

STRESSORS AND WAYS OF COPING IN MID-ADOLESCENT GIRLS

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Some theorists (Blos, 1962; Hartzell, 1984; Lidz, 1968) believe that the relatively lengthy period of adolescent development is best described according to three stages—early, middle and late adolescence—and this belief has been expressed in the nursing literature (Mercer, 1979). Hartzell (1984) adds that clinicians working with adolescents should understand the three major areas of adolescent development (physical, intellectual and emotional), the main stages of maturation (early, middle, late) and "the characteristic behaviours and coping mechanisms of each stage" (p. 2). While there is a dearth of knowledge about the coping behaviours used by healthy adolescents who represent each of the three stages of adolescence, and the stressors that precipitate these coping behaviours, knowledge regarding these phenomena among mid-adolescent girls is virtually non-existent. The purpose of this study was to examine the ways of coping used by girls who represent middle adolescence, as determined by chronological age and to identify the major stressors in their lives.

Theoretical perspective on coping

From a stress-coping paradigm, Lazarus and Folkman (1984) define coping as "constantly changing cognitive and behavioural efforts to manage external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). This definition limits coping to conditions of psychological stress, and it depicts coping as a process including anything the person does or thinks.

Lazarus and Folkman (1984) make a distinction between two major forms of coping with stressors in one's life: problem-focused forms of coping are directed at managing or altering the problem causing the distress, whereas emotion-focused forms of coping are directed at regulating the emotional response to the problem. Both forms of coping are manifest in a wide array of strategies and the use of these strategies is influenced by the specific context of the problem and the contextual conditions.

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According to Lazarus and Folkman (1984), problem-focused coping strategies are similar to those used for problem-solving. However, problem-focused coping also involves strategies that are directed inward, such as learning new skills, that help the individual manage or solve the problem, or strategies that are directed outward, such as seeking the support of others to help solve the problem. Cognitive emotion-focused coping strategies are either directed at lessening emotional distress, such as avoidance and wishful thinking, or at increasing emotional distress, such as self-blame.

Coping in children and adolescents

The purpose of a study by Ryan (1989) was to develop a taxonomy of coping strategies used by school-aged children, aged 8 to 12. Using both group discussion and individual questionnaires, children were asked to name the strategies they use to deal with stressors in their lives, as well as strategies that do and do not work for them. Responses were sorted into 13 categories inductively derived from the content of the behaviours listed. Analysis of the data indicated that school-aged children used both cognitive and behavioural efforts, either problem-focused or emotion-focused, to cope with stressors. An example of coping behaviours considered problem-focused was figuring out or planning what to do about the problem, while examples of coping behaviours considered emotion-focused were crying and getting mad. Girls named significantly more social support and emotional behaviours than boys, while boys named significantly more physical exercise than girls.

Compas, Malcarne and Fondacaro (1988) studied older children and young adolescents, aged 10 to 14, to determine the strategies they use to cope with selected stressors in their lives, and their capacity to generate alternate solutions to cope with stressful events. Participants were asked to describe one academic and one interpersonal stressor, to indicate the ways they actually used to cope with these stressors and to generate a list of all possible ways of dealing with the stressors. Analysis of the responses indicated that older children and young adolescents used both problem-focused coping, such as "talking things over with the other person involved in the problem", and emotion-focused coping, such as "calmed myself down", in response to stressors. Although strong gender differences in the use of coping strategies were not found, girls used more emotion-focused strategies than did boys.

From a developmental perspective, Blanchard-Fields and Irion (1988) examined ways of coping with stress, measured with the Lazarus *Ways of Coping Scale*, in a sample of 60 participants, which included 20 adolescents (aged 14 to 16.5), 20 young adults (aged 20 to 25) and 20 mature adults (aged 30 to 46). Relevant to this study, the researchers found that adolescents endorsed more emotion- than problem-focused coping than either of the two

groups of adults, irrespective of whether the adolescents appraised the stressful episodes in their lives as controllable or uncontrollable. Data were not analyzed according to gender, and the most frequently used emotion- or problem-focused coping methods by adolescents were not reported. Tolor and Fehon (1987) did study the most frequently used coping strategies of 86 stressed high school boys, aged 14 to 18. Using the Coping Style Questionnaire, they found that of the four categories of coping techniques most and next most commonly used by the boys, three were problem-focused (e.g., taking positive action) and only one was emotion-focused (focusing on the positive). The present study examined the frequency with which mid-adolescent high school girls used both emotion- and problem-focused ways of coping, as described by Lazarus and Folkman (1984).

Method

Sample

Of the 70 girls approached to participate in the study, 50 met the age delimitations and voluntarily agreed to participate. The responses of three participants were deleted from the analysis because of incomplete data. The final sample consisted of 47 girls between the ages of 15 and 16 ($M = 15.62$), which represented middle adolescence according to chronological age (Mercer, 1979). All of the girls were white and in the tenth grade of an urban high school. According to their responses to a demographic data sheet, none of the girls was under the care of a physician for an acute or chronic illness at the time of the study.

Instrument

The *Revised Ways of Coping Checklist* (RWCCCL) is a measure of coping derived from Lazarus's transactional model of stress and coping (Vitaliano, Russo, Carr, Maiuro & Becker, 1985). In essence, the RWCCCL is a revised version of the *Ways of Coping Checklist* developed by Folkman and Lazarus (1980). As a result of principal components analysis with Varimax rotation, the RWCCCL has 42 items, distributed across the following five subscales: problem-focused (15 items), seeks social support (6 items), blamed self (3 items), wishful thinking (8 items) and avoidance (10 items). Thus, two subscales measure problem-focused coping (problem-focused and seeks social support), while the remaining three measure emotion-focused coping (wishful thinking, blamed self and avoidance). Subjects are asked, first, to list the major stressor in their lives and, secondly, to respond to the 42 coping thoughts and behaviours elicited by the stressor on a four-point Likert-type scale, ranging from "never used" (0) to "regularly used" (3). Finally, subjects are asked to rate 14 appraisal items regarding the stressor on a five-point Likert-type scale ranging from "strongly disagree" (1) to "strongly agree" (5) (Vitaliano et al., 1985).

Vitaliano et al. (1985) assessed the psychometric properties of the RWCCCL with three samples: 83 psychiatric out-patients, 62 spouses of patients with Alzheimer's disease and 425 medical students. Coefficient alpha reliabilities for the revised subscales ranged from .74 to .88 in the sample of medical students, .71 to .85 in the spouse sample and .76 to .88 in the psychiatric out-patient sample. The coefficient alphas obtained on the subscales in the present study of mid-adolescent girls were: problem-focused, .62; seeks social support, .74; blamed self, .65; wishful thinking, .85; and avoidance, .63. The coefficient alpha for the entire RWCCCL was .74.

According to Vitaliano et al. (1985), concurrent validity was attested to by the finding that medical students in group therapy had significantly higher scores on the RWCCCL than medical students not participating in such groups. In terms of construct validity, depression was negatively related to the revised problem-focused subscale, and positively related to the revised wishful thinking subscale across subsamples. Anxiety demonstrated a similar pattern of findings across samples and it was also positively related to the "seeks social support" subscale across samples.

Procedure

Access was gained to an urban high school. One week prior to testing, the researchers attended the health education classes in the tenth grade to explain the study and the procedures involved. Only girls were invited to participate. One week later, only girls who gave informed consent, and had parental consent as well, were administered the test materials in a classroom setting. All participants completed the RWCCCL and a demographic data sheet.

Results

Categories of stressors

The stressors listed by the participants were examined and the categories of School, Home and Family, Personal and Social, and Work (Employment) were inductively derived from the content of the stressors listed. The "School" category developed from such stressors as poor grades and relationships with teachers. Stressors such as parents' arguments and family illness formed the category of Home and Family. The category of Personal and Social developed from such stressors as changes in physical appearance and relationships with same- and opposite-sex peers. Finally, stressors such as demands at work and working hours formed the category of Work (Employment). Interestingly, the girls did not list stressors related to personal health-illness concerns. As can be seen in Table 1, the most frequently listed stressors fell into the category of Personal and Social, whereas the least frequently listed stressors fell into the category of Work. When the categories

were ranked, based on frequencies of stressors, the rank order was as follows: Personal and Social, School, Home and Family and Work.

Table 1
Categories of Stressors with Frequency and Rank Reported by Participants (N=47)

Stressors	Frequency	Rank
Personal and Social	19	1
School	14	2
Home and Family	9	3
Work	5	4

Appraisal of stressors

Means were generated for the appraisal of each stressor item for the sample. Of the 14 appraisal items, those with the two highest means were, "I think about the stressor often" (\underline{M} =4.30) and, "It is very important to me" (\underline{M} =4.17). Those with the two lowest means were, "It is very threatening" (\underline{M} =2.48) and, "It will always be a problem in my life" (\underline{M} =2.68).

RWCCL Subscales

Means were generated for each RWCCL subscale. Because each subscale has a different number of items, proportional means were calculated by dividing the mean for the subscale by the number of items on the subscale. The proportional means were then ranked to see more clearly the order of the most and least "ways of coping" by the participants. As can be seen in Table 2, wishful thinking had the highest proportional mean followed by problem-focused, blamed self, seeks social support and avoidance, in that order. Thus, wishful thinking was the most frequently used coping method and avoidance the least frequently used coping method by mid-adolescent girls.

Individual items on the RWCCL

The frequency of use of the 42 coping items on the RWCCL was also examined. For each of the 42 items, ranks were derived from the mean of the responses given by the sample. The means were then assigned a rank, with 1 being the way of coping most frequently used by the participants. When more than one item had the same mean, rank position was averaged to yield

Table 2***Means, Proportional Means^a and Ranks for RWCCL Subscales (N=47)***

Subscales	Means	Proportional Means	Rank
Wishful thinking	15.87	1.98	1
Problem-focused	28.06	1.87	2
Blamed self	4.94	1.65	3
Seeks social support	9.70	1.62	4
Avoidance	15.19	1.52	5

^a Mean for the subscale divided by the number of items on the subscale.

an equal weighted rank. Table 3 presents the means and ranks of the seven most and seven least used individual coping strategies reported by the participants. Of the seven most frequently used coping items, the item "wish that I could change what had happened," had the highest mean and, thus, was ranked number 1. This item, as well as two others from the seven most frequently used coping items were from the wishful thinking subscale. Two items were from the problem-focused subscale, and two items were from the seeks social support subscale. None of the seven most frequently used coping items were from the avoidance or blamed self subscales.

Of the seven least frequently used coping items, the item, "got professional help and did what they recommended," had the lowest mean and, thus, was ranked number 42. Five of the seven least frequently used ways of coping were emotion-focused and were all from the avoidance subscale; two items were problem-focused and from the seeks social support subscale.

Discussion

When using the Lazarus *Ways of Coping Scale*, Blanchard-Fields and Irion (1988) found that the most prominent stressors reported by adolescent boys and girls were school-related and family-related problems. In contrast, personal and social stressors emerged as those most frequently experienced by the mid-adolescent girls in this study. Examples of personal stressors listed by the girls included changes in their physical appearance and concerns about being overweight. According to Hartzell (1984), mid-adolescent boys and girls show a great interest in their bodies and are often dissatisfied with their height, weight and general appearance. Girls especially are concerned with weight problems and their physical appearance. An interpretation of the present data suggests that these normal developmental concerns were perceived, by the girls in this study, as stressors in their lives.

Table 3

Means and Ranks of 7 Most and 7 Least Used Coping Items^a from the Revised Ways of Coping Checklist (N=47)

Item	Mean	Rank	Subscale
<i>Most</i>			
Wished could change what had happened	2.40	1	Wishful Thinking
Talked to someone to find out about the situation	2.26	2	Seeks Social Support
Wished the situation would go away or be finished	2.23	3	Wishful Thinking
Talked to someone about feelings	2.21	4	Seeks Social Support
Took things one step at a time	2.19	5	Problem-focused
Knew what had to be done... tried harder to make things work	2.17	6.5	Problem-focused
Wished could change the way I felt	2.17	6.5	Wishful Thinking
<i>Least</i>			
Refused to believe it happened	1.38	36	Avoidance
Went on as if nothing happened	1.34	37.5	Avoidance
Talked to someone who could do something about problem	1.34	37.5	Seeks Social Support
Slept more than usual	1.09	39	Avoidance
Felt better by eating, drinking, etc.	1.06	40	Avoidance
Tried not to act too hastily	.94	41	Avoidance
Got professional help... followed recommendations	.04	42	Seeks Social Support

^aThe original rankings of the 42 item scale are given. Items were shortened for tabulation purposes.

Common social stressors that emerged from the present data included having an argument with a friend and breaking up with a boyfriend. According to Lidz (1968), the peer group gains in importance and heterosexual love relationships begin during mid-adolescence. Because of the heightened

importance of both the peer group and early love relationships, it is obvious that when conflict or disruption occurs with either type of relationship, mid-adolescent girls perceive these events as stressful. All in all, the dominant category of stressors that emerged from these data is consistent with developmental theories about the dominant concerns experienced by mid-adolescents in general, and mid-adolescent girls in particular.

When the adolescent girls appraised the stressors they had identified, as a group there was most agreement that they thought about the stressor often and that it was very important to them. Two possible explanations are offered for these findings. First, several theorists (Blos, 1962; Lidz, 1968) indicate that narcissism, which is characterized by self-absorption and self-centredness, dominates mid-adolescence. Secondly, other theorists (Hansell, Mechanic & Brondolo, 1986), who take a general approach to adolescent development, suggest that introspectiveness increases during adolescence. Introspectiveness is the tendency to devote diffuse attention to thoughts and feelings about the self. Either explanation could account for the findings regarding the most agreed upon form of appraisal reported in this study. However, even though they thought about the stressors often and felt they were very important in their lives, as a group there was greatest disagreement that the stressors were very threatening. Realistically, the girls indicated that the stressors would not always be a problem in their lives.

When the subscales of the *Revised Ways of Coping Checklist* were analyzed, wishful thinking emerged as the "ways of coping" category most frequently used by the girls in this study. Wishful thinking is an emotion-focused form of coping that consists of cognitive processes directed at lessening the emotional distress associated with the stressful situation (Lazarus & Folkman, 1984). The question arises as to why, of the five coping subscales studied, the girls used wishful thinking most frequently to deal with the stressors in their lives. Both Blos (1962) and Lidz (1968) point out that fantasy life and creativity are at a peak during mid-adolescence, and this is especially true for girls. Because items on the wishful thinking subscale measure coping strategies such as "Had fantasies or wished about how things might turn out" and "Daydreamed or imagined a better time or place than the one I was in," the finding that the mid-adolescent girls used wishful thinking more frequently than other forms of coping is consistent with developmental theory regarding mid-adolescence.

Interestingly, the second most frequently used "ways of coping" category reported in this study was problem-focused coping. Although the process of moving from concrete to formal operational thinking begins in early adolescence, consolidation of abstract conceptualizations, that promote objectivity in problem-solving, occurs during mid-adolescence and continues into early adult life (Inhelder & Piaget, 1958). These same ideas are expressed by

theorists who view adolescent development from an early, middle and late perspective (Blos, 1962; Lidz, 1968; Mercer, 1979). Thus, even though emotion-focused coping, manifested in wishful thinking, took precedence over problem-focused coping for dealing with stressors, problem-focused coping was used more frequently than the two remaining emotion-focused coping methods studied.

The findings also revealed that the least frequently used "ways of coping" strategy in this study was the avoidance category. Lidz (1968) suggests that, theoretically, mid-adolescents are motivated toward exploring their world and expanding their horizons in order to gain adult prerogatives. Thus, frequent use of avoidance coping methods would be at variance with this notion of expansion, both in theory and in practice.

When the *individual* items were ranked according to means, the item "wished that I could change what had happened" emerged as the most frequently used specific coping strategy by mid-adolescent girls. Again, wishful thinking is a cognitive emotion-focused form of coping directed at decreasing—rather than increasing—the emotional distress associated with the stressful situation (Lazarus & Folkman, 1984). As with most emotion-focused forms of coping aimed at reducing distress, wishful thinking does not change the stressful situation. However, it does provide some comfort and security for the individuals experiencing the stressor (Lazarus, Averill & Opton, 1974).

Recently, Tilden and Gaylen (1987) have suggested that social support has both costs and benefits to individuals engaged in mutually supportive relationships. However, because the second most frequently used specific coping strategy was from the seeks social support category, it is suggested that the mid-adolescent girls in this study perceived "talking to someone to find out about the situation" as being a more beneficial than costly way of coping.

Five of the seven least frequently used specific coping strategies reported were emotion-focused; all of the five were from the avoidance category. There are ten items on the avoidance subscale: five were among the least frequently used specific ways of coping and none was among the most frequently used specific ways of coping. As such, it is obvious that mid-adolescent girls are more apt to use specific coping strategies that confront rather than avoid stressors which, again, is consistent with developmental theory (Lidz, 1968) regarding mid-adolescence.

The least frequently used specific coping strategy was "got professional help and did what they recommended", which is an item on the seeks social support subscale. Of all the items on the seeks social support subscale, getting professional help is the only one that makes reference to formal relation-

ships. According to Tilden's (1985) analysis of social support, it would be expected that this item would be rated lower than other items on the subscale. This is because individuals generally seek social support within the context of informal relationships, such as family and friends, as opposed to formal relationships, such as those with health care providers. However, the finding that this item was rated as the least used specific coping strategy in this study, of all the 42 items on the RWCCCL, is of significance for those individuals engaged in adolescent health care—particularly school nurses.

Clearly, any practical implications suggested for the findings of this study are contingent upon mid-adolescent girls viewing nurses as being important sources of support and assistance with stressful episodes in their lives, and as having knowledge about effective means of coping with stressors they commonly experience. Therefore, nurses should incorporate counseling sessions along with physical assessments routinely performed in school programs. During these times mid-adolescent girls should be encouraged to talk about the stressors in their lives, the ways in which they are coping with them, and the extent to which they think the coping methods they are using are effective. If the youngsters do not think their coping methods are effective, nurses can and should suggest alternate ways in which the girls can deal with their problems. Unless this type of nursing action is implemented, nurses will not be sought out for their professional knowledge and expertise, and mid-adolescent girls will continue to give the lowest priority to "getting professional help" as a way of coping with their problems.

Health education classes are another means by which nurses can take the initiative to teach these youngsters about the stress-coping relationship in their lives. The most frequent stressors experienced by the mid-adolescent girls in this study were personal and social in nature, which is consistent with adolescent developmental theory. Therefore, nurses should concentrate on imparting information about normal developmental concerns experienced by girls as they progress through mid-adolescence, why these concerns might be experienced as stressful and the time-limited nature of these concerns. Wishful thinking was used more frequently than any other form of coping with stress by the girls in this study, probably because fantasy life is at a peak during mid-adolescence. However, as suggested by Lazarus & Folkman (1984), emotion-focused coping, such as wishful thinking, does not change the stressful situation. Therefore, in order to balance normal developmental needs with coping efforts that ameliorate the stressful situations, nurses should not discourage mid-adolescent girls from using wishful thinking as a means of coping with their stress. Instead, nurses should encourage them to identify and use more problem-focused coping methods to deal with their stressors.

Several areas for future research are suggested for those who are interested in developing knowledge according to the three stages of adolescence, as

well as the gender of adolescents. First, for comparative purposes, the major stressors experienced by late adolescent girls and the ways in which they cope with these stressors must be explored in the same manner in which they were explored in this study. Secondly, research methods must be used to determine whether the most frequently listed stressors precipitating coping behaviours are also the most severe stressors experienced by adolescent boys and girls at each of the three stages of adolescence. Thirdly, both quantitative and qualitative methods of assessing coping used by early, middle and late adolescent boys and girls must be carried out in the same study. This will help to determine whether ways of coping, as assessed through instrumentation, are consistent with coping methods expressed by these youngsters through interviews and open-ended questionnaires. These research efforts, as well as others, can begin to fill the gap in knowledge noted by Hartzell (1984) with regard to the characteristic behaviours and coping mechanisms used by adolescents during each of the three stages of adolescence.

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RÉSUMÉ

Mode d'adaptation au stress chez des adolescentes de 15 et 16 ans

La présente étude visait à examiner les modes d'adaptation utilisés par des adolescentes de 15 et 16 ans, et à déterminer les principaux facteurs de stress auxquels elles sont exposées. L'échantillon comprenait 47 adolescentes de 15 et 16 ans, auxquelles on a administré en classe le questionnaire intitulé Revised Ways of Coping Checklist (RWCCCL). Les facteurs de stress signalés par les adolescentes ont été regroupés sous les rubriques suivantes : vie personnelle et sociale, école, foyer et famille, travail. Selon les résultats de l'échelle d'évaluation, les adolescentes s'accordaient à dire qu'elles pensaient souvent aux facteurs qui sont pour elles une source de stress. Par rapport aux résultats des sous-échelles RWCCCL, la stratégie qui consiste à prendre ses souhaits pour une réalité est celle qui est le plus fréquemment utilisée pour s'adapter au stress, alors que la stratégie d'évitement est celle qui l'est le moins. Les résultats relatifs aux facteurs de stress et aux stratégies d'adaptation utilisées par les adolescentes sont interprétés à la lumière de la théorie du développement des adolescents.