Coping Strategies of Pakistani Adolescents for their Daily Stressors

Iffat Rohail

Foundation University, Rawalpindi Campus, Rawalpindi.
PAKISTAN.

iffatrohail@gmail.com

ABSTRACT

Coping strategies of 250 Pakistani adolescents (126 males and 124 females)were investigated in relation to their daily stressors. Problem Questionnaire (PQ) & Coping across Situations Questionnaire (CASQ) (Seiffge-Krenke, 1995) were used. Both scales covered eight domains viz. school, parents, peers, leisure time, relationship with opposite gender, future, and self. Results indicated that adolescents used functional coping more often for perceived stressors and inclined more towards internal resources like appraising the situation and reflecting upon different solutions. Males showed more stress than females in the domains of school, future, parents and relationship with opposite gender. In the perception of stress mid-adolescents showed more stress than early and late adolescents. Females scored higher on both active coping and internal coping as compared to males, whereas on dysfunctional coping, both scored evenly. Older adolescents however scored higher on active coping and internal coping, as compared to early and mid adolescents.

Keywords: Adolescents, Coping, Daily Stressors

INTRODUCTION

Majority of the stress coping studies on adolescents have been conducted on White, middle-class samples in America and Europe (Arnett, 2008), and little is known about cross cultural variations in how adolescents cope with everyday hassles and minor stressors (Seiffge-Krenke, Cok, Herrera, Rohail, Macek & Hyeyoun, 2012). It is imperative to study the stress coping phenomena in this part of the world (Pakistan) as there are many cultural differences and one cannot automatically utilize Western concepts to indigenous population Present study investigated the daily stressors and coping strategies typical for Pakistani adolescents.

Stress is a complex phenomena and it has been studied from various view points. The ability to adapt to stress needs a special attention in the study of adolescents. Successful adaptation to stress includes the ways in which individuals manage their emotions, think constructively, regulate and direct their behavior, control their autonomic arousal and act on the social and non social environments to alter or decrease sources of stress. These processes have all been included to a varying degree within the construct of *coping.*

Research on the nature and function of coping processes in adolescence has both basic and applied importance. From the perspective of basic research, coping represents an important aspect of the more general processes of self regulation of emotions, cognitions, behavior, physiology, and the environment (e.g., Eisenberg, Fabes, & Guthrie, 1997; Skinner, 1995).

From a more applied perspective, research on coping is significant in two ways. *First,* psychosocial stress is a significant and pervasive risk factor for psychopathology in adolescence (Grant, Compas, Thurum, McMahon and Ey, 2000), and the ways in which adolescents cope with stress are potentially important mediators and moderators of the impact of stress on current and future adjustment and psychopathology. *Second,* a wide array of psychological interventions for the treatment and prevention of psychopathology are designed

ISSN: 2223-9944, eISSN: 2223-9553

to enhance the coping skills of adolescents (e.g., Clarke et al., 1995; Kendall et al., 1997). Information about the basic nature and efficacy of coping in adolescents help inform these interventions (Sandlers, Wolchik, McKinnon. Ayers, & Roosa, 1997), and this intervention research provides valuable data on the malleability of coping and the ways in which the social context can facilitate effective coping in youth.

The aims of this study were threefold: a) to investigate the daily stressors typical for Pakistani adolescents b) to examine the types of coping strategies used in dealing with these stressors and c) to determine the age and gender differences in stress perception and coping styles.

METHOD

Sample

250 adolescents (126 males and 124 females) participated in this study. The adolescents ranged in age from 11 to 19 years with mean age of 15.17 years. The sample was subdivided into 75 early adolescents (11 to 13 years), 85 mid-adolescents (14 to 16 years) and 90 late adolescents (17 to 19 years. Some important socio-demographic factors were also taken into account such as age, gender, and parent's monthly income. This was done to keep in perspective their socioeconomic background.

Instruments

Adolescent stress was measured by the Problem Questionnaire (Seiffge Krenke, 1995). Problem Questionnaire (PQ) is five point scale, consisted of 64 items with seven domains, like school, family, peers, leisure time, opposite gender, future and self.

Coping was measured by the Coping Across Situations Questionnaire (PQ) (Seiffge Krenke, 1995). This questionnaire consisted of 20 individual items, across eight different problem domains such as school, parents, peers, leisure time, relationship with opposite gender, future, self and job.

Procedure

Adolescents completed the PQ and CASQ anonymously during one school lesson. They were randomly drawn from their classes with the permission of their respective principals, and were provided the PQ and CASQ. Alpha reliability coefficients were calculated for both PQ and CASQ, which was .93 and .92 respectively.

RESULTS

Descriptive Analysis

The analysis of the responses of 250 adolescents across all 64 items in the Problem Questionnaire shows that most items were located in the middle range of the five point scale.

On analyzing each item of the Problem Questionnaire separately, it has been observed that Item 1 "There is great pressure to get best marks in school", has the highest average score (3.54). Other items carrying higher loadings refer to the future as well as personal concerns. Across all scales, the general trend of perceived distress, however, was found to be of moderate level. The analysis of the answers of 250 adolescents across the coping strategy situation matrix revealed that coping strategy 1 ("I discuss the problem with my parents/other adults") was named most frequently for all problems, followed by thinking about the problem and trying to find different solutions for it, and taking help from friends. The strategies named least were getting help from institutions (strategy 3), and using drugs or alcohol to forget problems (strategy 17). It may be due to the fact that such institutional facilities are not available to our adolescents which can facilitate in the solution of their problems. The other

ISSN: 2223-9944, eISSN: 2223-9553

least often named strategy (17) indicates that our adolescents do not attempt to suppress their problems in drugs etc.

Age and Gender Differences in Stress Perception

Analysis of variance (ANOVA) was computed separately for age and gender as independent variables and seven scales of the PQ as dependant variables. Age was divided into three groups (11 – 13, 14 – 16, and 17 – 19 years). An overall significant difference was found for three age groups with mid adolescents having higher scores on nearly all the scales of Problem Questionnaire as compared to early and late adolescents (Table 1).

Table 1. Analysis of variance (ANOVA) showing main effects of three age groups of adolescents (early adolescents (1), mid-adolescents (2) and late adolescents (3) for seven scales of Problem Questionnaire (PQ) (N=250)

Scales of PQ	*Age Groups*	*N*	*M*	*Std. Dev.*	*F*	*Sig.*
School	1	75	2.1500	.7128	15.28	.000***
	2	85	2.6985	.6979		
	3	90	2.6681	.6893		
	Total	250	2.5230	.7383		
Future	1	75	2.4717	.7414	13.92	.000***
	2	85	2.9735	.6871		
	3	90	3.0486	.8061		
	Total	250	2.8500	.7858		
Parents	1	75	1.8933	.7079	20.02	.000***
	2	85	2.5906	.7637		
	3	90	2.5422	.8272		
	Total	250	2.3640	.8283		
Peers	1	75	2.2147	.7759	11.14	.000***
	2	85	2.7647	.6489		
	3	90	2.4644	.7850		
	Total	250	2.4916	.7682		
Leisure	1	75	2.0267	.7591	11.00	.000***
	2	85	2.5597	.6992		
	3	90	2.4714	.8223		
	Total	250	2.3680	.7933		
Opposite Gender	1	75	1.9143	.8095	22.87	.000***
	2	85	2.7059	.6566		
	3	90	2.2365	.7722		
	Total	250	2.2994	.8098		
Self	1	75	2.2752	.8947	8.01	.000***
	2	85	2.7571	.7416		
	3	90	2.6627	.7680		
	Total	250	2.5786	.8219		

Note: *p < .05, **p , .01, ***p <.001

ISSN: 2223-9944, eISSN: 2223-9553

A main effect of gender was found in two scales, for example, in *problems with school* [F (250) = 18.23, p < .0001] and *problem related with opposite gender* [F (250) = 3.98, p < .05] with males having higher scores than females (Table 1), indicating that males are more stressed academically as well as interacting with opposite gender.

Table 2. Analysis of variance (ANOVA) showing main effects of gender for seven scales of Problem Questionnaire (N=250)

		N	*M*	*Std. Dev.*	*F*	*Sig.*
School	Male	126	2.7143	.7823	18.23	.000***
	Female	124	2.3286	.6373		
	Total	250	2.5230	.7383		
Future	Male	126	2.9246	.7777	2.30	.131
	Female	124	2.7742	.7899		
	Total	250	2.8500	.7858		
Parents	Male	126	2.4159	.7935	.996	.319
	Female	124	2.3113	.8621		
	Total	250	2.3640	.8283		
Peers	Male	126	2.4976	.7681	.016	.901
	Female	124	2.4855	.7713		
	Total	250	2.4916	.7682		
Leisure	Male	126	2.3719	.7986	.006	.938
	Female	124	2.3641	.7912		
	Total	250	2.3680	.7933		
Opposit	Male	126	2.4002	.8219	3.983	.047*
	Female	124	2.1970	.7874		
	Total	250	2.2994	.8098		
Self	Male	126	2.5680	.7928	.042	.838
	Female	124	2.5893	. 8534		
	Total	250	2.5786	.8219		

Note *p < .05, **p , .01, ***p <.001

In the domains of *self, leisure and peers* male and female adolescents did not differ in their perception of stress but in other domains like school, *future, parents and relationship with opposite genders,* male adolescents had more concerns as compared to female adolescents.

Age and Gender Differences in Coping Style

Analysis of variance (ANOVA) was conducted separately for age and gender as predictor variables and three coping styles as criterion variables.

ISSN: 2223-9944, eISSN: 2223-9553

Table 3. Analysis of variance (ANOVA) showing main effects of three age groups of adolescents (i.e. early adolescents (1), mid-adolescents (2) and late adolescents (3)) for three coping styles viz. active coping, internal coping and withdrawl (N=250)

Age Groups 1=early adol. 2=mid adol. 3=late adol.	*N*	*Coping Styles*	*Mean*	*Std. Dev.*	*F*	*Sig.*
1	75	Active	.1493	8.722E-02	15.20	.000***
2	85		.1424	7.626E-02		
3	90		.2232	.1414		
Total	250		.1736	.1130		
1	75	Internal	.1453	.1081	11.94	.000***
2	85		.1525	.1059		
3	90		.2361	.1751		
Total	250		.1804	.1413		
1	75	WITHDR	9.310E-02	7.163E-02	6.32	.002**
2	85		.1116	7.490E-02		
3	90		.1389	9.896E-02		
Total	250		.1159	8.528E-02		

Note *p < .05, **p , .01, ***p <.001

An overall significant difference was found in three age groups (Table 3). Older adolescents show higher scores in all coping styles especially in active coping and internal coping, as compared to early and mid adolescents.

Table 4. Analysis of variance (ANOVA) showing main effects of gender for three coping styles viz. active coping, internal coping and withdrawl (N=250).

Coping Style	*Gender*	*N*	*M*	*Std. Dev.*	*F*	*Sig.*
Active	Male	126	.1577	9.651E-02	5.06	.025*
	Female	124	.1897	.1260		
	Total	250	.1736	.1130		
Internal	Male	126	.1678	.1276	2.02	.156
	Female	124	.1932	.1534		
	Total	250	.1804	.1413		
WITHDR	Male	126	.1185	8.912E-02	.24	.625
	Female	124	.1132	8.146E-02		
	Total	250	.1159	8.528E-02		

Note *p < .05, **p , .01, ***p <.001

A significant difference was found in one of the coping styles i.e., *active coping*, for gender [F (250) = 5.06, p < .05. Females scored higher on both active coping and internal coping than males, whereas on withdrawl, both scored similarly (Table 4).

ISSN: 2223-9944, eISSN: 2223-9553

DISCUSSION

Future related stressors were found to be most stressful which are in consonant with some earlier and even recent studies (e.g., Mckay, 1977, Sigal, Silver, & Ellin, 1973, Seiffge-Krenke,1995; Seiffge-Krenke et al., 2012; Gelhaar et al., 2004). Adolescents across all regions and parts of the globe including Pakistan experienced a great amount of future-related stress. However, it's interesting to note that Indian adolescent who is just in the neighborhood experienced and perceived higher level of stress in almost all domains (see, Thaker & Verma, 2014).

Cross-cultural studies can best evaluate how adolescents in other parts of the world with different life conditions and socioeconomic factors perceive and confront different challenges of life. A six nations study suggested that in stress perception gender effects are of moderate size by all the cultures. In Eastern Europe, however, it was observed that female adolescents perceived stress more often than male adolescents, (Gelhaar et al., 2004) and Pakistani sample was showing contrary results. Pakistani male adolescents were showing higher stress than females. Present study validated that observation. The reasons may be, Pakistani girls are being overprotected by their parents more and they resolve most of their worries at home, where as boys are told most of the time to act responsibly in all day to day matters and hence they might feel more pressurized. In the domains of school and future, the male adolescents scored comparatively higher, than female adolescents indicating that may be academic and future concerns are forced upon them more by the adults.

Furthermore, age related stressors of Pakistanis are also in contrast with earlier research findings (Seiffge-Krenke, 1995), supporting younger adolescents having greater stress than older adolescents. In our sample more stress is reported by mid-adolescents. This difference can be due to the maturity level of the adolescents. In Europe entering into new school level is accomplished roughly at the age of 12 to 14 and here in Asian countries, especially in the sub-continent, this change arises at age 14 to 16 which might be a stressful juncture. Thaker & Verma, (2014) conducted a study in India and concluded that males showed more stressors than females; likewise, fifth graders scored lower on maladaptive coping strategies and externalizing problems and reported more adaptive coping strategies than sixth and seventh graders. This study further validates this assertion that Asian adolescents experience developmental changes according to their own cultural context or maturity level and acquisition of new roles is usually stressful (Hamburg, 1974; Petersen & Spiga, 1982). In Pakistan mid-adolescence is a phase in which children have to start a new academic phase, they leave school and enter into college level and this might explain the difference of results.

Coping was analyzed under three broad categories namely, Active coping, internal coping and Withdrawal. In most studies it was noticed that whatever theoretical approach used, with any type of methodological procedures, adolescents choose a more active, and problem-focused approach (Compas et al., 1988; Seiffge-Krenke, 1995). Our findings are in line with this pattern and adolescents mostly used internal and active coping.

Pakistani adolescents' preferred coping style is internal which can be due to the reason that adolescents play a rather dependant role in our society and situations on which they have no control or cannot solve actively they try to bring change in their emotions and apply those strategies which are mostly emotion-focused (Rohail, 2010). Basically our family structure or rearing practices, sometimes, do not provide an environment suitable for the stimulating development of individual autonomy. Parents are overprotective and in many cases so authoritative that they rarely allow their children to take some practical actions on their own. The rights of decision-making, remain with parents, may it be the decision of education or

ISSN: 2223-9944, eISSN: 2223-9553

future. It may be due to this reason that adolescents usually accept their limitations and compromise and do not assert.

The factor of age is very important in order to know adolescent coping process but majority of researches conducted earlier did not take age factor into consideration (J. Johnson & Bradlyn, 1988; Wagner, Compas, & Howell, 1988; McCrae, 1982).

Presently, the researchers who have dealt in this area provided divergent findings. For example, with respect to problem-focused coping, no consistent evidence of changes related to age have been found. Some authors have reported, coping decrease with age (Band & Weisz, 88), others have observed a stability across age (Althuser & Ruble,1990) and even some reported that coping increases with age in future related problems only (Gelhaar et. al. 2004). Our research findings present a different picture, active coping or internal coping, both increases with age. Late adolescents are more active as well as internal copers. Adolescents as they grow older, reflect more, anticipate negative consequences and try to make actions or compromises.

Just as we have seen in stress perception male adolescents show greater stress in almost all the domains as compared to their counterparts----but importantly they use less functional coping strategies than females. The strategies on which their scores are higher than females are all dysfunctional coping strategies. They expect the worst to happen, try not to think about the problems, suppress their problems with unhealthy means like drugs etc. or just withdraw, having this thought in mind that they cannot change anything anyway. Females on the contrary are more realistic in their attitude they seek advice, help, comfort or sympathy from others more often, regardless of the nature of problem.

To conclude, Pakistani adolescents learn to cope well as they mature in age but optimism lies in the fact that their approach is not pathological.

REFERENCES

[1] Althuser, J. L., & Ruble, D. N. (1990). Developmental changes in children's awareness of strategies for coping with uncontrollable stress. *Child Development, 60*, 1337 – 1349.

[2] Arnett, J. J. (2008). The neglected 95%. Why American psychology needs to become less American. *American Psychologist, 63*(7), 602-614.

[3] Band, E. B., & Weisz, J. R. (1988). How to feel better when it feels bad. Children's perspectives on coping with everyday stress. *Developmental Psychology, 24*, 247 – 253.

[4] Clarke, G. N., Hawkins, W., Murphy, M., Sheeber, L. B., Lewinsoh, P. M., & Seeley, J. R. (1995). Targeted prevention of unipolar depressive disorder in an at-risk sample of high school adolescents. A randomized trial of a group cognitive intervention. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*, 312-321.

[5] Compas, B. E., Melcarne, V. L., & Fondacaro, K. M. (1988). Coping with stressful events in older children and young adolescents. *Journal of Consulting and Clinical Psychology, 56*, 405-411.

[6] Eisenberg, N., Fabes, R. A., & Guthrie, I. (1997). Coping with stress. The roles of regulation and development.In J. N. Sandler & S. A. Wolchik (Eds.). *Handbook of children coping with stressors: Linking theory research and intervention* (pp 41-70). New York: Plenum.

ISSN: 2223-9944, eISSN: 2223-9553

[7] Grant, K. E., Compas, B. E., Thurm, A., McMahon, S. D., and Ey, S. (2000). *Stress and developmental psychopathology.* Moving from markers to mechanisms of risk. Unpublished manuscript. De Paul University. Chicago.

[8] Gelhaar et al. (2004). Stress and coping in adolescence: a six-nation study. *44th Conference of the German Association for Psychology (DGPs), September 26th – 30th, Gottingen, Germany.*

[9] Hamburg, B. A. (1974). *Early adolescence: A specific and stress stage of the life cycle.* In G. V. Coelho, D. A. Hamburg and J. E. Adams (Eds.), *Coping and adaptation* (pp 101-124). New York: Basic Books.

[10] Johnson, J. H., & Bradlyn, A. S. (1988). *Assessing stressful life events in childhood and adolescents. Preliminary findings with the Life Events Checklist.* In O, Sarson & C. D. Spielberger (Eds.), Stress and anxiety (pp. 230-241). Washington DC: Hemisphere.

[11] Kendall, P. C., Flannery-Schroeder, E., Panichelli-Mindel, S. M., Sowtham-Gerow, M., Henin, A., & Warman, M. (1997). Therapy for youths with anxiety disorders: A second randomized trial. *Journal of Consulting and Clinical Psychology, 65,* 366-380.

[12] McCrae, R. R. (1982). Age differences in the use of coping mechanisms. *Journal of Gerontolgy, 37,* 454-460.

[13] Mckay, M. M. (1977). Adolescent problems. An examination of the rank comparison of the latent categories of problems as defined and ordered by high school students. *Dissertations Abstracts International, 38,* 3193.

[14] Peterson, A. C., & Spiga, R. (1982). Adolescence and stress. In L Goldberger & S Breznitz (Eds.). *Handbook of stress. Theoretical and clinical aspects*. (pp. 515-528). New York & London: The Free Press.

[15] Rohail, I. (2010). *Daily stressors, coping strategies and adjustmaent of adolescents. Adolescents coping in socio-cultural perspective*. VDM Verlag Dr. Muller GmbH & Co. KG.

[16] Sandlers, I., Wolchik, S., McKinnon, D., Ayers, T., & Roosa, M. (1997*).* Developing linkages between theory and intervention in stress and coping processes. In S. A. Wolchik and I. N. Sandler (Eds.). *Handbook of children's coping with common life stressors: Linking theory, research, and interventions* (pp. 3-40). New York: Plenum.

[17] Seiffge-Krenke, I. (1995). *Stress coping and relationships in adolescence*. Mahwah, NJ: Lawrence Erlbaum.

[18] Seiffge-Krenke et al. (2012). Differences in agency? How adolescents from 18 countries perceive and cope with their futures. *International Journal of Behavioral Development*, 36(4), 1-13.

[19] Sigal, J. J., Silver, D., & Ellin, B. (1973). Some second generation effects of survival of the Nazi persecution. *American Journal of Orthopsychiatry, 43,* 320-327.

[20] Skinner, E. A. (1995). *Perceived control, motivation and coping*. Thousand Oaks. CA: Sage.

[21] Thaker, R. B., & Verma, A. P. (2014). A study of perceived stress and coping styles among mid adolescents. *Natl J Physiol Pharm Pharmacol,4*(1), 25-28.

[22] Wagner, B. M., Compas, B. E., & Howell, D. C. (1988). Daily and major life events: A test of an integrative model of psychosocial stress. *American Journal of Community Psychology, 16,* 189-205.

ISSN: 2223-9944, eISSN: 2223-9553