Coping strategies of adolescents with deviant behaviour

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The goal of the study was to find differences of coping strategies in samples of 320 adolescents (152 boys, 168 girls) with deviant behaviour. Self-report questionnaires were used to assess coping processes and strategies. Considering previous researches, we expected that adolescents with deviant behaviour would differ in their coping strategies from the adolescents without deviant behaviour. Supporting our hypothesis, the results demonstrated that deviant adolescents were more likely to use disengagement coping strategies. The strategies and the differences were described. The results were analysed with the consideration of age, sample and family context.

**Keywords:** coping; adolescent; deviant behaviour; coping strategies

**Introduction**

Adolescence is a period of global changes, a time of turmoil and distress. It is a time of rapid physical changes accompanied by shifts in cognitive and emotional capacities. At the same time, adolescents grow out of their childhood years and aspire the status of an adult person. The development from childhood into young adulthood brings new cultural and societal opportunities and expectations. Salient adolescent stressors are romantic relations, peers or friends, school, parents, one’s future, critical life events and idiosyncratic events (Seiffge-Krenke & Klessinger, 2000). Reactions to these stressors are altered by individual differences in physical and social environments, variability in personality and experience with the stressor. Teenagers experience the problems of neediness, shaky identity and overwhelming feelings and stumble through their first attempts at dating and relationships. To get through all the problems during the period from childhood till adolescent and handle stress is a coping strategy which adolescents develop and use. Coping is an important construct in response of adolescents to the extensive stressors and adjustments they experience. It is very helpful for adolescents not only to have the understanding and support from peers and adults, but also to be able to manage the stressor of everyday life by themselves. How adolescents cope, or respond, to these stressors influences their well-being. Increasing awareness of risk factors leads to attention towards adolescent coping research.

Health-risk behaviours (such as suicidal attempts, smoking, substance use and high-risk sexual behaviours), negative emotions (Jang & Johnson, 2003), depression (Aneshensel et al., 1992; Mirowsky & Ross, 1995) and their relationship with adolescent coping have been researched extensively (Rew, 2005). Previous studies, however, tend to report mixed results in coping strategies selection of adolescents (Agnew, 1997).
The current work evaluated the preferred coping strategy in adolescents with deviant behaviour. Based on previous researches (Compas, Connor-Smith, & Jaser, 2004; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Wadsworth & Compas, 2002), it was expected that deviant adolescents would be more likely to use disengagement coping.

Overview of adolescent development

Adolescent development has been described extensively in numerous theories. Notions of adolescence are defined by biology and culture and understood the best in a social–historical context. The adage that ‘adolescence begins in biology and ends in culture’ reflects the variable understanding of when adolescence ends. As a result of these economic and cultural shifts, the period of adolescence has been extended to include the ages of 10 through 22–25, with most researchers dividing this age span into early (10–13), middle (14–17) and late (18–mid-20s) adolescence (Smetana, Campione-Barr, & Metzger, 2006).

Adolescence is a time of great change on many levels. Probably, most dramatic are the biological changes associated with puberty. It is a period of significant growth on many levels: physical, psychological, social and spiritual (Rew, 2005). The biological changes of adolescence include hormonal changes leading to growth of secondary sex characteristics, growth in height and weight and changes in body composition (changes in bone, muscle and fat).

Psychologically, adolescence is a decade of cognitive and moral development. Piaget identified five characteristic indicators of adolescent cognitive development and named them as follows: (1) formal operations, (2) hypothetico-deductive reasoning, (3) propositional thought, (4) the imaginary audience and (5) the personal fable (Piaget, 1955). Since Piaget’s time, researchers have resulted in some modifications to his theory in questions of reaching a stage of formal operations (Cole, 1990; Keating, 1979), a development of abstract thinking (Lehman & Nisbett, 1990) and a specificity of cognitive processing in adolescence as a whole (Keating, 2004, p. 48). Adolescent moral development has been conceptualised by Kohlberg (1978). Kohlberg theorises that the capacity to morally reason grows more complex and differentiated over time. Childhood moral reasoning that is based on personal perspectives or ‘what is right is what is good for me’ moves to adolescent moral reasoning that is based in greater appreciation for others’ perspectives and experiences or ‘what is right for one may not be right for another’ (Kohlberg, 1984).

Socially, adolescence has been characterised by Erikson (1968). According to his theory, people’s self-identity forms throughout their lives and is driven by the struggle between their ‘internally defined selves and those selves that are defined, confirmed, or denied by others’ (Nakkula & Toshalis, 2006). As adolescents begin to separate from their parents, they are faced with the task to form their own identity. Adolescence is a period of understanding of the self in relation to the social world. The desire to find a balance between individuation and connection drives identity experimentation and the fleeting passions that often accompany it (Nakkula & Toshalis, 2006, p. 22). The identity development is most important for perceiving not only self but also social environment (Marcia, 1980). On the one hand, adolescents begin more autonomous in their decisions, emotions and actions, and start to distance from parental control. On the other hand, teen peer groups become increasingly important and it is another way for adolescents to demonstrate their growing independence, build a sense of themselves. Building
relationships with peers is an important part of social development. Peer group usually have a greater influence on adolescents’ lives than their parents or other family members. Their interactions with peers are a key part of adolescence social development as it allows young people to develop their value systems and morals.

Adolescents coping with stress

Coping plays very important role in adolescence helping to manage a number of stressors and hassles in everyday life. The most common of these are related to school (e.g. bullying by peers, problems with teachers and academic difficulties) and interpersonal relationships (e.g. conflicts or problems with parents, siblings and peers) (Donaldson, Ensher, & Grant-Vallone, 2000; Williams, Neighbors, & Jackson, 2003).

The impact of stressful events depends on objective characters, and also on adolescents’ subjective appraisals, such as an evaluation of an event’s potential impact or threat to well-being (Lazarus, 1993) and the controllability of a stressor (Rudolph, Dennig, & Weisz, 1995; Skinner, 1995). Adolescents respond to stressors according to their appraisals, using active strategies, persistence, exertion, problem-solving, cognitive distraction or seeking social support. Developing effective and positive coping behaviour is one way to manage all the stressors during transformation from childhood till adolescence. Coping may become more sophisticated as children experience more opportunities for social learning and modelling (Eisenberg et al., 2004). Children also become more interested in building supportive friendships throughout adolescence, further strengthening their repertoire for social modelling and learning.

There are a variety of coping theories. Coping describes the transactional processes through which people deal with actual problems in their everyday lives (Aldwin, 1994; Skinner & Zimmer-Gembeck, 2007). Coping includes only those responses that are controlled, conscious and volitional (Compas et al., 2001). Coping is an interaction between the person’s internal resources and external environmental demands (Lazarus & Folkman, 1984). It includes attempts to reduce the perceived discrepancy between situational demands and personal resources (Lazarus, 1993). The psychoanalytic concept was that each form of psychopathology was associated with a particular defensive style. The defence mechanisms were constructed by Sigmund Freud. He emphasised two basic forms: intellectualisation and repression. Selye (1956) proposed the term stress to explain responses being observed in the general adaptation syndrome, a syndrome identified as an ‘initial alarm reaction followed by a state of adaptation . . . called the stage of resistance’.

Physiological response to stress is fundamental in stress theory. Selye was also the first to identify a ‘stressor’, or the cause of subsequent stress (Rew, 2005, p. 136). Theory of Selye influenced on subsequent coping concept. Moos and Shaefer (1984) suggested that coping involves three aspects: (a) cognitive appraisal, (b) adaptive tasks and (c) coping skills. Coping also depends on social contexts and interpersonal relationships. These external factors are recognised by Moos to realise how adolescents adapt and cope with stressors. Haan proposed a tripartite hierarchy with coping as the most healthy and developmentally advanced process of adaptation, defence as a neurotic process, and ego-failure as the most severely regressed and perhaps psychotic adaptive process (Haan, 1969). Compas et al. (2001) defines engagement and disengagement coping strategies. Engagement responses are oriented towards the source of stress or one’s emotions or thoughts (problem-solving, cognitive restructuring, acceptance and emotional control). Disengagement coping responses are oriented away from the stressor or one’s emotions or thoughts (avoidance, denial and withdrawal; Compas et al., 2001).
Lazarus and Folkman (1984) used the term coping to describe the ‘cognitive and behavioral efforts’ a person uses to manage stress, generally categorised as emotion-focused or problem-focused coping. Coping is conceptualised by Lazarus and Folkman as a process. This is a process which involves cognitive and behavioural strategies directed at eliminating or minimising demands. People cope in one of two ways, by problem-focused coping, which is actively or behaviourally altering the external person—environment relationship, or emotion-focused coping, which is altering the personal or internal meaning or relationships (Lazarus, 1999).

The development of wide repertoire of coping behaviour is the demand of positive transition on the way from childhood into adulthood. Coping strategies are the mediators of stress that may aid or inhibit positive adolescent adaptation (Compas et al., 2001). Cichetti and Rogosch suggest that if a person does not effectively deal with stressors of childhood, he will not be able to handle a stress in adolescence effectively (Cichetti & Rogosch, 2002). Seiffge-Krenke found that around the age of 15 is typically when adolescents experience a turning point for developing and utilising more advanced levels of coping strategies (Seiffge-Krenke, 2000). Skinner and Zimmer-Gembeck (2007) have found that adolescents use a wider range of coping strategies than children, and it is this increasing flexibility and organisation of their responses that is likely to be most adaptive. Rigid reliance on a few coping strategies or disengagement coping behaviour (helplessness, passivity, escape and opposition) has been found to be associated with poorer functioning and aggressive symptoms in boys (Compas et al., 2001). Besides, studies showed a connection between disengagement coping and lower academic competence in contrast to connection between high academic competence and engagement coping (Compas et al., 2001). Active coping has been found to have mediating effects for impulsivity and internalising problems (Compas et al., 2004). Wadsworth and Compas (2002) found that children exposed to economic hardship were more likely to use avoidance, denial and wishful thinking in dealing with stress compared to engagement strategies. In spite of individual differences, some authors have concluded that behaviours aimed at changing the stressful situation (i.e. instrumental coping) are very common, but decrease in use during adolescence, whereas coping that is focused on managing emotions and reducing tension increases (Frydenberg & Lewis, 2000). Skinner and Zimmer-Gembeck (2007) showed that support seeking (seeking information, emotional support and instrumental help strategies), problem-solving (strategising, instrumental action and planning strategies) and distraction are the most often coping strategies in adolescence.

**The current study**

The study presented here attempts to serve a purpose: to establish the differences in preferred coping strategy in adolescents with deviant behaviour. Based on previous researches (Compas et al., 2004; Compas et al., 2001; Wadsworth & Compas, 2002), it was expected that deviant adolescents would be more likely to use disengagement coping.

There are few factors which directly and indirectly affect adolescents’ deviant behaviours. These factors are the adolescent family, community and peers. Families of deviant adolescents are living below the poverty line. Violence, punitive parenting and interparental conflict are common for them (Wadsworth & Compas, 2002). Parents of deviant adolescents usually do not use important parenting techniques such as effective discipline, monitoring and problem-solving that have a great impact on developing deviant behaviour (Crosswhite & Kerpelman, 2009). Many deviant adolescents had experienced their parents’ fighting and later divorcing. And then, as a result, living in a single-parent
home. Social control theory assumes that two parents are better able to provide affection and supervision to their children than single parents (Mack, Leiber, Featherstone, & Monserud, 2007). According to the social disorganisation theory, if traditional or effective community social bonds that prevent crime and deviance are absent, deviant behaviours will increase (Knoester & Haynie, 2005). The most effective community is an intergeneration where children and adults have a strong bond with each other. On the other hand, single-parent families have difficulty in providing the necessary conditions that prevent crime and deviance. Within the community, schools play an important role in providing social norm and preventing deviant behaviour. Parents help adolescents to understand and accept the pro-social values. If they do not, the risk of deviant behaviour increases (Simons, Whitbeck, Conger, & Conger, 1991). Another important information is that adolescents with positive feelings towards their school are less likely to be deviant (Dornbusch, Erickson, Laird, & Wong, 2001). When adolescents have troubles at school, they tend to look for a support in a deviant peer group. Deviant groups are more likely to accept each other. Thereby some adolescents begin to affiliate with deviant friends.

Method
Participants and procedure
The study participants were recruited from two secondary schools: Moscow Therapeutic School for adolescents with deviant behaviour and Moscow Secondary School #674. There are several levels in Russian educational system: kindergarten, secondary school and high (university) education. Secondary school contains three levels as well: primary school (for 7–10-year-old students), secondary level (11–14-year-old students) and high school (15–17-year-old students). The participants of our research were from high school only.

There were two samples: deviant and control. The social context of our deviant sample was pretty uniform: 100% families had a low socio-economic status and low educational rate, 90% single-parent families, 95% families have conflict relationships and totally all the parents do not know or use effective parenting techniques. The social context of our control sample included a wide range of socio-economic statuses, educational rates and child–parental relations.

The total sample was composed of 320 adolescents, who were the students of the last three grades. A group contained 15–17-year-old students, both male and female (152 boys and 168 girls). In terms of ethnic background, the sample was completely Caucasian.

The difference between both schools is in the contingent of students. All adolescents from the deviant group were transferred to that school on the basis of Commission’s conclusion. Such a Commission usually consisted of paediatricians, psychologists, psychiatrists, social workers and educators. Every documented case of violation of school rules (e.g. Fights, smoking, absent to school at least for a month and substance use) is sent to the Commission where it must be considered. Each specialist of the Commission gives an assessment. It may recommend to transfer an adolescent to a Therapeutic school for adolescents with deviant behaviour. In spite of Therapeutic speciality of school, educational programme there is regular, common for all Secondary schools. Learning this programme requires a normal intellectual development of adolescent. Consequently, all the adolescents in Therapeutic school have an adequate level of intellectual development appropriate for their age. Deviant behaviours of students correspond to oppositional defiant disorder with several behavioural criteria: aggressiveness and a tendency to purposefully bother and
irritate others. Deviant behaviours of participants were accepted as documentary facts and were not measured separately.

A second group included adolescents from State Secondary School who live in nearby to school districts. That was the only collecting criterion for being enrolled in that school. State Secondary Schools are located in every neighbourhood of Moscow and, according to educational law, they must enrol all the children living around without any examinations. Thus, the contingent of such schools is very diverse and reflects a mean of neighbourhood population.

All the participants and their parents received written information about study and were asked for consent (acceptance rate: 100%). Then, interviewers visited the classroom during a lesson and asked participants to fill out a questionnaire. Results were processed anonymously.

**Measures**

**Coping processes**

Items from the Russian validation of the ways of coping were used to study thoughts and acts that adolescents use to deal with the internal and/or external stressors. The ways of coping includes next scales: Confrontive Coping, Distancing, Self-Controlling, Seeking Social Support, Accepting Responsibility, Escape–Avoidance, Planful Problem-Solving and Positive Reappraisal. Adolescents were asked to indicate, by using the rating scale, to what extent they used it in the situation they have just described.

**Coping strategies**

Scales from the Russian version of Amirkhan’s coping strategy indicator (Amirkhan, 1990) to measure the degree to which three coping strategies (Problem-Solving, Seeking Social Support and Avoidance) have been used in response to a specific stressful life experience. Avoidance coping is defined as the purposeful attempt at withdrawal or distraction. Problem-solving coping focuses on instrumental manipulation, including reflection and application of instrumental responses (e.g. compromise, self-control and
positive thinking). Seeking social support involves efforts to contact or reach out to others for comfort or advice.

Three subscales, each with 11 corresponding items, measure the three coping strategies. Respondents are asked to rate the extent to which they used the coping behaviours on a Likert-type rating scale ranging from 1 to 3, in which 1 = not at all, 2 = a little and 3 = a lot.

**Results**

All the means and statistical inference (Mann–Whitney U-test) results between the study variables are reported in Table 1.

As expected, there were several similarities and differences in results between the group of deviant adolescents and the control group of adolescents (see Table 1).

The results indicated that adolescents of the deviant group were more likely to use Escape–Avoidance ($M = 13.7$) and less likely to use Problem-Solving behaviour ($M = 22.7$). In contrast, adolescents from the control group reported less frequent Escape–Avoidance behaviour ($M = 10.6$) the same as the Problem-Solving coping behaviour (26.6).

Other coping behaviours such as Planful Problem-Solving ($M = 10.8; M = 12.2$) and Positive Reappraisal ($M = 11.3; M = 12.6$) were quite significant in both group results, although control group adolescents’ scores tend to increase.

Self-Controlling coping scores were significant in both groups. Furthermore, adolescents of both groups were likely to seek and accept Social Support.

Generally, the adolescents’ coping behaviour repertoire from both groups included both engagement and disengagement coping behaviour to manage a stress. But, in confirmation of our hypothesis, the adolescents from the deviant group were more likely to use disengagement coping strategies.

**Discussion**

The goal of the present research was to examine coping strategies the deviant and non-deviant adolescents use to manage stress. According to our hypothesis, it was expected that deviant adolescents would be more likely to use disengagement coping.

Consist to the extant literature, a positive association between deviant behaviour and disengagement coping marked. It was found in our study that adolescents with deviant behaviour were more likely to use avoiding and distancing from the problems than an adolescent from the control group. These results confirmed our hypothesis, and consistent with the results of previous research, reported that adolescents with deviant behaviour exposed to economic hardship were more likely to use avoidance, denial and wishful thinking in dealing with stress compared to engagement strategies such as mobilisation of active coping and social support resources (Compas et al., 2004; Compas et al., 2001; Wadsworth & Compas, 2002). Avoidant coping is frequently used during adolescence when dealing with parental divorce, teenage pregnancy and immigration (Seiffge-Krenke, 2000). Wadsworth and Compas (2002) found that children exposed to economic strain and family conflict had a tendency to rely on disengagement strategies. It can be an effective tool to cope with severe stressors the adolescent has no control over. The controllability of a stressor is an important appraisal. When stressors are perceived as lower in controllability, adolescents are more likely to use cognitive distraction, seek a social support or response for reducing emotional distress (Rudolph et al., 1995; Skinner, 1995).
Moreover, adolescents from both groups reported their preference to accept a social support to manage stressors. Adolescents are more likely to go to peers for emotional support and help with daily problems. At the same time, there are reductions in seeking and accepting support from adults. In spite of results reported that adolescents tend to use both an engagement and disengagement coping strategies, there were some differences between our groups.

It is worth nothing that adolescents from the control group have a tendency to use flexible and pro-social models of managing with stress; they are more likely to use planful problem-solving and positive reappraisal and distraction such as creation, studying, rationalising the problem and thinking about something positive. It was shown in the previous studies that distraction is often used to supplement other coping strategies, and the ability to shift between strategies, for example, using both problem-solving and distraction to full advantage, becomes more advanced throughout adolescence and into early adulthood (Skinner & Zimmer-Gembeck, 2007). Using distraction is different in the deviant adolescents group – they prefer to play video games, watch TV, smoke or just sleep.

Thereby using disengagement coping, more precisely escape, avoidance and distancing from the stressors, comes to the fore discussing the coping strategies the deviant adolescents are more likely to use.

Limitations and future directions

This study had some limitations concerning the cross-sectional nature, measurement and samples.

The cross-sectional nature of the data limited the understanding of the directions of relationship between variables. First, it is related to our hypothesis and main character of our sample – deviant behaviour. It includes a lot of components which make different influence on the coping behaviour. Second, it may also be that using a disengagement coping increases, for example, problems with teachers and peers, and academic difficulties and relations within family, arises and then complicates the deviant behaviour as a result. A longitudinal design is required to test this hypothesis.

Concerning the sample, although several schools took part in the study, the number of adolescents cannot be seen as a national representation. Besides, the present findings were limited by the age and urban location of the sample. Future studies should compare the effects of rural and urban poverty on coping across age groups.

Another limitation is that this study did not measure gender differences because of small sample. It must be continued with more samples and using gender analyses.

Further limitations of the study relate to the cultural implications of the definitions of the constructs of coping strategies and our sample selection. Healthy coping strategies are contextually and socially defined and may vary from culture to culture (Sue & Sue, 2003). Ultimately, coping styles cannot be viewed apart from the influences of race, ethnicity and culture.

Thus, we need to be careful in interpreting these results.

Conclusion

Coping is an important construct in understanding how adolescents react to the stressors and adjustments they experience in their lives. It may be different at different stages of life. In adolescence, girls and boys face challenging developmental tasks, such as fitting into a
peer group, differentiating from the family and advancing identity formation. The poverty, divorced parents, deviant neighbourhood and other factors are the complimentary stressors for development. The adolescents need to deal constructively with the stressors in their everyday lives. Achieving positive outcomes depends on understanding the actual stressors faced by adolescents, the ways they make sense of stressful events, and how adolescents react to and cope with problems. In this study, we examined the coping strategies the adolescents with and without deviant behaviour use to manage a stressor. Understanding how adolescents experience and cope with stressful events provides a foundation for preventive intervention services, whether they are aimed at helping adolescents to change their appraisals of stress, indicate and use social resources or improve their own capacity to cope adaptively.

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