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PSYCHO-EDUCATIONAL GUIDELINES FOCUSED ON THE
FACILITATION OF THE MENTAL HEALTH OF LATE ADOLESCENT
BOYS WHO SUFFER FROM NON-CLINICAL DEPRESSION

By
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MINI-DISSERTATION

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for the degree

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Co-Supervisor: Prof M Poggenpoel

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The Almighty God, for granting me the wisdom, strength and power to complete this research.
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ABSTRACT

Because of its prevalence, depression has been described as a common cold in communities all over the world. Thus, the primary purpose of this research study was to provide guidelines and support to help late adolescent boys suffering from non-clinical depression. The objective of this research had been successfully achieved. The late adolescent boys who were interviewed were identified by their educators and their peers as non-clinical depressed. The data were collected by means of observation and phenomenological interviews. The researcher followed a qualitative, explorative, descriptive and contextual method.

In the second chapter the researcher describes the research design and method of the research. The approach to data collection, analysis and report writing to achieve the goal of this research study are also indicated. The third chapter deals with the phenomenological interviews that were conducted and the central themes that have been identified and categorised. The fourth chapter indicates guidelines to help and support late adolescent boys suffering from non-clinical depression.

The research ensured trustworthiness to the participants during the research process. The researcher gained the confidence of the participants by spending time with them informally. The researcher ensured credibility of the research study by audio-taping the interviews conducted with the participants. Thereafter, the independent coder was given the transcribed interviews. Thereafter a consensus discussion was held with the independent coder. The researcher ensured that the research study was credible, transferable, dependable and confirmable.

Ethical measures were also applied throughout the research. The researcher ensured that the participants would not be harmed, either physical or emotionally. The researcher ensured the participants of their anonymity. He did this by giving the participants pseudonyms and he made sure that the setting was not identifiable.

The participants were also informed about the advantages and disadvantages of participating in the research. The researcher received informed consent
from the parents of the participants and from the principals of the schools where some of the interviews were conducted. He also obtained assent from the participants. All participants were informed about their privacy, benefits, withdrawal and the procedure to be followed.

The researcher found late adolescent boys experience positive and negative challenges concerning non-clinical depression. They also experience role conflict related to their home circumstances and that conversation with others help keep depression at bay. The researcher found that the causes of non-clinical depression of late adolescent boys are poor family relationships and dysfunctional families. Guidelines were deducted from these results.
NYANGAREZDO

Mutsiko wa muhumbulo wo anda vhukati ha vhathu vha hashu lune vhanwe vha vho tou zwi dzhia sa duda/mukhushwane. Ndivho khulwane ya thodisiso iyi ndi u nekedza na u nea thuso vhathannga vhane vha lwala vhulwadze ha mutsiko wa muhumbulo, usa diswi nga thaidzo ya u holefhala vhuluvhini. Ndivho ya thodisiso iyi yo swikelwa. Vhathannga vhe vha dzhenela kha dzimbudziswa vho tiwa nga vhadededzi vhavho na thanga dzavho sa vhane vha lwala mutsiko wa muhumbulo. Maitele o shumiswaho kha thodisiso idzi o vha a mbudziso- tewa, o sedza avha vhathannga na nyambedzano navho. Mutodisisi o shumisa “qualitative,” thalutshedzo na contextual method.

Kha ndima ya vhuvhili, mutodisisi o talutshedza ndila ine thodisiso ya do tshimbila ngayo. A sumbedza uri u do dobela mafhungo (data) nga ndila de, na u andadza kana u thathuvha mafhungo na uri u do a vhiga hani uri a kone u swikelela ndivho yo thodisiso. Kha ndima ya vhuraru mbudziso- tiwa dzo itwa, ha wanala zwitenwa zwa ndeme zwa saukanywa nga vhuleme hazwo. Ndima ya vhuna i sumbedza ndila ine vhathannga vha no lwala mutsiko wa muhumbulo wha nga thuswa ngayo.

Kha ndima ya vhuvhili, mutodisisi o talutshedza ndila ine thodisiso ya do tshimbila ngayo. A sumbedza uri u do dobela kana u kuvhanganya mafhungo (data) nga ndila de, na u andadza kana u thathuvha mafhungo na uri u do a vhiga nga ndila de uri a kone u swikela ndivho ya thodidiso. Kha ndima ya vhuraru mbudziso-tiwa dzo tiwa, ha wanala zwitenwa zwa ndeme zwa saukanywa nga vhuleme hazwo. Ndima ya vhuna i sumbedza ndila ine vhathannga vha no lwala mutsiko wa muhumbulo vha nga thuswa ngayo.

Mutodisisi o ita uri a fulufshedzee kha a vha vha dzheneleli vha iyi todosiso. Mutodisisi o ita uri huvhe na khonanyo ngau ita vhukonani na vhathannga vha ne vha vhaisala vhulwadze ha muhumbulo. Mutodisisi o linga u fhedza tshifhinga tshidzhi na vhathannga avha u itela uri vhukonani vhukhwathe. U khwathisedza thodisiso iyi mutodisisi o thaipha tshinwena-tshinwe tshe tsha vha tshi khou ambwa nga vhathannga vha lwala ho vhulwadze ha muhumbulo. U fhedza a fho mutodisisi o fha theiphirakhoda na thalutshedzo ya yo muindependent coder uri a khwathisedze mawanwa a nga mutodisisi.
Mutodisisi o ita uri vhadzheneleli vha thodisi iyi vha sa kone u vhonwa kana u divhiwa nga tshitshavha. I zwi zwo itwa ngau nea madzina a miswaswo vhathannga vhalwalaho vhulwadze ha muhumbulo. Mutodisisi o ita na u humbela thendelo ya u ita nyambedzano na vhathannga vha lwala ho vhulwadze ha muhumbulo kha vhabebe vha vho. O ita izwi ngau nwala marifhi e kha o vhabebe vha a dadza. Vhathannga a vha vho do dovha vha talutshedzwa uri vha nga dibvisa kha thodisiso iyi arali vha tshipfa uri avha tsha kona u bvelaphanda na nyambedzano idzi. Vhadzheneleli vha thodisisi iyi vho dovha hafhu vha divhadzwa nga ha vhudi na vhuvhi ha u di dzhenisa kha thodisiso.

Mutodisisi o wana uri vhathannga avha vha a pfa vhudi na vhuvhi ha mutsiko uyu. Zwinwe zwi bva kha vhutshilo ha mutani (hayani) na nyambedzano kana u davhidzana na vhanwe, na u fhenga uyu mutsiko. Zwivhangi zwa mutsiko uyu, mutodisisi o wana uri zwi nga vha zwi kha vhushaka ha hayani na nzulele i si kwayo hayani.
CHAPTER 1

BACKGROUND AND RATIONALE

1.1 RATIONALE

Depression is as old as human existence (Rowe, 1996: 1). It has accompanied human beings throughout their history. Depression is a universal experience. The emotions of sadness and grief are an intrinsic facet of the human condition (Rowe, 1996: 1). Almost all persons suffering from depression are anxious, but not all anxious persons are depressed (Barlow & Durand, 1999:199). This means that certain core symptoms of depression are not found in anxiety and therefore reflect what is “pure” about depression. These core symptoms are the inability to experience pleasure (anhedonia) and a depressive “slowing” of both motor and cognitive functions until they are extremely laboured and effortful (Brown, Chorpita & Barlow, 1998; Clark & Watson, in Barlow & Durand, 1999: 199). Cognitive content (what is thought about) is usually more negative in individuals suffering from depression (Greenberg & Beck, in Barlow & Durand, 1999: 199).

According to Barlow and Durand (1999:199), the symptoms of depression are twofold: pure depression and depressed moods. Pure depression has the following symptoms: helplessness and hopelessness. Depressed moods has the following symptoms: loss of interest, lack of pleasure, suicidal ideation and diminished libido (Barlow & Durand, 1999: 199).

Depression often results in depressive reaction. Depressive reaction is often mentioned in the literature as concomitant of school refusal and truancy by late
adolescent boys (Herbert, 1991: 215). Because of its undermining effects and the risk of suicide, adolescent depression has become an increasing concern of people in the helping professions.

If adolescents experience depression it may influence their overall development and growth. It may also adversely affect almost all aspects of their psychosocial functioning, including a diverse array of factors such as cognitive style and coping-skills, interpersonal and social relationships and academic functioning (Lewinsohn & Teri, 1994: 302). Suffering from depression can give rise to a variety of future adjustment problems such as criminal convictions, marital problems, substance abuse and unemployment (Lewinsohn & Teri, 1994: 303). It can also lead to life threatening self-destructive behaviour, such as suicide, which becomes increasingly serious over a period of time and is more likely to be successful (Atwater & Duffy, 1999: 362).

According to Alloy (1988: 77), research on the impact of depression on individuals and their circumstances has been reasonably consistent in establishing a significant association between life events and depressive symptomatology in both patients and the general population. The fact is that the majority of individuals who have experienced depression while they were young become depressed when they are adults if not treated.

Depression is the experience of feelings of worthlessness and indecisiveness. Disturbed physical functions (such as altered sleeping patterns, change in appetite or loss of energy) come to the point where even the slightest activity or movement requires an overwhelming effort (Barlow & Durand, 1999:184). Suffers experience general loss of interest and an inability to enjoy life, including interaction with the
family or friends and accomplishment at work or at school (Barlow & Durand, 1999: 184). Some late adolescent boys are depressed when they experience changes in their bodies as they are growing. During these changes the late adolescents meet challenges in their personal identities and this may give rise to depression and stress (Alloy, 1988: 107).

For the purpose of this study the term “non-clinical depression” and “the blues” will thus be used synonymously. The reason for this is that late adolescent boys have not been clinically diagnosed as experiencing major depression, nor have they received any psychotherapy or medication for depression.

Late adolescent boys experiencing non-clinical depression show a lack of cognitive symptoms, such as feelings of unworthiness and indecisiveness. They also experience disturbed physical functions, such as altered sleeping patterns, changes in appetite, marked general loss of interest and the ability to experience any pleasure from life, including interactions with family or friends and accomplishment at work or at school (Herbert, 1991: 215-217). Late adolescent boys who are non-clinical depressed also experience helplessness and hopelessness, lack of self-esteem and are unable to concentrate for a long time on daily activities (Barlow and Durand, 1999: 184).

Middle and late adolescents are young adults capable of engaging in a variety of roles basically reserved for adults. Late adolescents are described as capable of assuming a wide variety of occupational, sexual and interpersonal roles, which the society ultimately condones. During the late adolescent years the young adults have to perform certain life tasks. These include gaining independence from parents, developing a new set of relationships with peers of both genders,
developing a set of norms and values as a guide for acceptable behaviour and the formation of a positive, concrete identity (Muzi, 2000: 371). Nearly all those who do have severe distortions of personality have more pain. Late adolescent boys experiencing “the blues” often have a sense of emptiness and less ability to form realistic relationships with other people (Spicer, 1977: 44). According to Burt, Resnick and Novick (1998: 3-4) adolescents are seen as people with strength and resilience, whose actions should be viewed in the context of their families, schools, neighbourhoods, and peer groups.

Although the start of adolescence is most frequently identified as puberty, the end of adolescence is less clearly defined (Burt, et al. 1998: 23). Some experts and organisations are beginning to increase the upper age limit to 24 years (World Health Organisation, 1989 in Burt, et al. 1998: 24). The end of adolescence is less well marked, but it typically involves milestones in cognitive and emotional development as well as socio-economic independence, like getting a full time job (World Health Organisation, 1989 in Burt, et al. 1998: 24).

Erikson (1993: 306-307) postulates that adolescent development towards adulthood evolves within the perspective of an orientation to the future. Therefore, it is with this anticipation of the realisation of a future that adolescents are able to form worthwhile identities and to find their places in society.

Although some adolescents are clinically depressed, most adolescents can experiment in positive ways by trying out a variety of potential work and recreational identities before making a commitment to a vocation, a career choice, or a given set of values if they are not depressed (Burt, et al. 1998: 27). The development of a firm sense of identity during adolescence forms the groundwork
for success in later life. This means being productive in work, meeting commitments to family and friends, and assuming the responsibilities of citizenship (Burt, et al. 1998: 27). Ideally these perspectives should be encouraged to non-clinical depressed adolescence in order to provide them with the necessary self-worth and self-acceptance to develop a positive self-identity, which is part of their development. Failing of this could result in future psychological disturbances and more depression in late life (Burt, et al. 1998: 29).

1.1.1 Prevalence of non-clinical depression during adolescence

Burt, et al. (1998:30) report that adolescence is the first time in the life cycle when depression becomes fairly common place. He further report that depression is a condition of discouragement and sorrow characterised by prolonged periods of apathy, listlessness, and passive resentment (Burt, et al. 1998:31). Burt, et al. further state that depressed adolescents often exhibit very restrictive interests, diminished activities, and extreme reluctance to get involved in social or recreational activities. Self-confidence is non-existent; concentration is minimal, initiative is low and feelings of hostility and resentment appear to be the major emotional states. Body complaints such as headaches, loss of appetite, tiredness, tension, restlessness and fatigue are common. Mixed anxiety and depression become common place during adolescence for example, anticipating the worst, worry, irritability, hyper vigilance, unsatisfying sleep, guilt, poor memory and a sense of worthlessness and hopelessness (Burt, et al. 1998:31).

It is clear that depression can go against any developmental needs of the adolescent and serves no constructive function. Depression is an illness brought about by a history of anxiety experienced within a person, who has not learned to cope with
life stress. Certain environmental conditions are more likely than others to precipitate depressive reactions, especially those which pose a constant threat to the ego and provide little love or reassurance (Patterson, 1990:187). Late adolescent boys are more likely than others to experience non-clinical depression, especially those who have a low stress tolerance, strong feelings of inadequacy and who experience disturbed interpersonal relationships. Depression is more common during middle adolescence, and often reaches its peak during late adolescence (Patterson, 1990:188).

To support this, Patterson (1990: 190), in his study found that of a sample of 2 044 individuals the hazard rates for depression are low during the age of 14, and increase during adolescence and adulthood. Thus, it would appear that depression symptomology increases from childhood through adolescence.

**a) Non-clinical depression**

Depression as a mood disturbance is not in itself psychopathological. Non-clinical depression, like anxiety, is a universally experienced emotion. Everyone becomes depressed at one time or another. It may be called “feeling blue,” “feeling down” or “in the dumps” (Dixon & Bouma, 1987: 49).

Non-clinical depression is the degree of guilt and loss of self-esteem (Rowe 1996: 92). Individuals who are non-clinical depressed can be a threat to themselves. Depression has basically the same symptoms as clinical depression. The difference, however, is in the intensity, duration, cause and hopefulness (Rowe, 1996: 93). The non-clinical depressed individual is not depressed very long, is able to function effectively, can offer a reasonable explanation for the cause of the
depression and regain hope of improvement relatively quickly (Dixon & Bouma 1987: 449).

Non-clinical depression in crisis can be a mood disturbance in which feelings of dejection, sadness and despair are debilitating. Varying degrees of feelings of self-depreciation and unworthiness are expressed by an individual who is stressed or depressed (Fieldman, 1997:409). The non-clinical depressed adolescent often looks depressed and unhappy. Facial expression and posture reflect dejection and despair. The adolescent is generally pessimistic, feels helpless and very often experience hopeless. Furthermore, suicidal ideation can be present (Dixon, 1987: 49). Generally there is a loss of interest in other people, a tendency toward withdrawal, and preoccupation with the self. Psychomotrics retardation is manifested by lack of spontaneity and deliberate speech (Dixon, 1987: 50). Cognitive functioning and concentration are generally impaired (Fieldman, 1997: 412). Often adolescents complain of headaches or backaches. Constipation or gastrointestinal tract symptoms are often present and loss of appetite and insomnia are common (Dixon, 1987: 51). Furthermore, guilt and self-blame are almost always involved, either directly or indirectly. Adolescents may be preoccupied with thoughts of death or wishes to be dead. Alternatively, they may use excessive alcohol or may abuse drugs.
1.2 PROBLEM STATEMENT

Adolescence is the first time in the life cycle of an individual when non-clinical depression becomes fairly commonplace. Non-clinical depression is common amongst late adolescent boys, with as many as one in five manifesting features of depression (Herbert, 1998:167).

During late adolescence the person perceives more acutely the split between personal needs and the vested interest of society (Erikson, 1993: 309). For some of these adolescents this can result in an alienation from society or pervasive cynicism towards it.

Late adolescent boys often experience that they fall into a psychological no man’s land, a stage of life that lacks any clear definition (Fieldman, 1997: 413-414). Thus, they experience tension with society at large and the future in general (Herbert, 1998: 166). And conflicts concerning career plans and separation from parents are common at this stage.

With regard to the more serious reactions to adolescent depression, late adolescence is more crucial than early adolescence. Neurotic reactions such as obsessions and compulsions are considerably more prevalent during late adolescent years. The most acute forms of psychopathology such as depression, schizophrenia, and suicide occur more frequently during the late-adolescent period.

The reasons for the late adolescent boys being subjected to psychological ailments are numerous. Conflict with parents tends to become progressively more fundamental as adolescence progress, therefore the bickering and
argumentativeness of early adolescence often deteriorates into full-fledged hostility by the late adolescent. Fear of the future, which lingers only as a distant apprehension for middle teens, often hangs like a weight around the neck of the late adolescent boys (Clarizio, 1989: 56).

If these problems are left untreated during late adolescence, non-clinical depression can have devastating effects on the development and psychological well-being of late adolescent boys, the most profound consequence of which is suicide (Reynolds, 1984: 178).

One developmental difference between children and late adolescents on the one hand and adults on the other is that children, especially late adolescent boys, tend to become aggressive and even destructive during depressive episodes (Barlow & Durand, 1999: 195). Based on the evidence of the increased frequency of depression among late adolescent boys, in the late adolescence, intervention resources should therefore focus on the early prevention of the phenomenon, especially among late adolescent boys.

Intervention, supportive guidelines and guidance during the late adolescent years when non-clinical depression and anxiety are most prevalent are therefore needed.

Against the above background the following research questions were therefore formulated:

- How do late adolescent boys experience non-clinical depression?
- What guidelines can be described to help and support late adolescent boys who suffer from non-clinical depression?
1.3 RESEARCH OBJECTIVES

Two research aims were formulated in view of the research questions:

• to explore and describe late adolescent boys' experience of non-clinical depression; and

• to describe guidelines to help and support late adolescent boys who suffer from non-clinical depression.

1.4 PARADIGMATIC ASSUMPTIONS

Assumptions provide direction for designing all phases of a research study. A paradigm refers to the way in which the researcher or scientist views research material. The fact is that all scientific researches are conducted within a specific paradigm, or way of viewing one's research practices. Researchers must, therefore, state within what paradigm they are conducting their research and know the nature of their selected paradigm very well. This must be spelled out in their research report in order to keep communication with their readers. A research project should take into account the meta-theoretical, theoretical and methodological assumptions that are relevant to the particular research (De Vos, Strydom, Fouche & Delport, 2000: 44; Creswell, 1994: 4).

A paradigm therefore can be summarised as, the fundamental model or frame of reference a researcher use to organise their observations and reasoning.
1.4.1 Meta-theoretical assumptions

Metatheoretical assumptions refer to the researcher’s perceptions regarding the nature of reality and the world. The researcher, or the scientist, attempts to understand the reality in a specific situation according to the meaning that all the participants in that situation attach to it (De Vos, 1998:242).

To clarify the above explanation, the following metatheoretical assumptions are defined as they apply within the context of this research study:

The focus in this study is on how late adolescent boys experience non-clinical depression. In terms of mental and physical growth late adolescents boys usually experience non-clinical depression at this period of development. In terms of assuming active social roles, however, they can be severely disruptive, when experiencing non-clinical depression. In terms of chronological years the late adolescent period include 16-18 years, and in a few cases, where social circumstances or personal choice have prevented the youth from assuming adult roles, 20-21 years. The age distinctions are less attached to perceptible physical growth; therefore, they do not have landmark traits of the earlier two periods. During this period most late adolescent boys experience non-clinical depression resulting from their immediate environment.
1.4.2 Theoretical assumptions

Theoretical assumptions make a point of departure or frame of reference from which data will be collected (De Vos, et al. 2000: 267). Thus, the theoretical assumptions work and are testable against the existing and accepted theory relevant to the specific discipline that is being researched. Therefore, the theoretical assumptions used in this research need to be defined because they will serve to clear the researcher's stance on concepts in his field of investigation. Therefore, in this study, the researcher shall base his research on late adolescent boys between the ages of 16-18, adhering to Erikson’s chronological age (Erikson, 1993:102).

1.4.3 Methodological assumptions

Methodological assumptions determine how the researchers are going to select the research design or strategy in which they are going to conduct their research. The nature of the research problem and research aims determine which research method is most suitable for the research process (De Vos, et al. 2000: 86; Creswell, 1994: 10).

In this research study a qualitative research paradigm is adopted so that the researcher can come to an understanding of the meanings that late adolescent boys attach to their experience of non-clinical depression. The methodology is contextual as well as functional in nature because it describes guidelines that can be utilised to support and help them. The researcher is also going to adhere to rigor in research by applying trustworthiness throughout the research.
1.5 RESEARCH DESIGN AND METHODS

In this section the research design and method will be discussed briefly.

1.5.1 Research design

Research designs are the various strategies of the enquiry used by researchers when doing their research (De Vos, et al. 2000: 90). A research design follows logically from the research problem. A research design can be defined as ‘a set of guidelines and instructions to be followed in addressing the research problem’ (Mouton, 1996: 107).

In this research, the purpose is firstly, to explore and describe late adolescent boys’ experience of non-clinical depression. Secondly, based on the results, to describe guidelines to help and support late adolescent boys who are experiencing non-clinical depression.

1.5.2 Research methods

The research method can be defined as the specific and concrete means that the researcher uses to carry out specific tasks (Mouton, 1996: 36).
This research study will be conducted in two phases:

- In phase one, the experience of late adolescent boys of non-clinical depression will be explored through phenomenological interviews conducted with a purposefully selected sample of late adolescent boys, and by means of field notes at the conclusion of the interview process. A literature control will be used to verify the findings.

- In phase two, the collected data from phase one will be used as the basis for inferring and describing guidelines to support late adolescent boys who are experiencing non-clinical depression. A literature control will be done to substantiate the inferences and interpretation made by the researcher in the study.

The main components of the methodology for the research study are briefly discussed according to Table: 1.1. on the following page.
Table 1.1 Research design

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<td><strong>TRUSTWORTHINESS</strong></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Consistency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Truth value</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Applicability</td>
<td></td>
</tr>
<tr>
<td><strong>ETHICAL MEASURES</strong></td>
<td>• Anonymity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Confidentiality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Privacy</td>
<td></td>
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<tr>
<td></td>
<td>• Voluntary consent</td>
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<td></td>
<td>• Informed consent</td>
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</tr>
<tr>
<td></td>
<td>• Withdrawal without penalty</td>
<td></td>
</tr>
</tbody>
</table>
1.5.3 Measures to ensure trustworthiness

Measures to ensure trustworthiness will be applied in the research. Guba’s strategies of ensuring trustworthiness in qualitative research (Lincoln & Guba, 1985: 218-219, 290-327) will be applied to establish the trustworthiness of this research study. The four strategies identified by Guba are applicability, consistency, truth value and neutrality. These four strategies will be applied throughout the research process. This will be discussed in depth in chapter two.

1.5.4 Data collection

Data collection is the method that will be followed to collect the information, that is, where the researcher must decide how to obtain the data from the participants in a scientific way (De Vos, et al. 2000: 90; De Vos 1998: 81-82).

The researcher will collect the data by means of phenomenological interviews during which one central question will be posed at the beginning of the interview: “How is it for you to have the blues?” The interviews will be conducted until saturation of data is obtained. Each interview will be recorded on audiotape and then transcribed. Field notes will be written after every interview to record the researcher’s reflections, observation and experiences during the data collection process. This will again be discussed in greater detail in chapter two.
1.5.5 Sampling

According to Kerlinger (1986) in (De Vos, et al. 2000: 198), sampling means taking a portion of a population as representative of that population. A sample taken or drawn in a research study is considered to be representative of a population.

In this research study the sample consists of late adolescent boys between the ages of 16-18 who are non-clinical depressed. They will be purposively selected from this target population. The sample size will depend on data saturation as indicated by the occurrence of repeated themes.

1.5.6 Data analysis

The researcher will analyse the data applying Tesch’s open coding approach (Creswell, 1994:153-156). The interviews will be transcribed verbatim and then analysed by using the data analysis technique generated by Tesch. The researcher and an independent coder will interpret the collected data adhering to a prescribed protocol. The researcher and the independent coder will reach consensus if there are any differences. Then, in phase two, guidelines will be described to assist and support late adolescent boys who are experiencing non-clinical depression.

1.5.7 Ethical measures

Ethics is a set of moral principles that are suggested by an individual or a group, and are therefore subsequently accepted. Ethics offer rules and behavioural expectations about the most correct conduct towards experimental subjects,
respondents, employers, and sponsors, other researchers, assistants and students (De Vos, et al. 2000: 63). Ethical measures serve as standard and as the basis on which all researchers ought to evaluate their conduct in their studies. The following ethical measures will be adhered to during the research. These include informed consent of respondents, respecting the privacy, voluntary participation, freedom to withdraw without discrimination, ensuring anonymity and confidentiality and providing feedback on the findings on the research study.

Therefore, in this research study ethical measures will not be compromised, they will be consistently applied throughout the research. When applying ethical matters the researcher will be building a good relationship between him and the participants, so that his findings can be credible. Ethical measures that were applied in this investigation are discussed in greater detail in paragraph 2.2.1.

1.6 DIVISION OF CHAPTERS

The research study which explore the experience of non-clinical depression by late adolescent boys, is divided as follows:

- Chapter 1: Background and rationale.
- Chapter 2: Research design and method.
- Chapter 3: The experience of late adolescent boys suffering from non-clinical depression.
- Chapter 4: Guidelines, conclusions, limitations, recommendations and summary.
1.7 SUMMARY

Chapter one presents the rationale of the research study, which focuses on the psycho-educational approach towards late adolescent boys experiencing non-clinical depression. The theoretical assumptions of the research are explained. The objectives and the research problem are defined. The paradigmatic assumptions of the researcher are presented and the research design and method as well as the ethical measures are described.
CHAPTER 2

RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The main focus of this chapter will be on the research design and the methods applied throughout this research study.

2.2 RESEARCH DESIGN

A research design is a detailed plan of how researchers are going about in their research. It indicates the approach to data collection, analysis and report writing to be used to achieve the goal and objectives of the research study (Creswell, 1994: 146; Marshall & Rossman, 1995: 38; Mounton, 1996: 107). Woven into these topics are challenges of the need to present a clear balance by the necessity of maintaining some flexibility in the implementation of the plan.

The researcher in this study used a qualitative design, which is explorative, descriptive and contextual in nature. The research is based on the phenomenon of late adolescent boys experiencing non-clinical depression. The researcher will come to understand and reconstruct late adolescent boys' experience of non-clinical depression, as they describe it during the phenomenological interviews used to collect the data for this research.

The researcher will then formulate guidelines to help and support the late adolescent boys as their experiences are explored and described in the research.
2.2.1 Qualitative

In qualitative research, the most evident source is contact with the external world and the direct observation thereof (De Vos, 2002: 96). In this research, the researcher’s evident is the late adolescent boys experiencing non-clinical depression. The participants are contacted physically, in their natural setting, within which the researcher actively participates in the discovery that the participants make of the reality of how they experience non-clinical depression (Creswell, 1994: 145). It is therefore very important that participants be encouraged to use their own language or use the medium they are comfortable with, so that they can easily express themselves, be listened to and be observed comprehensively.

2.2.2 Explorative

The objective in exploratory research is to investigate a little understood phenomenon to identify/discover important variables to generate hypotheses for further research (Marshall & Rossman, 1995: 40-41). In qualitative research, the main aim of exploratory studies is to establish the "facts", to gather new data and to determine whether there are interesting patterns in the data. According to Pilot and Hungler (1993: 1) "qualitative researchers engage in explorative studies to get a richer understanding of the phenomenon of interest".

The main objective of this study is to gain more insight into late adolescent boys’ experience of non-clinical depression. Data will be gathered using phenomenological interviews and field notes. Thereafter, a literature control will
be used to clarify the findings. The data will then be recorded in words, analysed and then described in depth.

2.2.3 Descriptive

Qualitative research is descriptive in that the researcher is interested in process, meaning and understanding gained through words. Kvale (in Poggenpoel & Myburgh, 2000:175) reports that qualitative research aims at obtaining uninterrupted descriptions. The aim of descriptive research is to provide an accurate portrayal or account of characteristics of a particular individual, situation, or group (Burns & Grove, 1993: 30). The participants describe as precisely as possible what they experience and feel to the researcher. The researcher will try not to force any prior knowledge onto the participants. The whole focus of a descriptive study is to discover new meanings, to describe what exists, to determine the frequency with which something occurs and to categorise information (Burns & Grove, 1997: 30).

The researcher’s aim is to give a representation of the results from the information he has gathered as accurately as possible. In this research study a descriptive analysis will be done from the results obtained from exploring the meanings that late adolescent boys give to their experience of the phenomenon of non-clinical depression.

Thereafter, the researcher will describe guidelines to support late adolescent boys who are experiencing non-clinical depression. The researcher will employ an inductive form of reasoning to recognise the salient themes, patterns and categories
in the participants’ meaning structure as identified from collected data (De Vos, et al. 2000: 273; Mouton, 1996: 103).

2.2.4 Contextual

In a contextual strategy researchers study phenomena because of their intrinsic and immediate contextual significance (Mouton, 1996: 133). Researchers considers their objects of study as a whole and do not reduce them into variables (De Vos, 1998: 281). The main aim is to study people in their habitat or natural setting (life-world) in order to understand the dynamics of human meanings as fully as possible (De Vos, 1998: 281).

The main aim of this research is to uncover the experiences of late adolescent boys’ experience of non-clinical depression in their specific context. Based on the results obtained effective guidelines will be described to support late adolescent boys experiencing non-clinical depression.

2.3 RESEARCH METHODS

This research will be conducted in two phases. Phase one involves exploration and description of late adolescent boys’ experience of non-clinical depression. The second phase describes the guidelines to support them.
2.3.1 Ethical measures

For the purpose of this research study the following ethical issues are identified: confidentiality, informed consent and informed participants. These concepts will be discussed in full in the following paragraphs.

2.3.2 Confidentiality and anonymity

According to Gorman and Clayton (1997: 47), confidentiality (concealment of individual identity) is the issue, not anonymity (the subject remaining nameless). Confidentiality implies that the research participants have the right to anonymity and to assume that the collected data will be kept confidential. Because the researcher knows the names of the participants, it is essential that they be assured confidentiality (Gorman & Clayton, 1997: 47).

Therefore, in this research, participants will be given pseudonyms, and the researcher will make sure that the setting is not identifiable. Places will be treated as confidential and documents will be safeguarded so that others do not gain access to them. Furthermore, such documents will not be kept longer than necessary. The researcher will assure subjects that the data are safeguarded by making sure that information collected from the subjects will not be disclosed to the public in a way that could identify them (Kerlinger & Lee, 1992: 445).
2.3.3 Informed consent

Informed consent implies that all possible or adequate information on the goal of the research, the procedures that will be followed during the research, the possible advantages and disadvantages and dangers to which the participants may be exposed, as well as the credibility of the researcher, be rendered to potential subjects or their legal representatives (De Vos, et al. 2000: 65). Consent is indicated by participant’s agreeing to be interviewed, or to take part in a discussion (Gorman & Clayton, 1997: 47).

In this research study informed consent will be obtained from the parents of the participants and from the principals of the schools where some of the interviews will be conducted. Consent from late adolescent boys who are between the ages of 16 to 18 will be obtained. All stakeholders in this research will be informed by letters from the researcher. With reference to the content of the letter of consent, the subjects will be able to decide whether to participate in the research.

2.3.4 Informed participants

All participants in this research study will be informed about their privacy, benefits, feedback and withdrawal and the sample selection and procedure to be followed in this project.
(a) Privacy

Sieber (in De Vos, et al. 2000: 67) defines privacy as “that which normally is not intended for others to observe or analyse. Singleton (in De Vos, et al. 2000: 67), further explain that “the right to privacy is the individual’s right to decide, when, where, to whom, and to what extent their attitudes, beliefs and behaviour will be revealed”.

Privacy means that the element of personal privacy is personal and not public (De Vos, et al. 2002: 68). The privacy of subjects will be ensured by the researcher by informing the participants of their rights to decide the time, the extent and general circumstances under which they will share or withhold private personal information relating to their attitudes, beliefs, behaviours, opinions and records with others. They will be further be informed about the research project and their consent to participate in the research and share private information with the researcher on a voluntary basis.

(b) Benefits

The benefits of participating might include educational or psychological advantages to the subjects, to other people at other times and places and to the investigator (Rosnow & Rosenthal, 1996: 61). The findings of the research study will benefit the participants and community. Participants will not only take part in the research study, they will also increase their self-esteem and their self-concept. The findings will be used to formulate guidelines to support late adolescent boys who are experiencing non-clinical depression.
(c) Feedback

The researcher will give feedback to participants. They will know the results of the research. Guidance and support will be given to any participant who needs help with regard to their non-clinical depression.

(d) Withdrawal

Participants are at liberty to withdraw from the research anytime they wish to do so.

(f) Procedures to follow

All participants will be informed properly prior to their interviews as the researcher expects them to answer questions objectively and in depth. Field notes will be taken during the interviews and the participants will be audiotaped.

2.3.5 Measures to ensure trustworthiness

To ensure trustworthiness in this study the model of Lincoln and Guba (1985: 218-219; 290-237) will be used. The measures specified by Lincoln and Guba, (1985) to increase the worth of qualitative projects are truth value, applicability, consistency and neutrality. The researcher will ensure the trustworthiness of the study by applying, credibility, transferability, dependability and confirmability (Guba & Lincoln, 1985: 219).
Credibility means to ensure that the subjects were accurately identified and described. This is the alternative to internal validity. In this research the researcher shall rely on the educators, peers, and the families to identify late adolescent boys experiencing non-clinical depression. The researcher will also rely on respondents themselves who are experiencing non-clinical depression.

Transferability: This is the alternative to external validity. The researcher will demonstrate that the applicability of the findings can be transferred to another context. The researcher will make sure that the guidelines to help and support late adolescent boys can be transferred to other settings. The researcher will ensure that data collected can be utilised by other researchers.

Dependability: Dependability is the alternative to reliability. Lincoln and Guba (1985:221) propose that the dependability criterion relates to the consistency of findings. In this research study the researcher will make sure that the findings are consistent.

Confirmability: Confirmability is to ask whether the findings of the study could be confirmed by others. By doing so, the researcher removes evaluation from some inherent characteristic of the objectivity and places it on the data. In this research the research will ensure confirmability by involving an independent coder to follow through the progression of the interview/events. The independent coder will try to understand how and why decisions were made. If necessary the independent coder will make some suggestions.

The table on page 29 is a summary of the measures used to increase the trustworthiness in this study.
Table 2.1 Strategies to ensure trustworthiness

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>CRITERIA</th>
<th>APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>Prolonged field experience</td>
<td>The researcher will spend time informally with late adolescents to gain their confidence. Audiotapes will be used and field notes will be taken. A literature review will be done by the researcher and the researcher will describe the findings.</td>
</tr>
<tr>
<td></td>
<td>and observation</td>
<td></td>
</tr>
<tr>
<td>Triangulation</td>
<td></td>
<td>Audiotaped recordings, interviews, as well as field notes, a literature review and an independent coder will be used.</td>
</tr>
<tr>
<td>Member checking</td>
<td></td>
<td>During phase two findings of the research will be submitted to the independent coder.</td>
</tr>
<tr>
<td>Dense description</td>
<td></td>
<td>The researcher will provide dense background information about the research context and settings. A dense database in this study will include a purposive sampling procedure, as well as verbatim quotations from the phenomenological interviews. Research interviews will be audiotaped, field notes will be made and the literature review will be coded.</td>
</tr>
<tr>
<td>Transferability</td>
<td>Dense description</td>
<td>Dense description of research process and stepwise replication of the interviews. The code-recode procedure will be followed in the data analysis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dense description of the research process and stepwise replication of interviews. The code re-code procedure will be followed in the data analysis.</td>
</tr>
<tr>
<td>Dependability</td>
<td>Dense description</td>
<td>Data reduction and data analysis will be kept.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data referring to the researcher’s intents and dispositions will be kept.</td>
</tr>
<tr>
<td>Confirmability</td>
<td>Confirmability audit</td>
<td>Process notes, including notes relating to the methodology, trustworthiness and audit trail notes will be kept. Summaries and data reconstruction, relationships, findings and the conclusion and final report will be kept.</td>
</tr>
<tr>
<td></td>
<td>Triangulation</td>
<td>The researcher will keep raw data, audiotaped interviews, field notes and the research results.</td>
</tr>
</tbody>
</table>
2.3.6 PHASE 1: Exploration and description of late adolescent boys' experience of non-clinical depression.

The researcher will dwell on the late adolescent boys' experience of non-clinical depression. The researcher will conduct interviews to explore and describe late adolescent boys' experience of non-clinical depression. The methods used will include issues regarding ethical aspects and measures to ensure trustworthiness, sampling, data collection, data analysis and a literature control.

2.3.7 Sampling

Once the initial decision has been made to focus on a specific site, a population, or a phenomenon, subsequent sampling decisions are made (Marshall & Rossman, 1995: 55). Sampling refers to the process of selecting things or objects when it is impossible to have knowledge of a larger collection of those objects (Mouton, 1996: 132).

In qualitative research sampling means the conscious selection by the researcher of a group of people, events, behaviour or settings best suited to fulfil the theoretical requirement of a research.

According to De Vos, et al. (2000: 199) a sample comprises the elements of the population considered for actual inclusion in the study. Researchers study the sample in an effort to understand the population from which it was drawn. Thus, researchers are interested in describing the sample not primarily as an end in itself, but rather as a means of helping them to explain some facets of the population. Alternatively, a sample is a small portion of the total set of objects, events or
persons that together comprise the subject of a study (Seaberg, in De Vos, et al. 2000: 199).

In this study the target population is late adolescent boys between the ages of 16-18, who are experiencing non-clinical depression. Participants will be informed that they have been purposively selected from the target population. The sample size will be limited to a small selective sample of participants and will depend on the saturation of data (De Vos, et al. 2000: 200).

2.3.8 Data collection

In order to collect data, the researcher must obtain consent, assent or permission from the research subjects to indicate their willingness to participate in the study. They therefore, agree with the researcher where the interviews are to be conducted (Burns & Grove, 1993: 53).

The researcher shall gather information by watching (1) participants in the setting, (2) direct observation, (3) in-depth interviewing. Qualitative data analysis occurs concurrently with data collection (Creswell, 1994: 154). The researcher collects the data and interprets the meanings of the data immediately. In phase one, data will be collected by means of phenomenological interviews and field notes. Interviews will be conducted until the data are saturated. Interviews will be audiotaped and later transcribed.

In this research the researcher is the principal instrument in the collection of data. The researcher will enter into the lives of the participants (Marshall & Rossman, 1995: 59) and thus, will conduct the interview with greater in-depth.
a) Phenomenological method of interview

Phenomenology as a research method is an exact or accurate, critical and systematic investigation (Streubert, 1995: 36). The main aim of phenomenological research is to describe an experience as it is lived and occur and to capture the "lived experience" of the study subjects (Burns & Grove, 1997: 71). The researcher in this study will ask questions that will ensure that subjects describe their experiences and their feelings.

The researcher will create a conducive environment by asking the focused question: "How is it for you to have the blues?" in order to encourage and promote the subjects' self-disclosure. The participants will be encouraged to ask any question without any fear. The researcher will address any fear that the participants may have. Open-ended and descriptive questions will then follow, subsequent to focused questions, which might flow out of the interview with the subjects. These will serve to clarify late adolescent boys' experience of non-clinical depression.

The interview will be conducted several times with different participants so that the researcher can identify trends in the perception expressed which are revealed through careful systematic analysis (Marshall & Rossman 1995: 84-85).

The researcher will then clarify the findings at the cessation of the interview process.
b) Observation and field notes

Observation means the systematical noting and recording of events and behaviour as it occurs in the social settings chosen for the study (Marshall & Rossman, 1995: 79). In this case the researcher makes no special effort to have a particular role or change anything rather than to be an observer.

Field notes are observations recorded in a natural setting during a research process (Marshall & Rossnow, 1996: 406). They are descriptive reports in which the researcher makes notes of interactions between himself and the subjects as well as his impressions of the interview process. Field notes are the recorded account of what a researcher observes, hears, experiences and thinks when collecting data (Gorman & Clayton, 1997: 179). Field notes describe participants, places, activities, interactions and dialogue. It also includes the researcher's own opinions, reflections and observations on what is occurring. These notes are a useful means of remembering observations, retrieving them and for analysing them in a later stage. Field notes may contribute to an understanding of the entire descriptive fabric of a setting or social situation (Gorman & Clayton, 1997: 177).

Observation notes can cover the following aspects of a setting:

- Personal notes: The researcher’s feelings and experiences during the interview. These can help researchers to determine the influence of their own biases on the research process.
- People: How did the subjects look like? How did they speak and behave?
- Researcher: What did you say? How did you behave in the setting?
• Words: What the participants have said. The actual words that were spoken, the tone used, the gestures, and facial expressions.
• Actions: What actually happened, and in what sequence? How did events unfold?

The notes provided above will address the researcher’s observations, theoretical and methodological notes and his personal experience of the interview (Gorman & Clayton, 1997: 177). Thus, he will record ideas, impressions, feelings and perceptions and will generally reflect on what he saw and heard. Thereafter, he will try to make a sense of it.

2.3.9 Data analysis

Data analysis refers to the categorisation and ordering of descriptive information.

In this research, data will be analysed by using Tesch’s descriptive methods (Creswell, 1994: 154-155). The data will be analysed in order to identify patterns, themes and categories.

Themes and categories will be identified by using the open-coding method of Tesch (Creswell, 1994: 154-155). An independent coder will analyse the data separately from the researcher. A consensus discussion between the independent coder and the researcher will then take place to confirm or modify the identified themes. Results will be described by using the words of participants to describe their experience.
Tesch in (Creswell, 1994:155) provides eight steps to consider when analysing the data collection (Creswell, 1994: 155). These steps are used in this research study. These steps are the following:

1. Read the entire description of the experience to get a sense of the whole.
2. Pick one interesting interview, reread it, ask what is all about and write thoughts in the margin.
3. Make a list of topics from the interview, then cluster them together and arrange them into unique topics and leftovers.
4. Take the list and go back to the data, abbreviate the themes as codes and write the codes next to appropriate segments of the text. Try out the preliminary organizing scheme to see whether new categories emerge.
5. Get the most descriptive wording for the topics. Reduce the categories to show interrelationships.
6. Make a decision on the abbreviation for each category and arrange it in alphabetical order.
7. Assemble the data material belonging to each category in one place and perform a preliminary analysis.
8. Record the existing data if necessary.

2.3.10 Literature control

The literature control serves four broad functions. Firstly, it demonstrates the underlying assumptions behind the general research questions. Secondly, it demonstrates that the researcher is thoroughly knowledgeable about related research and intellectual traditions that surround and support the study. Thirdly,
literature control is aimed at contributing towards a clear understanding of the nature and the meaning of the problem that has been identified and finally, the review refines and redefines the research question and related tentative hypotheses by embedding those questions in larger empirical traditions (Marshall & Rossman, 1995: 28; De Vos, 2002: 127).

Literature control assists in developing a research design and choosing an appropriate method (Gorman & Clayton, 1997: 74-75). The literature control aid in focusing at the topic. It also provides a framework of the research and identifies the area of knowledge that the study is intended to expand (Marshall & Rossman, 1995: 29). In this research the researcher will focus on late adolescent boys’ experience of non-clinical depression.

2.3.11 Phase 2: Description of guidelines

Guidelines to support late adolescent boys’ experience of non-clinical depression will be formed after the researcher has collected the data from phase one. Themes and categories that emerged through the data analysis and the data from relevant literature will help the researcher to develop guidelines to support late adolescent boys suffering from non-clinical depression.
2.4 SUMMARY

This chapter gave a brief report of how this research will go about. The whole process, research design and the methods of collecting data have been discussed. In the next chapter the development, implementation and evaluation of the research will be discussed.
CHAPTER 3

LATE ADOLESCENT BOYS’ EXPERIENCE OF NON-CLINICAL DEPRESSION

3.1 DATA ANALYSIS

Phenomenological interviews were conducted with five late adolescent boys between 16 and 18 years of age, who are experiencing non-clinical depression. The interviews were conducted until data saturation.

The researcher obtained written consent from the participants’ parents and the written assent of the participants. Permission was also obtained from the school governing bodies and the principals of the schools.

The interviews were conducted in their respective schools, in the offices and classrooms.

During the outset of each interview, one central question was asked to each participant: “How is it for you to have the blues?” The interviews were audiotaped and then transcribed. A literature control was then conducted to validate the findings of the research study.
3.2 RESULTS

The life world of late adolescent boys identified as suffering from non-clinical depression varies from one adolescent to another. The late adolescent boys' experience of non-clinical depression have variation in moods. They are happy one day and become hopelessly depressed the next. Their moods alternate between times and are filled with intense elation and filled with dark despair.

Late adolescent boys experience that non-clinical depression is always in their minds. They worry about what tomorrow will bring to them and to their families. Some late adolescent boys withdraw themselves from their peers. They are angry and desire to injure somebody. They have a feeling to take the anger out on somebody and a desire to commit suicide. Some have vast mood swings. Others are anxious, and are preoccupied with incidences at home. Some isolate themselves and withdraw from others. Others have feelings of helplessness and hopelessness.

Late adolescence is quite an extremely confusing and busy period. The task of finding independence and an understanding of one’s own nature is depressing. Late adolescent boys experience confusion of roles, one that of being an adolescent and that of needing to take the role of an adult.

In table 3.1 summaries of the themes, categories and subcategories as identified from the transcribed phenomenological interviews are indicated.
Table 3.1. Identified themes, categories and subcategories.

<table>
<thead>
<tr>
<th>Theme 1: Late adolescent boys experience positive and negative challenges concerning depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preoccupation with self</td>
</tr>
<tr>
<td>Late adolescent boys experience that depression, or what they call “feeling blue,” is always on their minds. This is seen when late adolescent boys experience:</td>
</tr>
<tr>
<td>• Isolation</td>
</tr>
<tr>
<td>• Social withdrawal</td>
</tr>
<tr>
<td>• Pre-occupation with incidences at home.</td>
</tr>
<tr>
<td>Late adolescent boys show marked changes in the following aspects:</td>
</tr>
<tr>
<td>• Physical</td>
</tr>
<tr>
<td>• Sleeplessness</td>
</tr>
<tr>
<td>• Lack of appetite indicated by not eating</td>
</tr>
<tr>
<td>Thoughts</td>
</tr>
<tr>
<td>• Loss of concentration</td>
</tr>
<tr>
<td>• Suicidal ideation</td>
</tr>
<tr>
<td>Emotion</td>
</tr>
<tr>
<td>• Moodiness</td>
</tr>
<tr>
<td>Behaviour</td>
</tr>
<tr>
<td>• Aggression</td>
</tr>
<tr>
<td>• Drop in school performance</td>
</tr>
<tr>
<td>• Reluctance to co-operate</td>
</tr>
</tbody>
</table>
2. Role conflict related to home circumstances

- Feeling hopeless and lost
- related to lack of control of external circumstances with specific reference to families.
- problematic parental relationships
- Late adolescent boys experience confusion of roles that of being an adolescent and that of needing/wanting to take their role of an adult.

3. Conversation with significant others help keep depression at bay

- Late adolescent boys experience that talking to others (for example, educators and social workers) helps in decreasing the feelings of being depressed.

<table>
<thead>
<tr>
<th>Theme 2. The causes of non-clinical depression of late adolescent boys.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Poor family relationships and dysfunctional family relationships</td>
</tr>
<tr>
<td>. Lack/poor communication causes non-clinical depression</td>
</tr>
<tr>
<td>. Physical and verbal abuse by parents or others give rise to non-clinical depression.</td>
</tr>
</tbody>
</table>

After the data were analysed, two themes were identified as reflecting late adolescent boys’ suffering from non-clinical depression. The first theme reflects how they experience positive and negative challenges concerning non-clinical
depression, and the second theme reflects the influence of dysfunctional family relationships on late adolescent boys suffering from non-clinical depression.

The above themes, categories and subcategories indicated that they influence non-clinical depression towards late adolescent boys.

3.2.1 Theme 1: Late adolescent boys experience positive and negative challenges concerning non-clinical depression

Late adolescent boys experience different challenges in their lives. Late adolescent boys experience positive and negative challenges regarding non-clinical depression.

3.2.2 Category 1 Pre-occupation with the self

The life world of late adolescent boys’ suffering from non-clinical depression is characterised by a pre-occupation with the self. They have feelings of being lost in life and no comfort from others. They have feelings of hurt, loss, isolation and preoccupation of the self. The late adolescent boys have feelings of guilt and disbelief of things happening around them.

Each of these manifestations of preoccupation with the self will be discussed fully with supportive verbatim quotations from the interviews.

The late adolescent boys experiencing non-clinical depression in this study report various patterns of preoccupation with the self. They indicated the pattern of self-centeredness.
"You know, I am not like other children."
"Sometimes it is so painful because you feel that you don't want to talk to other people."
"You feel you want to go somewhere where it is quiet. Where there are people who are going to understand me and listen to me."

Late adolescent boys report that depression or what they call "feeling blue," is always on their minds. This is seen when late adolescent boys isolate themselves from other peers.

"I don't want to speak with them in the class."
"Eech! I feel I don't have friends, or anybody who can help me."
"You feel you want to go somewhere where it is quiet."
"I don't feel it is real me."

Due to the preoccupation with the self, late adolescent boys show marked changes in the following aspects: sleeplessness and poor appetite. Late adolescent boys’ experience of non-clinical depression indicate that sometimes they do not sleep during the night. They report that when they are depressed they do not have an appetite, thus they do not eat. Late adolescent boys’ experience of non-clinical depression also indicate traumatic experiences regarding their life. They report that they sometimes have painful feelings, and have headaches.

"It affect my education, sometimes I don't feel appetite. I don't eat, sometimes I spend sleepless night, I don't sleep, and I worry a lot."
"And during break time when my friends want to eat and play with me, I don't feel like eating and playing."
The above statements are supported by Sanders (1996: 6-7). She reports that an individual who is depressed, experiences significant changes in physical functioning, characterised by difficult sleeping or a change in sleeping patterns, loss of appetite or concentration and irritability. The physical experiences of a depressed individual may overwhelm or replace the emotion of depression, such as loss of enjoyment of life, sadness or hopelessness.

Along with the decreased energy level, late adolescent boys experience reduced social contact and a subsequent reduction in finding the experiences of life enjoyable.

Throughout the study and the interviews with late adolescent boys experiencing non-clinical depression, it was found that they lose concentration and some have suicidal ideation.

“And now I am loosing concentration in class.”
“Yes, sometimes I forget, sometimes I feel I am making it worse.”
“You find that after fifteen minutes my mind is no longer concentrating on what I am studying.”
“I just think like killing myself or run away.”
“When I see a belt sometimes I feel I can hang myself with that belt or you what to eat the pills or those kind of drugs.”
“You see...sometimes in my mind...Eech I don’t want to lie, you see I think about committing suicide...I mean killing myself.”
Gotlib and Hammen (1992:74) report that cognitive formulation emphasizes the importance of covert behaviour, such as attitudes, self-statements, images, memories and beliefs. Secondly, cognitive approaches to depression considers maladaptive or irrational cognitions and cognitive distortions to be the cause of the disorder.

Oster and Montgomery (1995:46) reported that late adolescent boys who are experiencing non-clinical depression suffer from loss of concentration. They are of the opinion that depression could affect an adolescent’s functioning. This can be reflected in an overall decline in school performance. These can be attributed by not completing work assignments, lack of interest, general fatigue and distraction. They are not able to prepare for tests, homework is not done or forgotten and their concentration and attention spans are limited while non-clinical depressed.

Gotlib and Hammen (1992:75) report that the deterioration in school performance can be attributed to the fact that non-clinical depressed late adolescent boys, occupied with trouble and inner pain, cannot do well in cognitive situations that require mental concentration and attention.

“You see, I loose concentration to whatever I want to do.”

“All my mind is deeply thinking about painful things.”

“I am at school now, but I do not know my reasons to be here.”

According to Beck (in Gotlib and Hammen, 1992:75) depressed persons are characterised by a number of common systematic errors in thinking, including overgeneralisation, arbitrary inference, selective abstraction, magnification and minimisation, personalisation and or non-thinking.
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Beck (in Gotlib and Hammen, 1992:76) notes that depressed individuals often demonstrate “automatic” responding, that is made by responses that are based on insufficient reasoning or reflection. They also lack a critical attitude towards their depressive cognitions. Beck further reports that many depressed adolescent boys have manifestations of depression, such as self-criticism, low self-regard, escapist and suicidal wishes, as consequences of these reasoning errors.

It is reported by Beck that only a small number of late adolescents boys, perhaps as many as a third, will have thoughts of suicide when depressed.

The late adolescent boys identified as experiencing non-clinical depression not only have variations in mood but they also experience a significant swing in mood that alternates between times. Some have anger in themselves and others have prevalent emotional complaints.

These manifestations of variations in mood will be supported by verbatim quotations from the interviews.

“I feel bad, when I try to think.”
“Is anger, when you are angry you think all those things because when that person go out you are now alone, you just think horrible things.
“You just think, everything that she has said to you if she was cruel to me, it comes back and sometimes I want to cry.”
“I told him that I have stress and that I am moody.”

For various reasons late adolescent boys who experience non-clinical depression feel bad when they are at home. When they observe unhappiness in their families it
makes them miserable so they are of the opinion that they should spend a lot of time alone.

Some feel angry because of poor communication with their parents. They reckon that their parents do not respect them and tell them whatever they want to.

Kloplewicz (1996:181) reports that a child or adolescent with depression will have at least four symptoms, for example, sleeplessness, suicidal ideation, helplessness or lack of pleasure and anger.

"Sometimes when I go home I remember what happened yesterday and become angrier."

"And when they insist I become angry."

According to James and Gilliland (2002:240) underneath most depression lies anger. Thus we see some of the subjects in this study reporting that they become angry when other people talk to them and when they go home, because it remind them about their bad feelings.

Researchers working on depression found that depressed individuals favour the retrieval or reporting of negative information. Kirsner, Speelman, Maybery, O’Brien-Malone, Anderson and MacLeod (1998: 247) report that the literatures have shown that non-clinical depressed patients recall more emotionally negative events than control subjects do. However, it is quite possible that clinical depressed patient may have experienced an inordinate number of recent negative events, and they may simply have more negative memories available to report.
“Because I see myself as a cruel person.”
“I mean that I fight other learners.”
“It is there … if you can provoke me I don’t forgive you, I have to fight you.”

Depression can be painful to late adolescent boys experiencing non-clinical depression. Some tend to blame themselves of suffering from non-clinical depression. They perceive themselves as cruel people and people who cannot forgive others when provoked.

“Sometimes I become frustrated in the class and just make loud noise in the class and after that I became calm.”
“And I will switch on the radio very high and…sometimes I end up feeling like I am mad or….”

Repression of aggression and displacement of anger from a frustrating individual to the self occur in late adolescent boys experiencing non-clinical depression. The depression becomes complicated and obscured by either excitement and clawing or by psycho-physiologic reactions in an attempt to deny or prevent the experience of helplessness in the face of frustration or disappointment (James & Gilliland, 2002: 240).

Other researchers report that adolescents sometime purposely disguise their true feelings of despair by pretending that all is well. Reports in some literature also support the finding that when late adolescent boys become non-clinical depressed they often express their feelings through extremely aggressive or negative behaviours that include shouting, fighting or throwing objects (Oster & Montgomery, 1995:47).
Category two of theme one, which describes how home circumstances affect late adolescent boys' experience of non-clinical depression is discussed below.

### 3.2.3 Category 2: Role conflict related to home circumstances

Late adolescent boys experiencing non-clinical depression in this study are affected by their home circumstances. According to Johnson, Hayes, Field, Schneiderman and McCabe, (2000:81) the nature and quality of family and relationship experiences can cause non-clinical depression. These relationships might cause interpersonal stressors and depression. The late adolescent boys in these families can become confused in their home circumstances. They are faced with the challenge of being a child and that of an adult at the same time. The changes in relationship in the family affect late adolescents in this study.

"They call me to come to solve their problems."

"I feel they (parents) should not tell me anything."

"There is no food at home and my mother is suffering, I must see to finish."

"...when I ask her question she just tell me whatever she likes to tell me."

Austan & Berman (1991:163) report that when the new role (of an objectively negative or positive nature) is too difficult to manage, non-clinical depression often results. Austan & Berman (1991: 164) propose that depression induced by role transitions stems from the loss of familial social support and cognitive disturbances produced by diminished self-esteem.

The analysis of data on late adolescent boys experiencing non-clinical depression indicated that they experience confusion of roles: that of being an adolescent and
that of the need to take the role of an adult. This is because of lack of basic living resources at home.

“I must leave school so that I can see other alternatives.”
“There is no food at home and my mother is suffering I must see to finish.”

The late adolescent boys experiencing non-clinical depression reported that any change in family relationships affects them. The feelings of hopeless and lost become prevalent and are related to a lack of control of external circumstances such as death. Some late adolescent boys are preoccupied with what is happening at home and they have a need to assist at home financially.

“I think about my mother, wondering what is happening at home.”
“Sometimes I wonder why I don’t grow up immediately and be able to support my mother.”

“My mother does not have money and then I think, I wonder where I will get that money.”
“I think about supporting our family.”
“When they fight they include me, because I am the first-born in the family.”

Late adolescent boys experiencing non-clinical depression in this study indicated that they sometimes consider an adult role in the family.
3.2.4 Conversation with significant others helps keep depression at bay

Late adolescent boys suffering from non-clinical depression experience that talking to others, for example, educators, peers, and social workers help in decreasing the feelings of being non-clinical depressed. Talking to someone helps keep depression at bay.

“When you are talking about your personal life is much better than to just think about it.”

“Yaa, I was relieved, because when I cough it out and tell someone, I feel okay.”

“I feel right (when talking to someone)...one teacher knows about my problems.”

“I have a friend who understand me better, is him who cools me off.”

“I enjoy when I am with my friends or classmates or teachers.”

“Because sometimes she calls the social worker and the social worker communicate with me.”

Talking helps late adolescent boys with their non-clinical depression and it makes them feel better.

“I feel right, I never talk to someone else okay one teacher knows.”

“I was better, when I start to tell somebody I feel better.”

“I feel better now that I have told you.”

In this research study the researcher found that there is no effective communication between the parents and late adolescent boys who are experiencing non-clinical depression. This is supported by Okun (1997:26), she indicates that most family problems stem from misunderstanding, and ineffective communication which
results in frustration and anger when implicit expectation and desires are not fulfilled.

“Anything, when I ask her question she just tells me whatever she likes to tell me.”
“I enjoy when I am with my friends or classmates or my teacher, because they understand me, know me and communicate with me.”

### 3.2.5 Theme 2: Causes of non-clinical depression in late adolescent boys

An analysis of the data indicates that poor family relationships between late adolescent boys and their parents can promote non-clinical depression. This is because they spend a lot of time at home with their families and this is why a lot of depressive experiences occur.

#### 3.2.6 Category 1: Poor family relationships and dysfunctional family relationships

In this research study it was found that family influence could create and sustain non-clinical depression in late adolescent boys. This happens when dysfunctional family interactions take place, where there is a lack of emotional worth and where verbal and emotional abuse and a lack of basic living resources are experienced.

“This is the case, our mother can not afford us in the house.”

“I don’t know but I think my grandmother. But sometimes she calls my real father (for support).”
Lack of communication appears in dysfunctional families “...anything when I ask her questions she just tell me whatever she likes to tell me.”

When late adolescent boys experience non-clinical depression they become emotionally disturbed. Some of the late adolescent boys cry and some hold themselves from crying: “Then I cry alone thinking all kinds of horrible things.” “You just think, everything that she has said to you she was cruel to me, it come back and sometimes I want to cry.”

Physical abuse gives rise to late adolescent boys’ experience of non-clinically depression: “You feel, I can say you are still in shock because she throws things at you.”

“My parents like to fight a lot and when they fight I become affected.”

Lack of basic living resources also leads to non-clinical depression: “I think because I am left with my mother and she does not have money, how can I get money.”

“I don’t want people to see because my father has passed away then we are suffering.”

“You see, my father had a business, a funeral parlour, it is being run by my father’s first wife and her eldest daughter. They do not worry about supporting us.”
Reynolds and Johnson (1994: 88) and Lewinsohn & Teri, (1994: 303), report that a dysfunctional family where there is a lack of emotional warmth and low parental support is predictive of non-clinical depression in late adolescent boys. Depression also alters intellectual functioning and impairs concentration, memory and decision-making (Gotlib & Hammen, 1992:3). Physical and behavioural changes are also experienced. A depressed person may feel listless, lacking in energy and withdrawn from usual activities.

Oster and Montgomery (1995:99) report that battles over freedom place families with adolescents at risk. The inability of parents and late adolescents to verbally express what it is occurring or how they genuinely feel about the changes in their lives is another marker for non-clinical depression in late adolescents. A stressful family environment becomes exacerbated when family members fail to communicate clearly and to understand one another properly, especially during times of difficulties or crises. It is often the case during these times of conflict, that breakdowns of communication occur and that one or more of the family members feel excluded.

Oster and Montgomery (1995:105) further report that when a parent over-reacts to a child’s message, it can cause the child such distress that he or she will be less likely to talk with that parent in the future for fear of upsetting them. This blocks the potential for shared problem-solving and intimacy between parent and child.
3.2.7 DISCUSSION OF FIELD NOTES

Personal field notes were made as a method to collect data in addition to phenomenological interviews. During the interviews the researcher took notes of the participants' actions, for example, facial expressions, verbal expressions and rubbing of hands. In the beginning of each interview the relationship between the researcher and the late adolescent boys experiencing non-clinical depression was formal and the participants seem not to trust the researcher. As a result some of the participants did not like to be interviewed for too long. The result was that the interviews were too short and the data were not saturated. The researcher had to interview the participants again. Only five of the original nine participants gave permission to be interviewed again. The other four refused to be interviewed again. They said they have nothing new to say as they have already told the researcher their experiences.

During the second interview the participants became more trusting of the researcher and they related their experiences openly and freely. It was evidenced that the data were saturated and the interviews lasted for more than sixty minutes.

It appeared that when late adolescent boys talk to someone about their problems it assist them a lot. Thus, one participant said: "I feel relieved after talking to you." Late adolescent boys experiencing non-clinical depression benefited from participation in the research. The researcher assured follow-up interviews for late adolescent boys to support them if they felt the need for it.
3.3 SUMMARY

Two main themes to describe the late adolescent boys’ experience of non-clinical depression were identified based on an analysis of the data gathered during the phenomenological interviews with five late adolescent boys. After the interviews the researcher transcribed the audiotapes of the interviews. A literature control was then conducted to verify the findings of the research.

In the next chapter guidelines to support late adolescent boys experiencing non-clinical depression will be discussed.
CHAPTER 4

GUIDELINES TO SUPPORT LATE ADOLESCENT BOYS EXPERIENCING NON-CLINICAL DEPRESSION

4.1 INTRODUCTION

In chapter three the researcher discussed the results of this research study and a literature control was conducted to support the findings. Two themes were identified that describe late adolescent boys' experience of non-clinical depression. Chapter four is going to offer guidelines to help and support late adolescent boys who experience non-clinical depression.

4.2 GUIDELINES TO HELP AND SUPPORT LATE ADOLESCENT BOYS WHO EXPERIENCE NON-CLINICAL DEPRESSION

The guidelines that are described in this chapter are meant to help and support late adolescent boys experiencing non-clinical depression and their parents, peers and educators who play an important role in the identification and support of these depressed adolescent boys.

Early recognition of the experience of non-clinical depression of late adolescent boys is the first step in providing any form of support for them. This is due to the risk they face when they are depressed. Earlier intervention is very important to prevent late adolescent boys to injure or harm themselves or to commit suicide.
Late adolescent boys suffering from non-clinical depression should be encouraged to form self-help groups in their communities and in their schools. The group can decide to be a kind of friendship-club where people meet for a chat and other social activities. According to Rowe (2001:217), self-help groups do not need a professional therapist or a counsellor to run a therapy group. All that is needed is to get the book by Sheila Ernest and Lucy Goodison “In our own hands”. It indicates the way in which a therapy group could be set up and run and the kinds of therapeutic exercises one can take (Rowe, 2001:217). Many studies link regular physical exercises with lower levels of non-clinical depression. Atwater and Duffy (1999: 391) claim that people who exercise regularly experience less non-clinical depression.

A study by the Centre for Disease Control (1991) (in James and Gilliland 2001:537) indicates that 11.3 per every 100,000 secondary school learners commit suicide annually when they experience depression. The Centre for Disease Control survey (1991) found that among secondary school learners, eight per cent had already attempted suicide, 16 per cent a planned to commit suicide, and 27 per cent had seriously contemplated it. From the figures above, it is apparent that crisis response programmes should incorporate suicide prevention and intervention in our communities.

Educators involvement is important in intervention guidelines. If educators are aware of the signals of non-clinical depression they can recognise late adolescent boys who are non-clinical depressed in the classrooms and around the school. Educators can play a pivotal role in intervention strategies.
Peer involvement is also important in intervention guidelines. If peers know the symptoms of non-clinical depression they can recognize the symptoms in their friends and can take an active role in intervention strategies. Peers can play an active role in detecting non-clinical depression and in helping their friends by means of group programmes in schools.

Adolescents today are encountering death and losses more frequently than ever before, and this presents a challenge to both late adolescent boys and their caregivers (James & Gilliland, 2001:430). Other crises such as destabilised families may give rise to the phenomenon that late adolescent boys may reckon that they do not have any future. They also may experience feelings of confusion, depression and isolation and they may socially withdraw themselves.

To help and guide late adolescent boys experiencing non-clinical depression, bereavement support group can be implemented to help them to cope with loss following the suicide of a family member or friend.

Late adolescent boys’ experience of non-clinical depression should first be assisted to recognise that being depressed can affect them negatively in their life world. Parents and trained educators can motivate late adolescents to attend programme sessions through open communication that deal with people who are depressed.

Late adolescent boys experiencing non-clinical depression should be taught that conflict in families are natural and are part of life. Trained educators could assist late adolescent boys to deal with non-clinical depression. Talking to other people like counsellors, peers, educators and social workers can help in decreasing non-clinical depression. Trained educators could also assist late adolescent boys
experiencing non-clinical depression by teaching them conflict management in their families.

Poor communication between late adolescent boys and their parents seems to be a major issue in this research study. If conflict exists in the family, it should be identified and resolved immediately with both parties. Late adolescent boys should be encouraged to participate actively in conflict resolution.

Johnson (1997:105) reports that communication is the foundation for all interpersonal relationships. Through communication people reach some understanding to each other. They learn to like, influence and trust each other. The use of communication skills will resolve conflict, improve interpersonal relationships and reduce non-clinical depression experienced by late adolescent boys. Lack of communication between parents and late adolescent boys is related to non-clinical depression as indicated in this research study.

Thus, the community should have family intervention programmes strategies to improve communication between late adolescent boys experiencing non-clinical depression and their immediate families.

Attending courses of communication skills would be helpful to the late adolescent boys experiencing non-clinical depression. In these programmes they could be taught the ability to listen empathetically.
4.3 CONCLUSION

The main purpose of this research study was to explore and describe late adolescent boys' experience of non-clinical depression and to describe guidelines to help and support late adolescent boys who experience non-clinical depression.

The data of this research were collected by means of phenomenological interviews and field notes. From the interviews conducted two themes were identified with some categories and subcategories. A literature control was conducted to support the findings from the research study.

The researcher of this study found that late adolescent boys' experience of non-clinical depression, or what they call "feeling blue," is always in their minds. The researcher found that late adolescent boys experience positive and negative challenges concerning non-clinical depression. The researcher also found that late adolescent boys isolate themselves from others. Some late adolescent boys who experience non-clinical depression feel hopeless and lost. The researcher also found that the causes of non-clinical depression in late adolescent boys were poor family relationships and dysfunctional family relationships.

The guidelines to help and support late adolescent boys encourage these boys to form self-help groups, peer involvement and educators involvement.
4.4 LIMITATIONS

The use of the audiotape was intimidating although it was explained to the participants. As a result the interviews were too short and the data were not saturated. The researcher had to conduct the interviews again. Only five of the nine participants gave permission to be interviewed again. The other four refused to give the researcher permission, saying they have nothing more to tell as they were already interviewed.

4.5 SUMMARY

In this study the researcher found that late adolescent boys experience non-clinical depression when there is poor communication at home. The researcher found that physical and verbal abuse by parents give rise to late adolescent boys’ non-clinical depression. The abuse by parents cause late adolescent boys to be preoccupied with the self. They experience that depression, or “feeling blue,” is always in their minds. Late adolescent boys showed marked changes in the following aspects: physical changes, thoughts, emotion and behavioural features.

Late adolescent boys who are non-clinical depressed should be helped and supported immediately because it has a negative impact on their personal, social and coping skills.

Guidelines to help and support late adolescent boys experiencing non-clinical depression are, for example, that educators should encourage these boys to form self-help groups in their communities. Educator involvement is important because educators are aware of the signals of non-clinical depression. Peer involvement is
also important because in the peer groups late adolescent boys who are experiencing non-clinical depression can learn conflict management.
BIBLIOGRAPHY


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PO Chiawelo
1818

Dear Mr Netili

APPROVAL OF TITLE

I wish to inform you that the title of your mini-dissertation has been approved as follows:

“Psycho-educational guidelines focussed on the facilitation of the mental health of late adolescent boys who suffer from non-clinical depression”.

Supervisor : Prof CPH Myburgh
Co-supervisor : Prof M Poggenpoel

Enclosed please find the relevant University regulations, please read them carefully. Please ensure that the abovementioned title appears on the front page of your mini-dissertation.

Yours sincerely
LETTER OF PERMISSION TO CONDUCT A RESEARCH

Dear Participant

REQUEST FOR ASSENT TO CONDUCT RESEARCH

I Thomson M Netili, a Master’s degree (Med. Psycho-Educational Programme Development) student at Rand Afrikaans University, I am currently engaged in a research project entitled: “Psycho-educational guidelines focused on the facilitation of the mental health of late adolescent boys who suffer from non-clinical depression”. The research project is conducted under the supervision of Professors C P H Myburgh and M. Poggenpoel (Faculty of Education and Nursing Sciences) respectfully.

The main aim of the study is to explore and describe a psycho-educational approach toward late adolescent boys who suffer from non-clinical depression. The findings will be utilized to describe guidelines to support late adolescent boys who suffer from non-clinical depression.

To complete this research study, I need to interview late adolescent boys aged between 16 and 18 years, who are suffering from non-clinical depression. The interview will last approximately 30 to 50 minutes and will be audiotaped, transcribed verbatim by me as the researcher, and the findings verified by a qualified independent coder.

I invite you to participate in this research. The researcher will ensure your anonymity by omitting the use of your name. The researcher will further ensure confidentiality by erasing the taped information on completion of the transcription. Only the independent coder and myself will carefully study the transcribed material. Participation is strictly voluntary and you are under no
obligation to participate in the study. You reserve the right to withdraw from participation at any time during the research process.

Your benefit of the study is that you will be able to verbalize your experiences. The long-term benefit of the research project is that the findings will be used to formulate guidelines focused on the facilitation on the mental health of late adolescent boys who suffer from non-clinical depression.

The researcher will be pleased to answer any further question about this project. My contact number is: 082 964 7216. A summary of the research findings will be made available to you on request.

Thank you for your support.

I hereby voluntarily assent to participate in the above mentioned research project.

Participant signature..........................Date..............................

Mr MT Netili: Researcher:
PTD, FDE, BA, Bed (Hons), Med (Psycho-Educational Programme Development).

................................................................

CPH MYBURGH: PROFESSOR AND SUPERVISOR

...........................................................

M POGGENPOEL: PROFESSOR AND CO-SUPERVISOR
LETTER OF PERMISSION TO CONDUCT A RESEARCH

Dear Parents

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I Thomson M Netili, a Master’s degree (Med. Psycho-Educational Programme Development) student at Rand Afrikaans University, I am currently engaged in a research project entitled: “Psycho-educational guidelines focused on the facilitation of the mental health of late adolescent boys who suffer from non-clinical depression”. The research project is conducted under the supervision of Professors C P H Myburgh and M. Poggenpoel (Faculty of Education and Nursing Sciences) respectfully.

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As a researcher I will ensure the anonymity of the participant by omitting the use of their names. I will further ensure confidentiality by erasing the taped information on completion of the transcriptions. Only the independent coder and myself will carefully study the transcribe material. Participation in this study is strictly voluntary and respondent are under no obligation to participate in the study. The participants reserve the right to withdraw consent at any stage during the research process.
The benefit of the study to the participants is that they will be able to verbalize their experiences. The long-term benefit of the research project is that the findings will be used to formulate guidelines focused on the facilitation on the mental health of late adolescent boys who suffer from non-clinical depression.

The researcher will be pleased to answer any further question about this project. My contact number is: 082 964 7216. A summary of the research findings will be made available to you on request.

Thank you for your support.

I/We, the parents/guardians of .................................................. grant permission for him to participate in the above mentioned research project.

Parents/guardian’s signature  Date

Mr MT Netili: Researcher
PTD, FDE, BA, Bed (Hons), Med (Psycho-Educational Programme Development).

CPH MYBURGH: PROFESSOR AND SUPERVISOR

M POGGENPOEL: PROFESSOR AND CO-SUPERVISOR
LETTER OF PERMISSION TO CONDUCT A RESEARCH

The Principal and Governing Body

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I Thomson M Netili, a Master's degree (Med. Psycho-Educational Programme Development) student at Rand Afrikaans University, I am currently engaged in a research project entitled: “Psycho-educational guidelines focused on the facilitation of the mental health of late adolescent boys who suffer from non-clinical depression”. The research project is conducted under the supervision of Professors C P H Myburgh and M. Poggenpoel (Faculty of Education and Nursing Sciences) respectfully.

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Thank you in advance.

Mr MT Netili: Researcher  
PTD, FDE, BA, Bed (Hons), Med (Psycho-Educational Programme Development).

CPH MYBURGH: PROFESSOR AND SUPERVISOR

M POGGENPOEL: PROFESSOR AND CO-SUPERVISOR