate if gender and family structure moderate the relationship between coping and adolescent SWL. To achieve this purpose, two research questions were formulated:

- Does a significant relationship exist between coping and adolescents' satisfaction with life?
- Does gender and family structure moderate the relationship between coping and adolescents' satisfaction with life?

Method

Research Design

The research followed a non-experimental, quantitative approach using a correlational design method (Howitt and Cramer 2011). This type of research describes

characteristics in a population, but not the cause-and-effect relationships between the different variables.

Participants

This sample consisted of 495 grade eight learners from five rural (i.e. situated in small towns) and five urban schools. Schools were selected by stratified random sampling with specific emphasis on grade eight learners. Using randomised stratified sampling, the participants were selected from 10 schools in the Free State (two schools from each of the five districts).

The sample characteristics were as follows: The mean age score calculated as 13.99 years (SD = 0.832). Male participants made up 38 per cent (N = 190; Age \overline{X} = 14.21; SD = 0.894) of the total sample size. Female participants constituted 61.4 per cent (N = 304; Age \overline{X} = 13.84; SD = 0.760) of the sample size. In terms of family structure, 54.5 per cent (N = 270) of the participants indicated that their family status was "nuclear" (heterosexual couples and children), with 45.1 per cent (N = 223) indicating their family status as "other". The sample constituted 275 (Black), 136 (White), 65 (Coloured), and 4 (Asian) participants, with 14 incompletes. The largest group (36.8%) used Afrikaans as first language, the second group used Sesotho (33.8%), and then Setswana (10.4%), while the remaining participants were spread between English, isiZulu, isiXhosa and Sepedi.

Measuring Instruments

Three questions regarding age, gender and family structure gathered demographic data. Family structure was conceptualised as a dichotomous variable with the term "nuclear family" identified as participants residing with two parents. The second component, namely "other families", constituted family structures where families were headed by a single parent, families headed by grandparents, where care is provided by extended family members, child-headed families, adolescents who live alone, those who live in a children's home, or any other unspecified structures.

The Revised Coping Schemas Inventory (RCSI) is a 72-item questionnaire that measures coping behaviour. Items are graded on a five-point Likert-type scale. Nine subscales are assessed: situational (efforts to change existing situations), self-restructuring (changing one's own cognitions and behaviour), active emotional (actively seeking emotional solutions), passive emotional (seeking emotional solutions within), meaning (creating a sense of meaning), acceptance (accepting the inevitable), religious (relying on religious beliefs or convictions), social support (relying on others to change their situations), and tension reduction (engaging in acts to reduce tension) (Wong, Reker, and Peacock 2006). A higher score indicates greater use of the subscale (Wong, Reker, and Peacock 2006). Alpha coefficients ranged from .85 to .98 in a study of American university students (Wong, Reker, and Peacock 2006), while a

South African adolescent study reported coefficients between .60 and .87 (Wolmarans 2012).

The SWL Scale reflects an individual's general sense of satisfaction with their lives (Pavot and Diener 2008). This inventory consists of five items, each measured on a seven-point Likert-type scale, (1 = strongly disagree and 7 = strongly agree). A higher score indicates higher SWL (Pavot and Diener 2008). Item-total correlations range from .61 to .81 in a USA study of geriatric respondents (Diener et al. 1985), while Basson (2008) obtained an alpha coefficient of .71 in a recent study of South African adolescents.

Procedures and Ethics

Permission to conduct the research was granted from the University of the Free State's Committee of Title Registrations of the humanities faculty, from the Free State Department of Education, and from selected school principals. Introductory letters were handed out to learners to give to their parents. By way of these letters, the parents offered written consent, while on the day of testing each willing participant was required to give informed written assent before participation. The participants were informed about the voluntary nature of their participation and that they could withdraw from participating at any time. Assurances were given that all information will be treated anonymously and confidentially. Questionnaires bound in booklet form were administered during school time. Questionnaire versions in English, Afrikaans and Sesotho were made available, however, most participants opted to complete them in English. Questionnaires were translated from English into Afrikaans and Sesotho by expert panel members and verified using the back-translation method (Foxcroft and Roodt 2005). The process took about three hours (halfway through, a small interval was given) under the supervision of a registered psychometrist and psychologist. Field workers were available to debrief the participants in the event of any emotional reactions elicited by completing the questionnaires.

Statistical Analyses

The statistical analyses of the data were undertaken using the SPSS, Version 25. Frequencies and descriptive statistics were calculated, while Cronbach's alpha coefficients were calculated to determine the internal consistency reliabilities of the variables.

Pearson's product-moment correlation coefficients were obtained to determine the direction and strength of the relationships between the dependent and independent variables. A statistical significance of 1 per cent (.01) will be considered for interpretation (Howitt and Cramer 2011).

To deal with the first research question, namely if coping could predict adolescents' SWL, a multiple regression analysis was performed. A moderated hierarchical

multiple regression analysis was conducted to establish if gender and family structure moderate the relationship between coping and adolescents' SWL. In this model, SWL was the dependent variable, while coping and gender (male or female) and family structure (nuclear or other) were the independent variables.

Results

Before exploring the results of the two research objectives, the following descriptive information should be noted: Values between -2 and +2 for skewness and -3 to +3 for kurtosis are considered to be within acceptable ranges (Peat and Barton 2008). For skewness all variables fell within an acceptable range (-1.196 to +0.033). Regarding kurtosis all values again fell within acceptable range (-0.113 and +0.894). Descriptive statistics were calculated for all scales and subscales. The reliability coefficients for all measures indicated acceptable and internally consistent results ranging between .70 and .87 (Nunnally and Bernstein 1994). The meaning subscale, however, reported a reliability coefficient of .59. A possible explanation for the lower coefficient is that there are only five items on this subscale (Anastasi and Urbina 1997).

Does a Significant Relationship Exist between Coping and Adolescent Satisfaction with Life?

An examination of the correlation coefficients revealed that SWL correlates significantly on the one per cent level for all coping dimensions except social resilience support and tension reduction.

In answering the first objective, a multiple regression analysis was performed using a linear regression model for coping, with all nine coping dimensions as independent variables, and SWL as dependent variable. All independent variables were entered simultaneously.

Table 1: Predictive effect of coping with SWL

Model	\boldsymbol{R}	R^2	Adjusted	Change Statistics					
			R^2	R^2	F change df1		df2	Significant	
				change				F change	
1	.375	.141	.124	0.141	8.2+64	9	454	.000	

Table 1 shows a statistically significant relationship on the .01 per cent level of significance between coping and adolescents' SWL $[R^2 = .141; F(9; 454) = 8.264; p = .000]$. The nine coping dimensions collectively explained 14 per cent of the variance in adolescents' SWL.

Inspection of Table 2 provides a breakdown of the contributions of each of the nine coping dimensions. Analysis reveals that only passive emotional coping showed statistical significance in relation to adolescents' SWL (at the .01 significance level).

Table 2: Regression weights, *t*-tests and effect sizes in the prediction of SWL

Model	Standardised Coefficients	t	p	Correlations		
	β			Zero order	Partial	Part
Acceptance	.104	1.562	.119	.222	.073	.068
Active-Emotional	.145	2.008*	.045	.222	.094	.087
Meaning	027	239	.811	.151	011	010
Passive-Emotional	171	-4.483**	.000	129	206	.195
Religious	.062	1.452	.147	.198	.068	.063
Self-restructuring	.151	2.072*	.039	.250	.097	.090
Situational	.108	1.492	.136	.214	.070	.065
Social Resilience	155	-1.793	.074	.097	084	078
Support						
Tension Reduction	043	635	.526	.109	030	028

^{**} $p \le .01$

Does Gender and Family Structure Moderate the Relationship between Coping and Adolescents' Satisfaction with Life?

Using a moderated hierarchical multiple regression analysis, the product of coping and gender, as well as the product of coping and family structure, were also entered into the calculation.

An investigation of the possible moderating effect of gender and family structure in their relationships between coping and adolescent SWL revealed that gender did not significantly moderate coping and SWL in adolescents. Table 3, however, shows that family structure significantly interacted (moderated) at least five relationships between coping and adolescent SWL ($p \le .01$).

Table 3: Moderation effect of family structure in the relationship between coping and SWL of adolescents

Model	R	R^2	Adjusted	Change statistics				
			R^2	R^2 change F change		df1	df2	Significant F
								change
1	.196	.038	.036	.038	18.401	1	463	.000
1a	.230	.053	.049	.015	7.193**	1	462	.008
2	.194	.038	.035	.038	18.509	1	463	.000
2a	.222	.049	.045	.012	5.786*	1	462	.017

Model	R	R^2	Adjusted	Change statistics					
			R^2	R ² change	F change	df1	df2	Significant F change	
3	.152	.023	.021	.023	10.882	1	460	.001	
3_a	.203	.041	.037	.018	8.647**	1	459	.003	
4	.130	.017	.015	.017	7.990	1	463	.005	
4a	.163	.027	.022	.010	4.540*	1	462	.034	
5	.196	.039	.036	.039	18.572	1	463	.000	
5a	.222	.049	.045	.011	5.234*	1	462	.023	
6	.221	.049	.047	.049	23.833	1	462	.000	
6a	.260	.068	.064	.019	9.153**	1	461	.003	
7	.193	.037	.035	.037	17.864	1	463	.000	
7 _a	.224	.050	.046	,013	6.331*	1	462	.012	
8	.078	.006	.004	.006	2.856	1	463	.092	
8 _a	.143	.021	.016	.014	6.814**	1	462	.009	
9	.086	.007	.005	.007	3.490	1	463	.062	
9 _a	.153	.023	.019	.016	7.549**	1	462	.006	

** $p \le .01$ * $p \le .05$

Model 1: CAC (Acceptance) Model 2: CAT (Active-Model 3: CME (Meaning)

emotional)

Model 1_a: CAC; CAC × Model 2_a: CAT; CAT × family Model 3_a: CME; CME × family

family

Model 4: CPA (Passive- Model 5: CRE (Religious) Model 6: CSE (Self-

emotional) restructuring)

Model 4_a: CPA; CPA × family

Model 7: CSI (Situational) Model 8: CSO (Social resilience Model 9: CTE (Tension

Model 5_a : CRE; CRE × family

support) reduction)

Model 6_a : CSE; CSE × family

Model 7_a: CSI; CSI × family Model 8_a: CSO; CSO × family Model 9_a: CTE; CTE × family

The results below related to the moderating effect of family structure are presented as regression lines (see Figures 1 to 5) with family structure depicted as nuclear and other family structures.

A positive relationship was reported between acceptance and adolescents' SWL: $R^2 = .038$; F(1; 463) = 18.401; p = .000. Acceptance coping explained 3.8 per cent of the variance in SWL. Additionally, acceptance coping and SWL are moderated by family structure: $\Delta R^2 = 0.015$; F(1; 462) = 7.193; p = .008. The interaction between acceptance and family structure explains an additional 1.5 per cent of the variance in SWL. In Figure 1, the regression line ($\beta = .124$; r = .121; t = 2.682; p = .008) indicates family structure as being significantly related to the SWL of adolescents in the presence of acceptance.

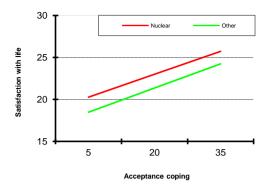


Figure 1: Regression line of nuclear and other family structures with acceptance coping as a predictor of adolescents' SWL

A positive relationship was found between meaning and SWL of adolescents $(R^2 = .023; F(1; 460) = 10.882; p = .001)$. The presence of meaning explains 2.3 per cent of the variance in SWL. Additionally, meaning and SWL are moderated by family structure, $\Delta R^2 = .018; F(1; 459) = 2.782; p = 8.647; p = .003$. The interaction between meaning and family structure explains an additional 1.8 per cent of the variance in SWL. From Figure 2, the regression line $(\beta = .137; r = .134; t = 2.941; p = .003)$ indicates that family structure is significantly related to SWL of adolescents in the presence of meaning.

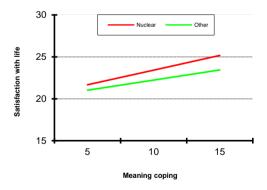


Figure 2: Regression line of nuclear and other family structures with meaning as a predictor of adolescents' SWL

Results further indicate a positive relationship on the .01 level of significance between self-restructuring and SWL of adolescents, $R^2 = .049$; F(1; 462) = 23.833; p = .000. Self-restructuring explains 4.9 per cent of the variance in SWL. Additionally, self-restructuring and SWL are moderated by family structure, $\Delta R^2 = .019$; F(1; 461) = 9.153; p = .003. The interaction between self-restructuring and family

structure explains an additional 1.9 per cent of the variance in SWL. The regression line (Figure 3) indicates ($\beta = .140$; r = .136; t = 3.025; p = .003) that family structure is significantly related to SWL of adolescents in the presence of self-restructuring.

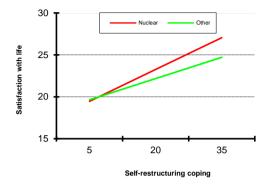


Figure 3: Regression line of nuclear and other family structures with self-restructuring coping as a predictor of adolescents' SWL

There is no statistically significant relationship between social resilience support and the SWL of adolescents, $R^2 = .006$; F(1; 463) = 2.856; p = .092. Social resilience support and SWL are, however, moderated by family structure: $\Delta R^2 = .014$; F(1; 462) = 6.814; p = .009. The interaction between social resilience support coping and family structure explains an additional 1.4 per cent of the variance in SWL. The results of the regression line (see Figure 4) ($\beta = .124$; r = .120; t = 2.610; p = .009) indicate that family structure is significantly related to the SWL of adolescents in the presence of social resilience support.

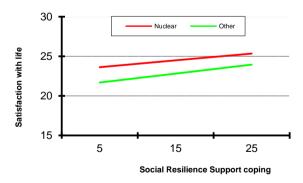


Figure 4: Regression line of nuclear and other family structures with social resilience support as a predictor of adolescents' SWL

No statistically significant relationship was found between tension reduction and adolescents' SWL ($R^2 = .007$; F(1; 463) = 3.490; p = .062). Tension reduction and SWL are, however, moderated by family structure ($\Delta R^2 = .016$; F(1; 462) = 7.549; p = .006). The interaction between tension reduction and family structure explains an

additional 1.6 per cent of the variance in SWL. The regression line (see Figure 5) $(\beta = .129; r = .126; t = 2.748; p = .006)$ indicates that family structure is significantly related to SWL of adolescents in the presence of tension reduction.

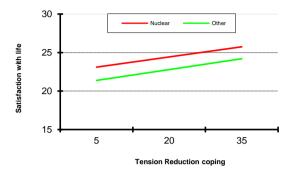


Figure 5: Regression line of nuclear and other family structures with tension reduction as a predictor of adolescents' SWL

Limitations

Although significant findings were identified, the results should be interpreted within the limitations of the study. Firstly, the sample of grade eight learners provided a narrow age cohort for adolescents. This limits the study's ability to provide a developmental perspective of the interacting variables, as older adolescents were excluded. Secondly, it is important to note that the information collected by a cross-sectional approach is specific to only one point in time. As such, the associations and interactions identified should be viewed within the same context and not necessarily be indicative of any long-term trends (Susser 1991).

A third limitation relates to the construction and use of the family structure variable within this study. Formulating family structure as a dichotomous variable allowed for a general understanding of the relationship existing between the variable itself, coping, and SWL. However, it meant that all other family structures were grouped together into a single construct, "other". Consequently, this study was not able to explore potentially important dynamics relating to the specific family structures prevalent within the South African context. Studies adopting a developmental approach and incorporating a greater variety of family structures may offer a different perspective of how SWL and coping influence South African families. Finally, despite showing reasonable reliabilities, the measuring instruments were not standardised on a South African population. Interpretation must therefore be cautious and always against the background of cultural experiences and socio-economic differences.

Discussion

In investigating the relationship between coping and adolescent SWL, including the moderating influence of family structure, this study puts forward the findings as set out below.

In terms of the criterion variable, this study's participants obtained a mean score of 24.07 (SD = 6.13) on the SWL Scale, indicating that the participants experienced a slightly positive sense of SWL (Pavot and Diener 2008). This score is comparable with another South African adolescent study (Basson 2008) that found similar SWL scores. International literature offers support to these finding in that SWL is generally rated as positive among adolescents (Proctor, Linley, and Maltby 2009).

In explaining the relationship between coping and SWL, the results of the regression analysis indicate that the nine coping dimensions predicted 14 per cent of the variance in adolescent SWL. Of these nine dimensions, passive-emotional coping is the one dimension that makes a unique contribution, displaying a negative correlation with adolescent SWL. As such, the participants who frequently engage in self-blame, emotionally suppress or avoid dealing with their challenges, and rather focus on wishful thinking, are more likely to experience lower SWL. This result concurs with earlier findings that associate avoidance coping strategies with lowered levels of SWL, and lowered general well-being during stressful situations (Cicognani 2011; Dubey and Agarwal 2007; Greer 2011; Pakenham et al. 2007; Sarriera et al. 2015). According to Gibbons (2004) and Watson, Goh, and Sawang (2011), adolescents who have difficulty managing their stressors effectively also tend to choose less effective coping strategies and are more likely to experience less satisfied lives.

Looking at the general presentation of passive versus active coping behaviours, both forms reported significance. Passive-emotional coping (which is a passive form of coping) and self-restructuring (an active coping form) appeared equally important in managing stressful situations thereby leading to constructive development of SWL in the adolescent participants. Supportive literature further underpins the positive effects of active coping engagement when compared with the negative effects of passive engagement on SWL (Dubey and Agarwal 2007; Greer 2011; Huebner 2004; Pakenham et al. 2007).

Family structure as a moderating variable reported a significant positive relation to five interactions between coping and SWL. By showing greater acceptance of their situation, the participants who enjoy support from their nuclear families expressed greater levels of personal SWL than those within other family structures. Secondly, the participants who experience high levels of meaningful existence, purpose and the feeling of being valued within nuclear families seemed more satisfied with their lives. Thirdly, the participants found willing to make changes to their personal or social

circumstances within the support of their nuclear families showed higher levels of personal SWL.

By employing actions to reduce the tension of stressful situations (fourth interaction), the participants who enjoyed support within nuclear families were found to have higher levels of SWL. The final interaction, between social resilience support coping and SWL, implied that the active seeking of support by the participants from nuclear family structures increased their levels of SWL when compared to other family structures. However, this difference in levels between the two family structures seems to decrease slightly when seeking stronger levels of support.

Through these various interactions, family structure seems to act as a buffer to stress which influences how adolescents experience their lives, and ultimately affects their personal satisfaction. Specifically, the participants within nuclear family structures in South Africa seem more likely to display greater SWL than those in other forms of family structure. Such an assertion is supported by literature identifying the importance of family structure in facilitating emotional as well as other forms of support allowing adolescents a better opportunity at managing developmental challenges as they progress into adulthood (Amoateng et al. 2004; Fernandes-Alcantara 2012; Rathunde and Csikszentmihalyi 2006). According to Amato (2005), adolescents from nuclear families receive more co-operative and effective parenting, and receive greater protection from stressful situations, while Rathunde and Csikszentmihalyi (2006) concluded that nuclear families provided a more stable and effective psychosocial supportive environment.

The implication of this for the South African context is significant. Changes in the South African family structure (Amoateng et al. 2004) due to industrial and social transformation (South African Institute of Race Relations 2011), as well as changes in the health sector (i.e. the AIDS pandemic) considerably changed the face of family portfolios within the country. Based on the current findings it appears that supportive and stable family experiences are more promoting progressive development such as academic success, and effectively managing of stressors. Lacking in these experiences adolescents may have greater difficulty in dealing with a number of stressful and adverse situations (Amoateng and Heaton 2012; Brown 2006).

Conclusion

This study offers an important result when analysing nuclear family structures with other forms of family structure. According to the findings, the composition of different family structures appears to influence adolescents' coping behaviours and their SWL. The findings suggest that an environment created within nuclear structured families offers an environment within which participants could cope better and consequently experience greater life satisfaction, when compared to other family structures.

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