DAILY STRESSORS, COPING STRATEGIES AND ADJUSTMENT OF ADOLESCENTS

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Dr. Nighat Gilani
(Supervisor)

Dedicated to

My beloved parents who nurtured me with their utmost love,
my very supportive and affectionate husband
and my loving daughters Yusra and Atteen
who are enjoying their adolescence

TABLE OF CONTENTS

List of Tables i
List of Figures ii
Acknowledgements iii
Abstract v

INTRODUCTION 1
CHAPTER-I: ADOLESCENCE 5
- The nature of adolescent development 7
- Theories of adolescent development 9
- Health and adolescent development 13
- Adolescents stress factors 16

CHAPTER-II: STRESS 20
- Evolution of the concept of stress 20
- Conceptual approach for studying stress in adolescents 26
- Causes and correlates of stress 30
- The measurement of stress 34

CHAPTER-III: COPING 38
- Theoretical perspectives 38
- An integrated conceptual framework 41
- Research trends in adolescents coping 50
- Coping and psychological adjustment 55
- Methodological issues in coping assessment 56

Research on adolescents daily stressors and coping in Pakistan 59
Rationale and scope of present research 60

CHAPTER-IV: METHODOLOGY 63

Phase I, Pilot study 65
- Sample 65
- Instrument 65

- Procedure....66
- Results....68

Phase II, Main study....71

Study A....71

- Sample....71
- Instruments....72
- Procedure....72
- Results....74

Study B....99

- Sample....100
- Instruments....100
- Procedure....101
- Results....102

CHAPTER-V: GENERAL DISCUSSION....126

- Study A....126
- Study B....142
- Conclusion....160
- Implications and recommendations....164
- Limitations....166
- Future directions....168

REFERENCES....170

APPENDIXES....206

LIST OF TABLES

Table 1 Frequency and percentages of stressors under fifteen Categories (N=433)

Table 2 Percentage of Events across 4 domains (N=433)

Table 3 Percentages showing Gender differences in the perception of stress in 4 domains (N=433)

Table 4 Percentages showing Age differences in the perception of stress in 4 domains (N=433)

Table 5 Mean & Std. Dev. of 60 Coping Strategies. Scale value 1(min.)-4(max.) (N=433)

Table 6 Item level analysis of Mean values of 60 coping strategies, as shown by female and male adolescents. Scale value 1-4 (N=433)

Table 7 Mean and Standard Deviation of COPE sub scales (N=433)

Table 8 Mean and Standard Deviation of Coping Type (Min. score for each coping type = 20 and Max. = 80. (N=433)

Table 9 Gender Differences in Coping Strategies Across 15 sub scales of COPE (N=433)

Table 10 Differences in coping strategies across 15 sub-scales of COPE between three age groups (N=433)

Table 11 Frequency and Percentage of Responses on Self - Efficacy Scale (N=433) (Total Items 10, Score Range 1 – 40)

Table 12 Correlations between Perceived Self Efficacy scale and three Coping Modes

Table 13 Percentages showing the difference in perception of self efficacy by males and females (N=433)

Table 14 Male Adolescent's coping strategies across different stressful domains over a period of 42 days (n=15)

Table 15 Female Adolescent's coping strategies across different stressful domains over a period of 42 days (n=15)

Table 16 Gender Specific Stressors across different domains and Related Coping Strategies N= 30 (15 Male Adolescents, 15 Female Adolescents)

LIST OF FIGURES

Figure 1 A Conceptual Model of Stress and Coping

Figure 2 Percentage of stressors under fifteen categories (N=433)

Figure 3 Gender Mean differences on Three Coping Types

Figure 4 R's profile, showing a Graphical representation of her daily Stressful events and related Coping strategies

Figure 5 M's Profile, showing a Graphical representation of his daily Stressful events and related Coping strategies

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ABSTRACT

This study was initiated to identify the daily stressors, coping strategies and adjustment of adolescents. It was a two phased study. In Phase I, a pilot study was conducted on thirty two adolescents who were between 14 to 18 years of age, to establish the applicability of the instruments to be used for the final study and also to have a preliminary sense of the qualitative and quantitative aspects of the research. In Phase II, two studies were conducted. In Study A, Situational COPE (Carver & Scheier, 1982), was used to identify daily stressors and coping strategies. Perceived Self Efficacy Scale (Jerusalem & Schwarzer, 1979) was used as an indicator of adjustment. 435 (249 females, 186 males) school/college students participated in this study. Their age ranged between 14 and 19 years (M= 16.84). Content analysis of reported stressors revealed four major stressful domains: Academics, Interpersonal, Intra personal and Socio-environmental. Religious Coping, Planning, Positive Reinterpretation and Growth, Focus on and Venting of Emotions emerged as the most dominant coping strategies. The less opted strategies were Substance Use and Humor. Problem-Focused coping dominated over Emotion-Focused or Dysfunctional coping types. Frequency of stressors demonstrates that females were more stressed in the domains of academics and interpersonal relations and males were more stressed in socio-environmental domain. Intrapersonal stressors were reported equally by both genders. Likewise, intrapersonal stressors were less in early adolescents and high in mid adolescents; interpersonal stressors were reported equally by all age groups. Similarly, academic stressors were more pronounced in early adolescents and less in older adolescents; socio-environmental stressors, however, increased with age. Analysis of variance (ANOVA) was conducted, to see the main effects of gender on different COPE scales. Significant gender differences were found on four sub-scales: Religious Coping [$F(1,434)= 3.86$, $p< .05$], Humor [$F(1,434)= 6.45$, $p= .05$], Behavior Disengagement [$F(1,434)= 5.95$, $p< .05$], and Substance Use [$F(1,434)= 4.49$, $p< .05$]. Females scored high on Religious Coping and Behavioral Disengagement and males scored high on Humor and Substance Use. ANOVA was also computed to see age effects and significant differences were found on three COPE sub-scales. On Focus on and Venting of Emotions, adolescents in their mid years vented off their emotions more [$F(2,434)= 3.35$, $p< .05$], Denial [$F(2,434)=3.45$, $p< .05$] was more among older adolescents and

Acceptance [F(2,434)= 4.34, p< .05] increased with age. The perceived Self-efficacy among adolescents was also high and it was positively correlated with Problem-focused coping. In Study B, thirty participants (15 males, 15 females), 17 to 19 years of age were studied repeatedly for six weeks. Initially Dispositional COPE (Carver & Scheier, 1982) was given to them to see their usual coping pattern. Then, diary method was used to identify their daily stressors and Situational COPE was used to assess coping. A qualitative analysis was carried out, individual patterns emerged and each pattern did not match largely with the reported dispositional style coping of those individuals, hence preference for certain coping strategies did emerge. Gender comparison was also done and both males and females exhibited coping with stressful situations in a variety of ways. Active coping, Planning, Acceptance, Religious Coping, Mental or Behavioral Disengagement, Focus on and Venting of Emotions were the most dominant coping strategies for stressors related to academics, interpersonal, intrapersonal and socio-environmental domains.

INTRODUCTION

INTRODUCTION

Traditionally, adolescence has been described as a period characterized by difficult and strained stage of development (Hall, 1904; Freud, 1958). Subsequent researches, however, do not hold that old notion true (Coleman, 1978; Frydenberg, 1997; Petersen, 1991; Seiffge-Krenke, 1995). It is true that adolescents are going through a vast array of complex developmental tasks and demands (Lee, Chan & Yik, 1992) but according to focal theory of Coleman (1978) the peak age of concern for various stressful situations differs. Although there can be some overlap yet it is unlikely that all of them peak at the same time. These concerns are usually not major life events rather ordinary daily '*hassles*' of living (Delongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Kanner, Coyne, Schaefer, & Lazarus,1881; Lazarus & Delongis, 1983). These daily hassles are not of such a magnitude that they cannot be handled or resolved by adolescents. However, according to different researches coping responses can alter the effect of a stressor on individual functioning by increasing or decreasing its negative effects and in turn exacerbating or alleviating related psychological distress (Compas, 1987; Compas, Orosan, & Grant, 1993, Herman-Stahl, Stemmler, & Peterson, 1995).

Approaches to coping have emphasized either the dispositional style of coping, which examines what a person usually does in a situation or how a person copes across situations, or situation-specific coping, which assesses what a person actually does in response to a specific stressor. Most studies on adolescent coping have examined dispositional styles of coping rather than situation specific styles of coping based on the assumption that there is consistency in adolescents' coping responses across stressful encounters, and studies have found evidence of consistency

and stability in coping styles over time and across stressful encounters (Ayers, Sandler, & Twohey, 1998; Costa, Somerfield, & McCrae, 1996; Frazier, Tix, Klein, & Arikian, 2000; Lazarus, 1993; Seiffge-Krenke, 1993, 1995).

In support of the dispositional view of coping, the association between dispositional coping and coping with a specific stressor was greater for children and adolescents than adults, implying that dispositional coping preferences influenced the coping response utilized by children and adolescents in a specific stressful situation more than adults (Ayers, Sandler, West, & Roosa, 1996; Catanzaro, Wasch, Kirsch, & Mearns, 2000). Moreover, Lazarus (1993) noted that examining dispositional coping styles is ideal in assessing clinical populations or individuals with dysfunctional coping styles, since their consistent use of such coping strategies hinders them from adapting successfully.

Lazarus & Folkman (1984) differentiate between two broad categories of coping strategies, problem-focused coping strategies and emotion-focused coping strategies. Problem-focused coping entails managing or altering the stressor whereas emotion-focused coping involves regulating emotional response to the stressor. Problem-focused coping may be externally directed (i.e., changing external barriers or pressures) or internally directed (i.e., learning new skills). Studies consistently found problem- focused coping strategies correlated with better adjustment in adolescents (Ebata & Moos, 1994). Emotion-focused coping strategies comprise, increased engagement in religious activities, acceptance, positively reinterpreting the situation, and social support seeking. There are still some other coping strategies like avoidance, venting off emotions and substance use, all of which are non-functional and hence, correlated with maladjustment and distress in adolescents (Ebata & Moos, 1994; Nolen-Hoeksema, Morrow, & Frederickson, 1993).

Coping with everyday stressors is in fact a personal or subjective matter; any task which can be resolved by one person successfully might be difficult to cope with for another. These coping capabilities are related to personal as well as situational factors, but still researchers have pointed out that its better to describe adolescence as a period of *coping* (Lee et al., 1992; Frydenberg & Lewis, 1993) rather than a period of *storm and stress* (Hall, 1904).

Present research deals with the daily stressors, coping strategies and adjustment of Pakistani adolescents. The methodology used in this study is a combination of both, nomothetic and idiographic approaches, as the relation among variables across individuals are examined quantitatively and certain factors operating within an individual are studied qualitatively.

In the following pages, theory, methodology, results and discussion is presented. The sequence of chapters will be presented in the following manner. Chapter 1, 2 and 3 will discuss theoretical and empirical literature on *Adolescence, Stress and Coping* respectively. Various methods which are used to measure the concepts of *Stress and coping* have been examined with reference to psychometric and methodological aspects at the end of second and third chapter respectively. Studies conducted in Pakistan, in relation to adolescents' stressors and coping are also presented. Rationale and scope of the present research is given in the third chapter.

Fourth chapter is devoted to methodology of the present research. The work has been accomplished in two phases. In the first Phase a Pilot Study was conducted to establish the reliability of the instruments, and to have a preliminary sense of the qualitative and quantitative aspects of the research. In Phase II, main research was conducted which had two parts, Study A and Study B. Study A was conducted and

analyzed quantitatively and Study B was qualitative in nature. The chapter concluded with the results of the studies of Phase I and Phase II.

In the fifth and last chapter, the results are given along with the discussion. Some limitations are also mentioned. Conclusions are drawn, which may be of relevance for those who are working or planning to work with adolescents.

Chapter-I

ADOLESCENCE

Adolescence is a transitional period in human life span, linking childhood and adulthood. It is defined as the developmental period of transition between childhood and adulthood that involves biological, cognitive and socio-emotional changes (Santrock, 1996). It is considered to be the life's most important developmental period and is commonly viewed as a precursor of adulthood. During adolescence, young people reach physical maturity, develop a more sophisticated understanding of roles and relationships, acquire and refine skills needed for successfully performing adult work and family roles. The developmental tasks of this period, like coping with physical changes and emerging sexuality, developing interpersonal skills for opposite-sex relationships, acquiring education and training for adult work roles, becoming emotionally and behaviorally autonomous, resolving identity issues, and acquiring a set of values (Havighurst, 1972), are all tied to successful functioning in adulthood in one way or another.

Historically speaking, both Plato and Aristotle, commented about the nature of youth. In The Republic (fourth century B.C./ 1968 translation), Plato argued that out of three facets of human development (desire, spirit and reason), reason is the highest of the facets emerges with the advent of adolescence.

Aristotle (fourth century B.C./ 1941 translation) argued that the ability to choose is an important aspect of adolescence. He also said that this self-determination is the hallmark of maturity. Aristotle was one of the first individuals to describe specific time periods for stages of human development. He defined three stages: (1) infancy, the first 7 years of life; (2) boyhood, age 7 to puberty; and (3) young

manhood, puberty to age 21. Aristotle's view is not unlike some contemporary views, which use labels like *independence, identity, and career choice* to describe the importance of increased self-determination in adolescence.

During Middle Ages this view of adolescence changes. The knowledge about adolescents moved a step backward: children were taken as miniature adults, not adolescents. Neither the child nor the adolescent had status apart from the adults.

In the Eighteenth century, Rousseau described a more enlightened view of adolescence. In Emile (1762/1962 translation), Rousseau argued that treating the child as miniature adult is potentially harmful. He too believed, like Plato and Aristotle, that development in childhood and adolescence occurs in a series of stages. Rousseau described four stages of development: Infancy (first 4 to 5 years), Savage (5 to 12 years), Stage 3 (12 to 15 years), and Stage 4 (15 to 20 years). Rousseau's ideas about distinctive phases of adolescence were however, speculative in nature.

In the eighteenth and most of the nineteenth century, work apprenticeships lead most of the adolescent male's life. Little has been written about adolescent females. Between 1890 and 1920, many psychologists, reformers, youth workers, and counselors began to mold the concept of adolescence.

Historians label Hall (1844-1924) as the father of the scientific study of adolescence. He became prominent for his well known concept of storm and stress, and his belief that biology plays an important role in development. Hall described four stages approach to development: infancy, childhood, youth, and adolescence. According to him, adolescence is the period from 12 to 23 years of age and is filled with storm and stress. The storm and stress view is a turbulent time charged with conflict and mood swings.

Margaret Mead (1928) presented a different picture, after studying adolescents of South Sea island of Samoa, she concluded that the basic nature of adolescents is not biologically driven; rather it's the result of socio-cultural factors. Her work was challenged and criticized as biased and error prone by Freeman (1983) after half a century. In the three decades from 1920 to 1950, adolescents gained a more prominent status in society. By 1950, the developmental period which is now called as adolescence had come of age. It possessed physical and social identity. During 1960s and early 1970s adolescent rebelliousness came to the forefront in American society.

Today's adolescents face demands and expectations as well as risk and temptations, that appear to be numerous and complex than those faced by adolescents only a generation ago (Feldman & Elliot, 1990; Hamburg 1993; Hechinger, 1992). Most adolescents today have positive relationships with others. Research findings (Offer & Church, 1991a, 1991b) do not support that adolescence is a period of highly disturbed, overly stressful time in the life cycle. On the contrary, the majority of adolescents find the transition from childhood to adulthood a time of physical, cognitive and social development that provides considerable challenge. Although this transition is positive but some feel that today's adolescents are not provided with adequate opportunities and support to become competent adults (Lerner, Entwisle, & Hauser, 1994; Takanishi, 1993).

The Nature of Adolescent Development

Development is the pattern of movement or change that begins from the time of conception and continues through the life cycle. Most development involves growth, although it also includes decay (as in death and dying). The pattern of

movement is complex as it is the product of several processes like biological, cognitive and socio-emotional.

Biological processes involve changes in an individual's physical nature, like development of brain, height, weight gains, motor skills, and the hormonal changes of puberty. Cognitive processes involve changes in an individual's thought, intelligence, and language. Socio-emotional processes involve changes in an individual's relationships with other people, at emotional, personality and societal level during developmental years. Biological, cognitive and social processes are intricately interwoven. Social processes shape cognitive processes, cognitive processes advance or restrict social processes, and biological processes influence cognitive processes.

Development is commonly described in terms of periods. Approximate age bands are placed on the periods to provide a general idea of when a period first appears and when it ends. A definition of Adolescence requires consideration of age and also socio historical influences. Social, historical and cultural circumstances limit the accuracy of placing an age range on adolescence. It is both illogical and confusing to discuss adolescents as a homogeneous group. The range spans five to ten years, which means that one is dealing at one end of the spectrum with a junior-high-school-level individual and at the other end with a college-age or older individual. Hence the developmental phenomena of adolescence are more easily dealt with by division into three stages;

Preadolescence commences with the first psychological changes accompanying alterations in hormonal functioning, and includes the period preceding and shortly after the onset of pubertal changes. This is a transitional period between latency and mid adolescence which lasts about eighteen to twenty-four months. Changes occur in behavior as a result of these psychological changes so that it is

desirable to consider them separately for heuristic purposes.

Mid-adolescence lasts until the mid-teens, and most characteristically involves the dissolution of peer group attachments. A greater closeness on one-to-one level starts taking place. While greater personal intimacy is sought by the adolescent, there is an adherence to norms and ideologies of a group or institution from that of the parents flourishes.

The onset of ***Late Adolescence*** is difficult to place in terms of a chronological year (Malmquist, 1978). Mid-teen for one adolescent might be fifteen, and for another it might be seventeen or eighteen. During this period a more intense concern about the adolescent's personal future in terms of commitment to a vocation and love relationships appears to take precedence. The problems of commitment and alienation assume greater prominence. For some the confrontation may not occur until the mid twenties, and for some it may never occur due to predisposing aspects in the personality which interfere with making long-term and intense vocational and marital decisions.

Theories of Adolescent Development

Adolescent development is both complex and multifaceted. Different theories contribute and explain adolescent development, from a specific point of view. Although the theories sometimes disagree about certain aspects of adolescent development, but much of their information is complementary rather than contradictory. The blend of various theories, in fact, presents a total landscape with all its richness. Four major theories are explored below:

Psychoanalytic Theories

For psychoanalytic theorists, development is primarily unconscious, beyond awareness and is heavily colored with emotions. They believed that behavior is merely a surface characteristic and that to truly understand development we have to analyze the symbolic meanings of behavior and deep inner workings of mind. They also stress that early experiences with parents extensively shape our development. These characteristics are highlighted in the main psychoanalytic theory, that of Freud. Freud (1917) said that most of adolescents' thoughts are unconscious; the conflicting demands of adolescents' personality structures produce anxiety. He believed that adolescents' lives are filled with tension and conflict and to reduce this tension, adolescents keep information locked in their unconscious mind. He also believed that even trivial behaviors have special significance when the unconscious forces behind them are revealed. He was of the opinion that adolescents protect themselves from anxiety by means of defense mechanisms, especially repression. Repression is considered to be the most powerful and pervasive defense mechanism and it pushes unacceptable id impulses out of awareness and back into the unconscious mind. There are two important points with regard to defense mechanisms, firstly that they are unconscious and adolescents are not aware that they are using defense mechanisms to protect their ego and reduce tension and anxiety. Secondly, when used in moderation or on a temporary basis, defense mechanisms are not necessarily unhealthy.

Blos (1962, 1967), believed that regression during adolescence is actually not defensive at all, but rather an integral, normal and universal aspect of puberty. The nature of regression may vary from adolescent to adolescent. It may involve childhood autonomy, compliance and cleanliness, or it may involve a sudden return to the passiveness that characterized the adolescent's behavior during childhood.

Freud (1958, 1966) developed the idea that defense mechanisms are the key to understand adolescent adjustment. She believed that the problems of adolescence are not to be unlocked by understanding the id, or instinctual forces, but instead are to be discovered in the existence of "love objects" in the adolescent's past, usually parents. Youth, according to her, withdraw from their previous attachment and identification, that is, with parents, and suddenly transfer their love to others. This may result in instinctual fears that can generate unhealthy defensive solutions for example, the adolescent might withdraw within himself, which could lead to grandiose ideas of triumph or persecution or regression could occur. Thus, from Freud's view, a number of defense mechanisms are essential to the adolescent's handling of conflicts (Draguns, 1991).

Erikson (1950, 1968) differed from Freud's psychosexual stages of human development and says that human development took place in psychosocial stages. In Erikson's theory eight stages of development unfold as one goes through the life cycle. Each stage consists of a unique developmental task that must be resolved successfully in order to have healthier development. Erikson's fifth developmental stage is identity versus identity confusion, which individuals experience during adolescent years. Adolescents are confronted with many new roles and adult statuses for example vocational and romantic. Parents need to allow adolescents to explore these different roles and different paths within a particular role in a healthy manner, to achieve a positive identity. If an identity is pushed on the adolescent by parents, or if the adolescent is unable to explore adequately many roles then identity confusion reigns.

Cognitive Theories

Cognitive theories emphasize conscious thoughts in contrast to psychoanalytic theories stress on unconscious. Piaget (1954) believed that an individual goes through four stages to understand the world. Each stage is age related and consists of different ways of thinking. According to Piaget, it is the qualitative advancement of knowledge which differ on stage from another not the quantity of information. Among his four stages of cognitive development, the formal operational stage comes between the ages of 11 and 15, which is the fourth and final stage. That is the stage when an individual starts thinking in abstract and more logical terms. Adolescents at this stage develop images of ideal circumstances. They begin to entertain possibilities for future and are fascinated with what they can be. They even begin to think more like a scientist, devise plans to solve problems and systematically test solutions. This hypothetical-deductive reasoning is Piaget's formal operational concept, meaning, adolescents have the cognitive ability to develop hypotheses and have ways to solve the problems.

Behavioral and Social Learning Theories

Behaviorism emphasizes the scientific study of observable behavioral responses and their environmental determinants. Since behaviorist believe that development is learned and often changes according to environmental experiences, it follows that rearranging experiences can change development. In Skinner's behaviorism, the mind, conscious or unconscious is not needed to explain behavior and development.

Social Learning Theorists, however believe that people are not like mindless robots, responding mechanically to others in their environment, rather they think, reason, imagine, plan, expect, interpret, believe, value and compare. American

psychologists Bandura (1977, 1986, 1989, 1991) & Mischel (1973, 1984, 1993) are the main architects of contemporary version of social learning theory. Bandura believes that one learns by observing what others do. Through observational learning (also called imitation or modeling), we cognitively represent the behavior of others and then possibly adopt the same for ourselves. The social learning approach emphasizes the importance of empirical research in studying development. This research focuses on the processes that explain development. However, no single theory can explain the rich, awesome complexity of adolescents' development. Each of the theories has made a unique contribution, and probably it is a wise strategy to adopt an eclectic theoretical perspective, as one attempt to understand adolescent development.

Health and Adolescent Development

A formal and comprehensive definition of health adopted in 1946 by original constitution of the World Health Organization (WHO) states: "Health is a state of complete physical, mental, and social well-being and is not merely the absence of disease or infirmity." This definition represents efforts to conceive health in positive terms rather than as the absence of poor health status and in relation to psychological, physical, and social dimensions. Although this concept is most closely related to the psychological orientation toward health, it is embraced by other disciplines concerned with health and health-related activities (e.g., social medicine, epidemiology, and medical sociology).

Among different perspectives, health psychology is a multidimensional approach to health that emphasizes psychological factors, life styles and nature of

health-care delivery system. The power of life style and psychological states has been recognized now in promoting adolescents' health. Many of the factors linked to poor health habits and early death in adult years begin during adolescence (Millstein, Petersen, & Nightingale, 1993). The three leading causes of death in adolescence are accidents (most of which involve motor vehicles), suicide, and homicide (Kovar, 1991; Millstein & Litt, 1990; Takanishi, 1993). Adolescent mortality rates more than triple between the early (ages 10 to 14) and the late part of adolescence (ages 15 to 19) as causes of mortality, change with a shift toward more violent causes of death (Millstein, Petersen, & Nightingale, 1993). Youth who live in impoverished, high-density metropolitan areas are especially likely to be victims in homicides (Klermin, 1993).

Cognitive Factors in Adolescents' Health Behavior

Among the cognitive factors in adolescent's health behavior are concepts of health behavior, beliefs about health, health knowledge and decision making. Concepts of health develop in concert with Piaget's stages of cognitive development (Burbach & Petersen, 1986). Adolescents' health concepts are more abstract and are more likely to emphasize multiple determinants of health than children's. Adolescent's health beliefs include beliefs about vulnerability and behavior (Millstein, Petersen, & Nightingale, 1993). They anticipate, sometimes incorrectly, that the risks associated with certain behaviors will decrease as they grow older (Millstein & Irwin, 1985). Adolescents are generally poorly informed about health issues and have significant misperceptions about health (Centers for Disease Control, 1988). The decision-making skills of adolescents are although better than children but not perfect if compared with adults (Jacobs & Potenza, 1990; Keating 1990).

Socio-Cultural Factors in Adolescents' Health Behavior

Socio-cultural factors influence health through their roles in setting cultural norms about health, through social relationships that provide emotional support, and through the encouragement of healthy and unhealthy behaviors (Millstein & Litt, 1990). There are large within-group differences in living conditions and life-styles that affect the health of ethnic minority adolescents, and these differences are influenced by social class, occupational opportunities, and social resources (Hafner, Ingels, Schnieder, & Stevenson, 1990).

The family is an important aspect of social support for adolescents' health. Positive health behaviors are best achieved when adolescents develop a sense of autonomy within a supportive family context (Allen, Aber, & Leadbetter, 1990; Melby, 1995; Turner, Irwin, Tschann, & Millstein, 1991). In addition to providing social support, parents and older siblings are important models for children's and adolescents' health (Elliot, 1993).

Peers and friends also play important roles in adolescent health behavior (Millstein, 1993). A number of research studies have documented the association between unhealthy behaviors in adolescents and their friends, but the association might not be causal. A special concern in adolescents' health behavior is peer pressure. Adolescents who have a limited capacity to resist dare often engage in risk taking behaviors at the urging of their peers.

Adolescents Stress Factors

Stress is the sign of times. No one really knows whether today's adolescents experience more stress than their predecessors did, but it does seem that their stressors have increased. There can be many factors related to adolescents' stress, like environmental factors, personality factors, cognitive factors and socio-cultural factors.

Environmental Factors

Stress provoking environmental factors, although big or small, become sometimes so intense for adolescents that they cannot bear them and have difficulty in coping. Extreme events such as war, an automobile accident, or the death of a loved one, produce stress. In other instances, the everyday pounding of being overloaded with school and work, of being frustrated in unhappy family circumstances, or of living in poverty, produce stress.

Adolescents are known for their interest in listening to loud music, but when noise remains at a high level such as a loud siren for a prolonged period of time the individual's adaptability becomes overloaded at some point. This overload can occur with work, too. Adolescents usually feel that there are not enough hours in the day to do all what they want to do. This burnout feeling leaves its sufferers in a state of physical and emotional exhaustion (Pines & Aronson, 1988).

Adolescents are exposed to many conflicting situations and at times it becomes difficult for them to decide. As the adolescents approach decision time, avoidance tendencies usually dominate (Miller, 1959). Adolescents' worlds are full of frustrations that built up to make their lives stressful, not having enough money to buy the things they like, not getting a good job, not getting a decent grade, or being late

for school because of traffic. Sometimes the frustrations adolescents experience are because of major life events like divorce of their parents or the suicide of a friend; others are accumulation of daily hassles.

Personality Factors

In recent years, researchers have focused their attention on looking into other factors like adolescents' personalities and its association with adolescents' stress and health. Researchers have examined that Type A behavior pattern in children and adolescents is linked with more illnesses, cardiovascular symptoms, muscle tension, and sleep disturbances in children and adolescents (Murray, Mathews, Blake, Prineas, & Gillum, 1988; Thoresen , Eagleston, Kirmil-Gray, & Bracke, 1985). Some researchers have found that Type A children and adolescents have more likely to have Type A parents; this association is strongest for fathers and sons (Weidners, Sexton, & Friend, 1988). In one investigation, when Type A parents were observed interacting with their sons and daughters, the parents often criticized their offsprings' failures and compared their performances to those of others (Eagleston, Kirmil-Grey, Thoresen, et al., 1986). Such stressful family circumstances may set the tone for ineffective ways of coping with stress.

On the contrary, some current studies carried out on adolescents with some illness revealed that even stressors of these adolescents were similar to those of healthy adolescents. These stressors were rated as more typical of adolescence than they were illness-related (Pontefract, 2003). This suggests that it is not only the personality factor which contributes towards stressors for this age group; there are certain age related adolescence specific stressors which need to be addressed and understood.

Cognitive Factors

What is stressful for adolescents, to some degree, depends on how they cognitively appraise and interpret events. Lazarus (1966, 1990, 1993), presented this concept of cognitive appraisal as an individual's interpretation of events in their lives as harmful, threatening, or challenging, and their determination of whether they have the resources to effectively cope with event.

In Lazarus view, events are appraised in two steps: primary appraisal, in which adolescent interprets whether an event involves harm or loss that has already occurred, a threat of some future danger, or a challenge to be overcome. Secondary appraisal is the next step in which adolescent evaluate their resources and determine how effectively they can be used to cope with the events. Lazarus believes that adolescents' experience of stress is a balance of primary and secondary appraisal. When harm and threat are high, and challenge and resources are low, stress is likely to be high; when harm and threat are low, and challenge and resources are high, stress is more likely to be moderate or low.

Socio-Cultural Factors: (acculturative stress, & socioeconomic status)

Among the socio-cultural factors involved in stress are acculturative stress and socio-economic status. In areas where different cultures mutually constitutes a society, members of ethnic minority groups have historically encountered hostility, prejudice, and lack of effective support during crises, which contributes to alienation, social isolation, and heightened stress. Poverty imposes considerable stress on adolescents and their families (Belle, 1990). Chronic life conditions, such as

inadequate housing, dangerous neighborhoods, burdensome responsibilities, and economic uncertainties are potent stressors in the lives of poor.

At this point, many facets related to adolescent development have been discussed. In the complexity of adolescent development, it has also been discussed that although growing up has never been easy, yet, adolescence should not be viewed as time of rebellion, crises, pathology, and deviance. A far more accurate vision of adolescence describes it as a time of evaluation, of decision making, of commitment, and of carving out a place in the world. Most problems of today's youth are not with the youth themselves. What adolescents need is access to a range of the legitimate opportunities and long term support from adults who deeply cares about them.

In matters of taste and manners, the youth of every generation are radical, unnerving and different from adults, different in how they look, how they behave, the music they enjoy, their hair styles, and the clothing they choose. But it is a huge error to confuse adolescent's enthusiasm for trying on new identities and enjoying moderate amount of outrageous behavior with hostility toward parental and societal standards.

Chapter-II

STRESS

Research on stress over the past two decades makes it difficult to penetrate the universe of discourse in this area. The difficulty of defining this concept does not lie in the complexity of the subject itself; rather, it is the diversity and magnanimity of the issue which takes different shapes, as we see it from multiple angles.

Stress has been defined in many ways, which partially overlaps but by no means converge on a common definition (Appley & Trumbull, 1967; Weitz, 1966). Lazarus (1966) suggested that stress should be treated as an organizing concept for understanding a wide range of phenomena of great importance in human and animal adaptation.

Evolution of the Concept of Self

The systematic or scientific use of the term 'stress' started in 14th century. It was used to mean hardship, straits, adversity, or affliction (Lumsden, 1981). In late 17th century Hooke (cited in Hinkle, 1973, 1977) used stress in the context of the physical sciences. 'Load' was defined as an external force; 'stress' was the ratio of the internal force (created by load), and 'strain' was the deformation or distortion of the object (Hinkle, 1977).

The concepts of stress and strain survived, and in 19th century medicine they were conceived as a basis of ill health. Cannon (1932) considered stress a disturbance of homeostasis under conditions of cold, lack of oxygen low blood sugar, and so on.

Selye (1956) defined the term stress as a 'state manifested by a specific syndrome which consists of all the nonspecifically induced changes within a biological system'. Stress is not an environmental demand (which Selye called a "stressor"), but a universal physiological set of reactions and processes created by such a demand.

Hinkle (1977) also accords an important role in the evolution of the stress concept in medicine to Wolff, who wrote about life stress and disease in the 1940s and 1950s (Wolff, 1953). Like Selye and Cannon, who conceived of stress as a reaction of an organism overwhelmed by environmental demands and noxious agents, Wolff appears to have regarded stress as a state of the body, but he never tried to define it systematically.

From a psychological perspective, stress was considered as an organizing framework for explaining psychopathology. This was evident from the work of Freud (1920) and other psycho-dynamically oriented therapists. However, they used the word 'anxiety' more often rather than 'stress'. The word stress took its place in Psychological Abstracts only after 1944. Grinkel & Spiegel (1945) wrote a landmark book, 'Men under Stress' that highlighted the term stress. Then another landmark was the publication by Janis (1958), who studied the phenomena of surgical threat in a patient under psychoanalytic treatment. Since then an increasing number of books devoted to the systemization of stress theory and methodology started appearing with an increased concern for social sources of stress in environment (McGrath, 1970; Levin & Scotch, 1970).

All the definitions of stress are in fact one strand or aspect within the total fabric of the "stress research problem". In order to understand the comprehensive dynamics of operations of stress, some widely advocated definitions of stress and all

the phenomena to which that term has been applied are discussed below:

Response-Based Definitions of Stress

The most basic element of stress definition involves the specification of a class or classes of response which will be taken as evidence that the organism is, or recently has been under stress. Selye's definition was essentially such a response definition. His notion of General Adaptation Syndrome was particular pattern of physiological responses of the organism.

McGrath (1970) evaluate, the "response-class" definition of stress, and pin point three weaknesses. First, if any situation that results in a particular response pattern is to be considered as a stress inducing situation, then one cannot distinguish between emotions or reactions generated from passion, exercise, surprise etc. Second weakness in his view is that same response pattern that can arise from different physiological or psychological situations. For example heart rate as well as blood pressure increases with exercise or if a person is frightened or threatened, but the psychological meaning of these two states is quite different. Third weakness of the response-pattern definition of stress is that all symptoms in the syndrome do not always go together. There is a considerable evidence of the same kind of variable relationship among psychological and behavioral indices of stress, and between them and physiological measures. (Holtzman & Bitterman,1956; Mandler, Kremen, & Sholiton, 1961).

Situation-Based Definitions of Stress

Stress frequently involves the presence of certain classes of situations, or situations involving certain classes of stimulus properties. Situational definitions of stress have a special appeal because they seem to solve or avoid the weaknesses of the response-class definition, although they have their own problems (McGrath, 1970).

Lazarus & Cohen (1977) cited three types of environmental situations as stressors: cataclysmic events, affecting large number of people; major changes, affecting one or a few people and daily hassles.

Cataclysmic and other disastrous events may occur once in a life time and they are beyond any one's control like earth quake or hurricane. Death of a loved one, (Bowlby, 1961; Lindemann, 1944; Parkes, 1972), a life threatening illness (Hacket and Weisman, 1964) or incapacitating event like divorce (Gove, 1973) may also create an irreparable loss but these major catastrophes or change in a person's life presents a very limited definition of stress. According to Lazarus & Folkman (1984), peoples lives are filled with far less dramatic experiences to which they called as "daily hassles", the little things that irritate and distress people, such as having too many responsibilities, feeling lonely, having an argument with spouse etc. Though these minor irritants are not as dramatic as major life changes like divorce or bereavement, yet they play an important role in adaptation and health (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982; Kanner, Coyne, Schaefer, & Lazarus, 1981).

The panel on Psychological Assets and Modifiers of Stress in the Institute of Medicine on Stress and Human Health, proposed taxonomy of stressors (Elliot & Eisdorfer, 1982). It proposes four broad types of stressors that primarily differ in duration.

- Acute, time-limited stressors, such as going parachute jumping, awaiting surgery, or encountering a rattlesnake,
- Stressor sequences, or series of events that occur over an extended period of time such as job loss, divorce or bereavement,
- Chronic intermittent stressors such as conflict-filled visits to in-laws or sexual difficulties, which may occur once a day, once a week or once a month,
- Chronic stressors such as permanent disability, parental discord, or chronic job stress.

Illustrations mentioned above account for certain external events or situations which are considered normatively stressful on the basis of the most common response. In other words any stressful situation is thus dependant on the pattern of stress response.

Relational or Transactional Definitions of Stress

Relational theories emphasize the characteristics of the organism as major mediating mechanisms between the stimulus characteristics of the environment and the responses they implore. Relational theorists are critical of unelaborated stimulus and response theories because both of these orientations exclude the important component of this equation i.e. the person in stress. There are many other mediating characteristics which are not considered which in fact are the basis for individual differences. Many relational theorists insist that there is actually a transactional phenomenon and the individual not only mediate the impact of environmental stimulus upon response, but in addition, the perceptual, cognitive, and physiological characteristic of the individual affect and become a significant component of the environment (Cox & MacKay, 1976; Lazarus, 1976, 1984).

Transactionalists also hold this argument that these cognitive, perceptual and emotional mediating forces of an individual actively affect the demand characteristics of the environment, and result in a system that is constantly changing. For these theorists, the ongoing, active relationship between the person's adaptive mechanisms (i.e., coping) and the stimulus properties of the environment is central to the definition of stress. More recently, investigators with transactional approaches have showed a greater interest in developing innovative measurement methods, techniques more consistent with what Lazarus (1981) has identified as 'ipsative-normative research designs'. Some additional models were also developed after these classical theories of stress, but they only represent hybrids of previous models (Henry & Stephens, 1977). Taylor's (1983) theory of cognitive adaptation, Leventhal's (1984) common sense theory of illness or McCubin & Patterson's (1985) Double ABCX Model of Family Adaptation to Stress.

Each of three approaches to define stress, contribute to a complete understanding of the concept (Cox, 1978; Lazarus, 1976; McGrath, 1970). It is also true that extreme environmental conditions results in stress for nearly everyone, however the disturbances that occur in all or nearly all persons from extreme conditions such as military combat, natural disasters, imprisonment, imminence of death, loss of loved ones, must not be allowed to persuade us into settling for a simplistic concept of stress as environmentally produced. As one moves away from the most extreme life conditions to milder and more ambiguous ones, that is, to the more ordinary life stressors such as traffic jams, load of assignments, quarrel with friend, the variability of response grows even greater. What is stressful for somebody is not for others. So it is really difficult to define stress at the level of environmental conditions without reference to the characteristics of the person. It is therefore

necessary to rely on relational aspect of these complex phenomena as well as to identify the nature of that relationship in order to understand the reaction pattern and its adaptational outcomes. Lazarus (1984) indicates the sphere of meaning in which stress belongs. He states,

> "Psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (p. 19)

The present research focused on identifying the psychosocial stressors (daily hassles) of adolescents as well as their coping mechanisms. For this purpose we followed Lazarus's Transactional model.

Conceptual Approach for Studying Stress in Adolescence

Traditional views of adolescence, as we have discussed in the first chapter, have often been associated with the notion of storm and stress. Hall (1904) was the main force behind that concept (a full summary of Hall's theory is found in Muuss, 1988). Since the publication of Hall's work many other theorists have made use of this notion of storm and stress and believed that this phrase accurately summarized the adolescent experience. However, the findings of empirical studies of adolescence, commencing from 1950s onwards have shown that the concept of storm and stress may have serious limitations. Research community took considerable time and effort to place this concept in a proper context. In particular Bandura's (1964) well known article, 'The stormy decade: fact or fiction?' and the major research of Douvan & Adelson (1966), had particularly powerful impact. There was a wealth of other publications addressing the same theme (Coleman, 1978; Feldman & Elliot, 1990;

Jackson & Bosma, 1990; Rutter, Graham, Chadwick, & Yule, 1976; Rutter & Smith, 1995).

In essence, all such work demonstrated more or less the same thing. It was noted that only a minority of young people experience stressful or turbulent adolescent years, the majority adjust relatively well. Research also demonstrates that the majority are not alienated from their families, do not have major psychiatric disorders, do not experience a total breakdown of communication with their parents, and do not go through a serious identity crisis, and so on. A good example of a study which reflects this overall conclusion is that of Siddique & D'Acry (1984).

In the course of adolescent years a wide variety of events, changes and transitions, may be stressful in themselves. One helpful way of distinguishing these potential stressors is to classify them as falling into one of three categories (Hauser & Bowlds, 1990: Rice, Herman, & Petersen, 1993). These categories are:

Normative events;

Non-normative events;

Daily hassles.

As far as normative events are concerned, this category refers to events which are experienced by all young people, and would include such things as pubertal development, a change of school at age 13 or 15, peer pressure and so on. The important thing is that these are events which all young people have to confront, but usually with a predictable time scale. Now whether these changes are taken as stressful or not will depend on a range of factors. Non-normative events can occur at any time and they have their effects on individual basis, for example, illness, injury, and friendship break-up, parental conflict, separation or death of some near one etc. Then there is the category of daily hassles, which may appear to be relatively minor in

scale, but may have cumulative impact, especially if there are many of them, and if they combine with normative and /or non-normative stressors.

In considering these three types of events many dimensions determine the degree of stressfulness of any situation for any particular person. Rice et al. (1993) noted that the number of events, timings of these events, and the synchronicity of these events are all key features in any person's experience.

If a young person has to experience, a number of changes at one time, it has an impact on the way in which he copes at that time. A young person for example, who has to adjust to parental divorce, to a change of school, and a loss of a friend, along with normative physical and psychological changes is clearly be at a greater disadvantage than someone who does not have these additional events to cope with.

The timing of these developmental changes is also important. Young people enter puberty at different times, so if majority step into this developmental change closely to each other or 'on-time', a smaller group will be either very young when they commence puberty, or much older than their peers. These early and late developers thus have to deal with experience of puberty either before they are ready, or at a point when they have this feeling that they have been left behind. Thus the timing of a normative event such as puberty will make a difference to the overall adjustment of the individual.

The issue of timings links also to that of synchronicity. The way normative events and non-normative events cluster together has always been seen as a critical factor in determining the ability of the individual to cope. The more potential stressors occur at or around the same time, the more difficult it will be for an individual to find the resources to manage these stressors.

Hetherington (1989) also attempted to identify salient dimensions of stressful events in the life of an adolescent. According to him, any stressful event must be considered in terms of family history, individual or family characteristics and resources, the social and physical context, and the interpretation or appraisal of the event. There can be no clear identification of events as stressful or non stressful since experiencing an event as stressful depends upon a complex interaction between the individual and the environment. He differentiated stressful events from non-stressful events in terms of their temporal pattern, intensity, affective quality, and frequency.

Rutter (1979) suggested that frequency of the stressful events make a big difference in the life of adolescents. In his view when children or adolescents experience a single stress it carries no appreciable risk, however, when they are exposed to a series of stressors or several concurrent stressors, the adverse affects increase multiplicatively. Other writers have used somewhat different classifications of potential stressors. One well-known example may be found in the work of Compas (Compas, Ey, & Grant, 1993; Compas, 1995). He suggested that stress vary along a number of dimensions, including whether it is normative or atypical, large or small in magnitude, and chronic or acute in nature. According to him, it is most helpful to think of stressors in three broad categories, especially if we are considering mental health implications of these events in the adolescent period. These three categories are generic or normative stress, severe acute stress, and severe chronic stress.

Compass points out that all adolescents are exposed to some level of generic stress as they move through this stage of life. He then made a distinction between acute and chronic stress, events like death of a loved one, injury or accident are the examples of acute stressors whereas exposure to poverty and economic hardship, racism, parental psychopathology, and other long standing stressors comes under the

heading of chronic stressors. He also suggested that different types of stressors have differential impact on the mental health of young people and if any intervention is applied it should be tailored according to need of that particular stressor or combination of stressors.

Causes and Correlates of Stress

There are a wide range of stressors which affect young people. Among all the factors the important one is event parameters. In the literature on stress, much has been said about different parameters of a potentially stressful life event which determines an individual's reaction to that event (Lazarus & Folkman, 1991). The four most commonly mentioned parameters are; Frequency; Predictability; Uncertainty; and Control.

Any event will vary in respect of these parameters, and this variation plays a central role in determining how the stressor is perceived by the individual responding to it. Seiffge-Krenke (1995) emphasizes the particular importance of event predictability as determinant of stress. In her view, the more unpredictable an event is, the more potentially stressful it is likely to be. The major reason for this is that in such circumstances there is no possibility of anticipatory coping.

Another study explored the degree to which the personality characteristics of teenagers protect them from an accumulation of risk factors stemming from the family, peer, school, and neighborhood context. Several protective factors like self-esteem, school achievement (i.e., good grades), and problem-solving skills, or the

ability to approach social dilemmas with planning were considered. The focus on these characteristics was addressed to see whether individual assets by themselves can sufficiently counteract the harmful effects of a high-risk environment. It was discovered that teenagers who experienced several of these risk factors simultaneously had higher levels of depression and conduct problems than teens who experienced fewer risk factors. An encouraging finding is that the risk for emotional and behavioral problems was lower for teens that possessed one or more protective assets. For instance, teenagers who experienced a high number of risk factors were less likely to be depressed and engage in delinquent activity if they had high self esteem (Somerville, 2004).

Results of many empirical studies reveal that the key variables of age, gender, ethnicity, and culture are the types of stress experienced by different individuals. In relation to age, an interesting study by Larson & Asmussen (1991) showed that older adolescents were more likely to have negative emotions relating to the domains of opposite sex friends and non-school activities (jobs, the environment, leisure time), while the level of negative emotions was higher in the family and school domains among younger adolescents.

Another cross-cultural study (Rohail, Seiffge-Krenke, & Gelhaar, 2004) revealed that on average, age 14 is the stressful period for both Pakistani and German adolescents. They experience more stress in the domains of school, peers, family and future as compared to their older counterparts.

As far as gender is concerned many researchers have pointed out differences between young men and young women in their experiences of stress. Compas & Wagner (1991) reported that females appear to find family, friendships and sexual

relationships more stressful than males during adolescence. Heavens (1996) have pointed that females are more sensitive than males to strains in interpersonal networks.

Stress and social support influence adolescents' coping strategies. Adolescents need to acquire a large repertoire of coping strategies in light of a rapidly changing socio-economic and political situation. A study carried out on Zimbabwean adolescents revealed that they experienced slight stress and their major stressors included schoolwork, relationships, social life and financial hardship. Females reported a higher level of perceived stress than males. Zimbabwean adolescents use emotion-focused strategies more frequently than problem-solving strategies (Magaya, Asner-Self, Schreiber, & James, 2005).

Contrary to these researches in which females were usually found having higher scores than males in different problem areas like, problems with future, self, family or peer relationship, a study conducted on Pakistani adolescents reveal that males experience more problems as compared to females except for self-related problems (Rohail, Krenke, & Gelhaar, 2004).

Ethnicity is a variable which also has an impact on experiences of stress. Munch & Wampler (1993) showed that in the USA African-American adolescents perceived suspension from school, and having trouble with the teacher, as being significantly more stressful than did those from other ethnic group. European-Americans experienced being chosen to perform tasks within the school setting as most stressful, while for Mexican-Americans failure in a test or exam rated as the most stressful school experience.

Among cultural differences in dealing with specific problem situations, it has been observed that adolescents' concerns are similar all over the world, but the amount of stress experienced in diverse problem domains differs among cultures (Gibson-Cline, 1996). A study on five cultures, (Gelhaar et al., 2004) viz. Germany, Pakistan, Hong Kong, Poland, and Russia reveal that future-related problems were experienced as most stressful by adolescents from all investigated cultures. Problems related to parents and school showed highest variability. Another cross-cultural study (Rohail, Krenke,. & Gelhaar, 2004) conducted on the adolescents of Pakistan and Germany showed that problems related to opposite sex relations are of much concern for Pakistanis and problems related to parents and self are of more concern for Germans.

Having noted a range of possible stressors of adolescents, two other important domains also need attention, boredom and loneliness. Frydenberg (1997) reported that boredom surfaced frequently in her interviews with teenagers in Australia as something which caused them stress. For some boredom stemmed from literally having nothing to do, but for others it reflected a need for stimulation and excitement, possibly as a defense against an inner emptiness which is not uncommon at this stage. This feeling of emptiness is further established from another study (Rohail, 2005) in which a problem checklist was given to 200 college students and 78% of the sample said that they sometimes feel sad just for no reason. As far as loneliness is concerned Coleman (1974) reported that the highest levels of anxiety about solitude were found in the age 11-13 and a significant decrease in anxiety is observed as the age increases.

The Measurement of Stress

Lazarus (1966) organized the concept of stress which remained under a continuous criticism for a long time due to its diverse definitions and orientations, by giving it the meaning of transactions that tax or exceed the person's resources or the resources of the social system. In order to measure stress one must made it explicit as to which orientation an input, response or strained relationship is being measured.

Haan (1982) declared that stress researchers who obtain a general understanding of the conditions and effects of stress, they should identify stressors, coping and defensive reactions that occur in a specific situation.

There have been numerous attempts to measure how stressful particular events are and for the comprehensive assessment of life stressors, many approaches have been used which often include measuring the effects of stressors by looking at performance on simple behavioral tasks, or by using self-report data, stressful life events scale, daily hassles scales, with the help of clinical interviews, psychometric assessment, and behavioral assessment strategies. Moos (1973) even suggested that assessment of social environments is also important, as environments will have physiological, psychological and behavioral effects on people interacting with them. Following are some prominent measures used to assess stress.

Stressful Life Events Scales

Holmes & Rahe (1967) devised the Social Readjustment Rating Questionnaire (SRRQ) to obtain numerical estimates of the average degree of life changes and readjustment that subjects assign to changes in their lives. The life changes studied

involved, modifications of sleeping, eating, social, recreational, personal, and interpersonal habits that required or indicated varying degrees of adjustment. With the pioneering work of Holmes & Rahe (1967) a complex and extensive research literature evolved that has been reviewed, analyzed and criticized in many publications (Rabkin & Struening, 1976; Tausig, 1982). Those researchers who followed the work of Holmes and Rahe modified it in some way or the other, for example, Coddington (1972) modified the SRRQ to assess stressful life events in childhood. Using the method in SRRQ he constructed a different list of experiences for each of the following groups: preschool age, elementary school age, junior high school age, and senior high school age.

Hassles Scale

In contrast to the measurement of life events Lazarus along with his research group developed an approach to stress measurement based on the ordinary daily "hassles" of living (DeLongis et al. 1982; Lazarus & DeLongis, 1983; Kanner, Coyne, Schaefer, & Lazarus, 1981). Their research findings show that hassles predict psychological and somatic symptoms far better than life events. Hassles accounted for almost all the outcome variance attributable to life events, whereas life events had little or no impact on health outcomes independent of daily hassles (DeLongis et al., 1982; Kanner et al., 1981). The Hassles Scale (Kanner et al., 1981) consists of hassles involving work, health, family, friends, environment, practical considerations and chance occurrences. Examples of hassles include misplacing and losing things, declining physical abilities, not enough time for family, concerns about owing money etc.

The Uplifts Scale is constructed in a fashion similar to that of the Hassles Scale. It consists of a list of uplifts that was generated using the content areas of the Hassles Scale as guidelines. Examples of uplifts include relaxing, spending time with family, using skills well at work, praying and nature.

Assessment of Major and Daily Stressful Events during Adolescence

The relation of both major life events and daily stressors with a range of symptoms and disorders has been documented well in adults' sample (Lazarus, 1984; Thoits, 1983) but studies related to adolescents are limited in number and scope (Johnson, 1986). Six checklists of life events developed for use with children or adolescents (Coddington, 1972a, 1972b; Johnson & McCutcheon, 1980; Monaghan, Robinson., & Dodge, 1979; Newcomb, Huba, & Bentler, 1981; Swearingen & Cohen, 1985; Yeaworth, York, Hussey, Ingle, & Goodwin, 1980) were applied for cross-sectional samples and in prospective, longitudinal studies. These studies have established a relation between negative major life events and emotional and behavioral maladjustment.

Till late 80s minor event have rarely been examined in the lives of children and adolescents that may become a necessary component of comprehensive measure of stressful events of these age groups Compas et al. (1987).

Compas (1987) developed a measure for the assessment of major and minor events, Adolescent Perceived Events Scale (APES) which reflects chronic daily stressors in the life of adolescents and it is clearly age-related.

Further important contribution was the development of Problem Questionnaire (PQ) by Seiffge-Krenke (1989). PQ presents variability of stressful situations encountered by adolescent in their everyday life, which are stressful and hence elicit

coping, for example stressors related to school, family, peers, future, leisure time etc. Daniel & Moos (1990) developed Life Stressors and Social Resources Inventory (LSSRI) and for the first time stressors and social resources have been included in any measurement tool.

Miller & Basoglu (1992) have argued that the assessment of life stress events must include more research studies addressing: how life events contribute to the etiology and onset of illness; the full range of psychological components that contribute to adjusted personality; and the range of effects each stressful life event produces on different types of people. In addition to these areas, coping proficiency, self-efficacy and individual differences must be explored.

The emergence of the ability to adapt to stress and adversity is a central facet of human development. 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. Investigation of the ways that these various aspects of coping emerge and function during adolescence is critical in advancing our understanding of processes of adaptation to stress.

In the next section, the concept of Coping will be discussed in detail.

Chapter-III

COPING

The concept of coping has been important in psychology for well over half a century. It provided an organizing theme in clinical description and evaluation in the 1940s and 1950s and is currently the focus of an array of psychotherapies, counseling and educational programs. The goal of these educational programs is to develop coping skills. For the past two decades the role of coping resources in the stress process and of the specific processes people use to manage stressful life circumstances is studied by the researchers for a better understanding of this otherwise widely debated issue.

In this chapter, different theoretical perspectives will be discussed that have contributed to the current concept of coping. This discussion will help in formulation of a conceptual framework that will focus on the coping resources and processes that influence how people resolve and adapt to stressful life circumstances.

In general, the term coping resources refers to the relatively stable personal and social factors that influence how individuals try to manage life crises and transitions. Coping processes refer to cognitive and behavioral efforts individual employ in specific stressful circumstances.

Theoretical Perspectives

Four related perspectives have shaped current approaches to understand coping: evolutionary theory and behavioral adaptation, psychoanalytic concepts and

ideas about personal growth, life cycle theories of human development, and case studies of the process of managing life crises and transitions.

Evolutionary Theory and Behavioral Adaptation

Darwin's theory of evolution examined the process of adaptation to the environment. The two central elements of Darwinian's theory are variation of living organism and natural selection. The internal factor of variation is seen as positive and creative; it produces the diversity needed for progress. The external factor of natural selection eliminates the harmful or less useful variations and enables those that are beneficial to develop and reproduce.

Darwin's ideas shaped the formation of ecology, which focused on communal adaptation. Communal adaptation is an outgrowth of individual adaptation and of specific coping strategies that serve to contribute to group survival and promote human community. This orientation led to an emphasis on behavioral problem-solving activities and enhances individual and species survival. More recent behavioral approaches highlight the role of cognitions in effective adaptation. Cognitive behaviorism is concerned with an individual's appraisal of the self and the meaning of an event as well as with behavioral problem-solving skills. A sense of self-efficacy is thought to be an essential coping resource, and it leads to more persistent efforts to master new tasks (Bandura, 1989).

Psychoanalytic Concepts and Personal Growth

Freud's (1920) psychoanalytic perspective explained this concept of coping from an intra-psychic and cognitive aspect. He believed that ego processes served to resolve conflicts between an individual's impulses and the constraints of external reality. Ego processes are cognitive mechanisms (though their expression may involve

behavioral components) whose main functions are defensive (to distort reality) and emotion-focused (to reduce tension).

The neo-Freudians objected this stance and posited a 'conflict-free ego sphere' with autonomous energy that fuels reality-oriented processes such as attention and perception. They thought that people search for novelty and excitement to master their environment.

Development of Life Cycle Theories

In contrast to psychoanalytic theories which believe that life events in infancy have a strong relationship with adult personality formation, developmental approaches consider the gradual acquisition of personal coping resources over the life span. Erikson (1963) described eight life stages, each of which encompasses a new challenge or 'crisis' that must be negotiated successfully in order, for an individual, to cope adequately with the next stage. Personal coping resources accrued during adolescent and young adult years are integrated into the self-concept and shape the process of coping in adulthood and old age. Developmentalists say that adequate resolution of the issues that occur at one stage in the life cycle leaves a legacy of coping resources that can help to resolve subsequent crises.

Coping with Life Crises and Transitions

In-depth studies of the process of adaptation to life crises and transitions have sparked an interest in human competence and coping. Some of the most compelling accounts are of the harrowing conditions (forced labor, malnutrition, disease, ever present death threat) of prisoner-of-war and concentration camps. The degrading experiences of camp inmates explain the story of resistance and endurance. Other work in this area has focused on more prevalent stressors such as death of a near one,

migration, flood, rape victim, kidnapping, terrorism (Moos, 1986). Similar studies have examined how individuals adapt to serious physical illness or injury and face life threatening surgery and other painful medical procedures (Moos, 1984). Findings of these studies show that most people cope reasonably effectively with life transitions and crises.

Taken together, the four perspectives outlined major sets of factors that would be included in a conceptual framework of the process of stress and coping.

An Integrated Conceptual Framework

Moos and Schaefer (1982) conceptualize research on stress and coping using the model shown in Fig. 1. The environmental system (Panel 1) is composed of ongoing life stressors and social resources in important life domains, such as physical health, finances and relationship with family and friends.

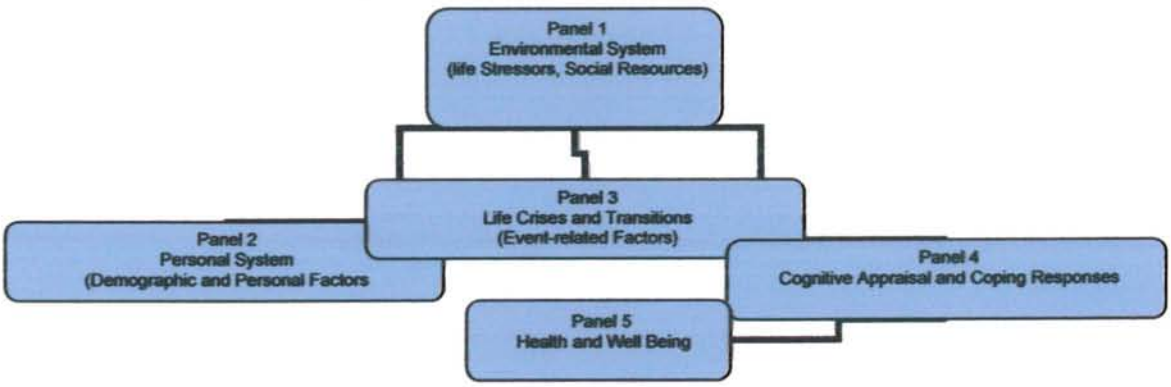


Figure1. A Conceptual Model of Stress and Coping

The personal system (Panel 2) includes an individual's socio-demographic characteristics; such as self-confidence, ego development and problem-solving skills;

personal commitments and aspirations; prior crises and coping experiences. The model posits that life crises or transitions (Panel 3) and the environmental and personal factors that foreshadow them (Panels 1 & 2) shape cognitive appraisal and coping responses (Panel 4) and their influence on health and well being (Panel 5).

These processes are bidirectional and reciprocal in nature. Personal coping resources affect ongoing life stressors and transitions, as well as the appraisal and coping processes people use to manage them. These processes influence health and well being, which, in turn, may alter both the personal and environmental systems. This model emphasizes people's selection among different consequences to which they attend and their choices among different alternative coping processes in the light of their appraisal of the consequences. Thus, this framework suggests that people are active agents and may shape the outcomes of life stressors as well as be shaped by them.

Now we turn our attention to major personal resources and coping processes to see how these personal and social resources influence the selection of coping processes and how coping processes alter the outcomes of life stressors and affect adaptation.

Personal Coping Resources

Personal coping resources are a complex set of personality, attitudes and cognitive factors that provide part of the psychological context for coping. Personal resources are relatively stable dispositional characteristics that effect the selection of appraisal and coping processes and, in turn, may be altered by the cumulative outcomes of these processes.

Selecting from many factors in this domains, a brief review of some of them are presented below:

Ego Development

Loevinger (1976) conceptualized ego development as the "master trait", encompassing an individual's frame of reference and the processes through which new experiences are integrated into a coherent whole. The ego progressively unfolds to achieve a more differentiated of the self and the social world. Each step represents a qualitatively different stage of structure organization. Although the sequence of developmental stages is invariant, individuals differ in the final stage they attain. Loevinger assumed that the measurement of ego development requires a projective technique that permits individuals to reveal their own 'unbiased' frame of experience.

Self-Efficacy

In general, persons with higher levels of self-efficacy tend to approach challenging situations in an active and persistent style, whereas those with lower levels are less active or tend to avoid such situations. Bandura's (1989) theory has led to the development of indexes of self-efficacy in specific content domains, such as physical, social, academic skills, computer skills, counseling skills, infant care, coping with everyday problems etc.

Dispositional Optimism

Scheier & Carver (1985, 1987) define dispositional optimism as a general expectancy for positive outcomes, especially in difficult or ambiguous situations. Optimism is associated with better physical and psychological adaptation to stressful life circumstances, perhaps because optimists are more likely to rely on problem-

focused coping and less likely to use avoidance processes such as venting of their feelings and disengagement (Scheier, Weintrab, & Carver, 1986).

Cognitive Styles

Habitual patterns of perception and information processing have formative effects on learning and adaptive processes. Field orientation and information processing are two widely studied cognitive styles.

Field Dependence and Independence

Field-dependent individual's perceptions of a complex stimulus are strongly influenced by the surrounding context, whereas field independent individuals experience complex stimuli as separate and unaffected by the context. Field-dependents are more attuned to their social environment and hence are perceived as warmer and friendlier. They are attracted to social situations, have better social skills, and tend to be more emotionally expressive. In contrast, field independent have more well-defined identity and are more autonomous and sensitive to their internal needs.

The adaptive value of each cognitive orientation depends on the nature of the situation. Field-independent persons tend to be more analytic and structured and are likely to be more successful in dealing with situations that require logical analysis and self-reliance. Field-dependents may use their social skills to solve interpersonal problems more effectively.

Information-Processing Styles

A more specific cognitive style involves the extent to which a person seeks information under threat. In one study, it is revealed that people who generally sought

information and were more focused were more aroused and anxious and tried to find out more about the nature of a physically aversive event; in contrast people who tended to avoid information and to be non-focused were able to distract themselves and to relax (Miller, 1987).

Defense and Coping Styles

Some investigators assume that people have relatively stable preferences for particular defense and coping styles to handle different life situations. For example, Vaillant (1977) proposed a hierarchy of three levels of ego defenses in which immature defenses include projection and unrealistic fantasy, neurotic defenses include repression and reaction formation, and mature defenses include suppression and realistic anticipation. Reliance on more mature defenses, as rated from life history interviews, is associated with less psychopathology and better adaptation. In addition, as individuals mature, they shift toward more adaptive defensive styles (Vaillant 1977, 1986).

Appraisal and Coping Processes

Above discussion was specifically focused on Panel 2 of conceptual model given by Moos & Shaefer (1982) depicted in Figure 1. Now the following discussion will relate those specific ways in which people manage stressful life circumstances. The cognitive and behavioral efforts or the appraisal and coping processes individuals use to manage stressful episodes. In the conceptual framework these processes are shown in Panel 4 (Figure 1).

Appraisal Processes

Appraisal and coping processes are closely linked. According to Lazarus & Folkman (1984), primary appraisal involves people's judgment about what is at stake in a stressful encounter, while secondary appraisal involves their beliefs about the viable options for coping. In general, appraisals have been measured with one item indexes that assess the individuals' immediate reactions (threat, challenge, harm, or benefit) to the situation and the extent to which it can be changed or must be accepted.

Peacock & Wong (1990) have developed a Stress Appraisal Measure that assesses three aspects of primary appraisal (threat, challenge and centrality) and three aspects of secondary appraisal (controllable by self, controllable by others and uncontrollable). Initial findings show that the dimensions are only moderately interrelated and are linked to the overall stressfulness of the situation in expected ways.

Coping Processes

No single method for categorizing coping processes has yet emerged; most of the researchers have used one of two main conceptual approaches to classify coping processes. One approach emphasizes the focus of coping: a person's orientation and activity in response to a stressor. An individual can approach the problem and make active efforts to resolve it and/or try to avoid the problem and focus mainly on managing the emotions associated with it. A second approach emphasizes the method of coping people employ, whether it is behavioral or cognitive in nature. These major domains can again be divided into sub-categories: approach-cognitive, approach-behavioral, avoidance-cognitive and avoidance-behavioral (Moos & Schaefer, 1982).

Researchers had developed some measures to tap these types of coping processes for example Coping Response Inventory (Moos, 1990), Ways of Coping Questionnaire (Folkman & Lazarus, 1988) and Medical Coping Modes Questionnaire and Life Situations Inventory (Feifel, Strack, & Nagy, 1987), focus on coping episodes. The two other measures COPE (Carver, Scheier, & Weintraub, 1989) and Coping Inventory for Stressful Situations (Endler & Parker, 1990, 1991) focus on coping disposition. These measures of coping disposition also assess dimensions that are conceptually comparable to those assessed by the episodic measures as well as used to tap coping responses in specific situations. Diary method is also employed with adolescents that help in viewing the complex phenomenon of coping from a closer look by using daily diary methodology (Aldridge, 2008).

Determinants of Coping

As the model of coping process (Figure 1), posits that aspects of the personal system and the environmental system characterized the focal life crisis or transition and the individual's appraisal of the situation provide a context for the selection and effectiveness of coping responses. In this section personal factors and social context in the process of coping will be described.

Demographic and Personality Factors

Gender and Age

Some investigators have identified gender differences in coping. McCrae (1989) found that women are more likely than men to use avoidance coping processes such as hostile reaction, distraction, passivity and wishful thinking. However

compared with men Moos (1992) found that women reported more reliance on both approach and avoidance coping. Some studies found out that females employed more social support and emotional regulation than males in coping with stress (Pontefract, 2003).

When gender comparison was made in a study, it was established that females, most frequently identified family-related events as being the most difficult recent life event stressor. However to manage stress, the most commonly reported coping strategies were active coping strategies, followed by family social support, self-reliance, and behavioral avoidance. Females were more likely than males to seek family support and to vent emotions when coping with stress. Both genders however, used active, problem-focused strategies when confronting school-and personal-related stressors, and to find coping most helpful when dealing with stressful school events (Kobus, & Reyes, 2000).

In a recent study, Japanese children and adolescents provided self-report of stressor intensity, coping efforts, and adjustment. Results showed that girls reported higher levels of self-image and peer relations stress, and reported using isolation and problem-solving coping more and externalizing coping less than males (Jose, & Kilburg, 2007).

There are also some association between age and coping preferences. Folkman, Lazarus, Pimley, & Novacek (1987) found that older adults are more likely to rely on cognitive approach and avoidance and less likely to use behavioral approach processes. The study by Pearlin & Schooler (1978) analyzed 18 to 66 year olds, and found that with increasing age there was a decreasing willingness to accept

help or conditions for help. Other authors found association between increasing age and increased primitivization and rigidification of coping abilities (Gutman, 1970).

Japanese children and adolescents provided self-report of stressor intensity, coping efforts, and adjustment Younger adolescents (5th/8th grades) reported higher stress in the domains of school, peer relations, and family relations, whereas older adolescents (10th grade) reported higher self-image problems (Jose, & Kilburg, 2007).

Personality factors

In general, personal coping resources such as self-efficacy (Fleishman, 1984) and an internal locus of control (Parkes, 1984) are associated with more reliance on approach coping. Feifel et al. (1987) noted that men who are more competitive and extroverted tend to rely more on confrontation and less on acceptance-resignation. Carver et al. (1989) found that individuals high on optimism, control, and self-esteem are more likely to rely on active coping and planning. Less desirable personal qualities are associated with more dysfunctional coping tendencies. However, according to Pontefract (2003) considerable consistency in coping was found across self-identified stressors only.

The Social Context of Coping

It has been observed that people's family and work resources influence adaptation by facilitating the use of more active coping processes. Feifel et al. (1987) found that men who have more social support rely more on confrontation and less on acceptance-resignation in coping with a serious medical illness. In a longitudinal

study, high family support predicted an increase in approach coping and a decline in avoidance coping over time (Holahan & Moos, 1987).

Kohn & Schooler (1983) have noted that occupational experiences can affect a person's value system and coping strategies. Parkes (1986) found that student nurses use more approach coping responses in major stressful episodes when work support is high i.e. when the availability of supportive supervisors enables the students to cope directly with serious work problems.

A latest study examined the relative contributions of (a) gender, (b) perceived stress, (c) social support from family and significant other, and (d) positive and negative dimensions of religious coping to the prediction of the psychological health and meaning in life. Findings reveal that greater perceived stress was predictive of psychological health and meaning in life, while social support from a significant other also explained variance in meaning in one's life. Negative religious coping, specifically reappraisal of God's powers, was predictive of search for meaning in one's life (O'Brien, 2009). This may explain that religion is a source of inner satisfaction and positive dimension of religious coping is related to enhance psychological health.

Research Trends in Adolescent Coping

Research on adolescent coping has been started appearing in publications from 1967, and from then on two phases in adolescent research can be clearly differentiated. The first phase which started roughly from 1967 until the mid-1980s was clinically oriented; and second phase starting from 1980 till to date is more developmentally oriented (Seiffge-Krenke, 1995).

When the publications on coping that appeared between 1967 and 1984 were analyzed, researchers came to know that only 7% of the publications were devoted to studies on adolescents, whereas 42% dealt with adults and 17% with children. College students make up for a further 24% of the subjects, and in 10% of the studies age was not specified (Seiffge-Krenke, 1995).

Critical life events, coping with everyday stressors and physical illness remained the leading topics in adolescent coping research. Critical life events had been used to explain changes over the total life span, and social, financial, and psychological resources for coping with critical life events were mostly explored (Kahn & Antonucci, 1980; Nuckolls, 1972). In most of the studies on adolescents, critical life events were analyzed in the sense of Holmes & Rahe (1967). These studies investigated how adolescents coped with the divorce of their parents (Steinberg, 1974; Young 1980), with the end of schooling (Weinberger & Reuter, 1980), or unplanned pregnancy (Coletta, Hadler, & Gregg, 1981).

The way adolescents deal with serious physical illness or disease is most frequently studied question. Often the illnesses studied are those with a very high mortality rate and no treatment available. These include heart disease (Mehler, 1979), hormonal diseases (Drotars, Owens, & Gotthold, 1980), cancer (Earle, 1979), sickle-cell anemia (LePotois, 1975). All the studies show the extraordinary extent to which adolescents feel threatened by the physical changes that accompany the disease.

Adolescents' defense mechanisms in general, were also studied by researchers during their phase of serious illness. Intellectualization, according to Blos (1967) is the preferred defense mechanism of adolescents. Projective coping, was also equally used by the ill adolescents and their parents (Earle, 1979).

Since about 1980 a noticeable trend can be observed in adult coping research away from the analysis of very stressful events to the analysis of everyday stress situations operationalized in Lazarus' concept of everyday hassles as "irritating, frustrating, distressing demands that in some degree characterize everyday transactions" (Kanner et al., 1981, p. 9). Very few studies, however, were published on adolescent coping with minor stressors before 1984 (Seiffge-Krenke, 1995).

Most of the studies were concerned with aspects of coping behavior at school or at work. They included investigation of the effects of school structure reorganization on the classroom climate (Schilhab, 1977), on the students' well-being (Vandewiele, 1980) or analyses of differences between adolescents with effective and ineffective coping strategies in performance situations (Dweck & Wortman, 1982).

The studies that were carried out in the first phase of coping research on adolescents were done almost exclusively in the United States and Great Britain. Then from the year 1985 onwards an increase in the study of adolescent coping in Europe could be seen. This shift of research from United States to Europe can be observed in special conferences and monographs on the subject (Bosma & Jackson, 1990; Oerter, 1985; Olbrich & Todt, 1984; Rutter, 1992; Seiffge-Krenke, 1986, 1990, 1993). The stressors studied (e.g., hassles, developmental tasks, and minor events) emphasize the normative, mildly stressful nature of the events which imply frequent occurrence. In second phase of the adolescent research a noticeable attempt to operationalize both events and coping was made which was guided by theories.

The developmental task is the main construct used by the Munich Research s Group under the direction of Oerter. This construct allows one to study interaction between the individual and his or her environment, because developmental norms and current ability have an interdependent relationship (Oerter, 1977). In a study of 14 to

18 years olds, the significance of certain developmental tasks and subsequent coping were analyzed. Results revealed that adolescents are indeed capable of coping with tasks typical for their age (Oerter, 1985).

Bosma & Jackson (1990) focused on the relation between self-concept and coping, and add an important facet to understand the contribution of internal resources. A study carried out in Poland by Tyszkowa (1993) described a comprehensive list of school situations that young people perceive to be difficult. Tyszkowa then also described the types of coping strategies they evoke and the effectiveness of these coping styles. The results indicate clear developmental progress in the ways adolescent cope with stressful school situations. A relatively high self-esteem seems to be crucial in this process.

In the European research, only some clinical samples were investigated. Reinhard (1986, 1989) and Seiffge-Krenke (1990) analyzed the relative importance of coping and defense among adolescent psychiatric patients. Jerusalem (1992) tried to predict coping preferences by individual and cultural differences in coping resources between German and Turkish youths. Seiffge-Krenke (1995) in her research monographs focused on the everyday events that confront adolescents and analyzed the process of coping as well as the situation-specific choice of coping strategies. Relationship with significant others is regarded as an important contribution, which goes beyond social support, in her studies.

The main impetus came from the research group around Compas. Compas (1987a, 1987b) reviewed Anglo-American research on coping with stress in childhood and adolescence and emphasized the developmental perspective. Wagner, Compas & Howell (1988) formulated an integrated model of psychosocial stress and a

major finding in that study was that daily events are more strongly associated with psychological symptoms than major events.

Further important contributions came from the research group of Hauser. They investigated role of family and social groups as a mediating force in individual coping (Hauser, 1991). There are some other studies which investigated coping skills in connection with problem behavior. Baer, Garmezy, McLaughlin, Pokorny, & Wernick (1987) reported more alcohol abuse among adolescents who reported more life events, more daily hassles, and more conflicts in the family.

In the second phase of coping research on adolescents, the most active area is concerned with the association of coping with psychological adjustment, psychological symptoms of psychopathology, and social and academic competence. The association of psychological adjustment has been examined in reference to a wide range of stressors. This includes actual stressors that adolescents have experienced, such as personal illness (Band & Weisz, 1990; Frank, Blount, & Brown, 1997), Pain (Gil, Williams, Thompson, & Kinney, 1991, 1993); Spirito, Stark, & Tyc. 1994; Thomsen, Compas, Colletti, & Stanger, 2000), parental or family conflict (O'Brien, Margolin, & John, 1995, 1997; Wadsworth & Compas, 2000), parental divorce (Kliewer & Sandler, 1993), Parental illness (Steele, Forehand, & Armistead, 1997), family economic strain (Wadsworth & Compas, 2000) peer stress (Causey & Dubow, 1992), academic stress (Causey & Dubow, 1992; Compas, Malcarne, & Fondacaro, 1988), and sexual abuse (Chaffin, Wherry, & Dykman, 1997).

Research with adults over the last 20 years indicates that people who see themselves as less efficient problem-solvers use more maladaptive coping strategies. However, adolescents differed from adults. Adolescents' perceptions of problem-

solving efficacy were primarily associated with the use of productive strategies and low efficacy was independent of the use of non-productive strategies for boys and had only a moderate, although statistically significant relationship for girls (Frydenberg & Lewis, 2009).

Coping and Psychological Adjustment

The most active area of coping research is concerned with the association of coping with psychological adjustment, psychological symptoms of psychopathology, and social and academic competence. 26 such studies have been identified since 1988 which were conducted on adolescents to study association between coping and psychological adjustment (Chan, 1995; Compas et al. 1988; Compas, Worsham, Ey, & Howell, 1996; Connor Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000; Johnson & Kenkel, 1991). For complete list of these studies review Compas et al. (2001).

Although these studies have been concerned with the 'effectiveness' of coping i.e. the degree to which coping efforts are effective in reducing emotional distress and enhance positive adjustment yet they should be viewed as correlates of coping rather than the efficacy of coping. Compas et al. (2001) suggested that coping effectiveness cannot be determined in cross-sectional studies, because the direction of the relationship between coping and emotional distress or adjustment cannot be resolved. It is plausible that coping efforts lead to reduction in emotional distress, but it is equally possible that higher or lower levels of emotional distress lead to the use of certain types of coping responses.

A few studies have sampled the ways that adolescents cope with different types of stress to compare the association of coping with psychological adjustment across types of stressors. Compas et al. (1988) compared the association between internalizing and externalizing behavior problems and coping with academic stress and coping with interpersonal stress. They found stronger association between behavior problems and coping with interpersonal stress than coping with academic stress, suggesting that the resolution of interpersonal stress may be more important in relation to behavioral adjustment. Recently, significant intra individual and inter individual variability was also studied for each coping strategy and psychological health and findings indicate that variability in coping is predictive of daily psychological health (Aldridge, 2008).

Methodological Issues in Coping Assessment

Any conceptual system is embedded in a set of general methodological assumptions about how to approach the phenomena of concern. According to Compas et al. (2001) five methodological issues are important to address in the development of the assessment of adolescent coping and these are: method of assessment (questionnaire, interview, observation, checklist); the source of information (adolescent, peer, parents, teachers, or observer); the dimension in which coping is rated (problem-focused, emotion-focused, primary vs. secondary, engagement vs. disengagement); the type of research design (process oriented, dispositional, ipsative–normative); and the breadth versus specificity of coping assessed (response to a single stressful event vs. coping style).

Method of assessment is the most controversial topic in the field of coping research. Coping questionnaires have been criticized for lacking a theoretical basis, using overly broad or confusing items, and inadequately assessing cognitive strategies. Questionnaires have also been criticized for failing to assess coping from transactional perspective and neglecting anticipatory coping (Coyne & Gottlieb, 1996).

Self-report measures seem to be an important way to measure cognitive responses that are unobservable by others, yet it too has certain limitations. Research with adults has demonstrated that retrospective measures of coping are biased by the degree of problem resolution at the time of questionnaire completion and by poor recall, even when assessed within a few days of the stressor (Ptacek, Smith, Espe, & Refferty, 1994; Stone, Kennedy-Moore, & Neale, 1995). Self-report measures are limited by the willingness of individuals to report the use of unsuccessful coping strategies or items low in social desirability, such as denial or wishful thinking. Thus it is desirable to supplement observational techniques and reports from multiple informants who provide a more detailed picture of coping.

The third methodological issue is the limited consideration given to the subject's interpretation of directions to rate 'how much' they engaged in a given coping strategy. College students interviewed after completing a coping questionnaire indicated that their responses were based on multiple dimensions, including the frequency, duration and efficacy of each strategy as well as efforts expended (Stone & Kennedy-Moore, 1992).

Study design is also an important issue. Compas et al. (2001) criticized that cross-sectional studies represent the bulk of adolescent data but may be misleading because individuals coping with extreme stressors are likely to be highly distressed

and thus likely to use multiple coping techniques. In such cross-sectional designs this factor can leads to potentially misleading correlation between the use of multiple coping strategies and poor psychological adjustment. Although some types of emotional expression, such as writing about negative feelings, are associated with short-term increases in distress, over longer periods of time they are linked to lower distress and better health outcomes (Pennebaker, 1997). Several studies on adult responses to stress have taken an intensive approach to measure coping through the use of daily ratings of coping and mood (Affleck, Tennen, Urrows, & Higgins, 1994; Stone et al., 1995), leading to more detailed and time-sensitive analyses of the coping-distress relationship than can be achieved in cross-sectional, retrospective studies.

Fifth methodological issue is whether measures are used to assess general coping style or coping with a specific stressor (Ayers et al., 1998). The majority of previous research has either assessed general coping style (Allen & Hiebert, 1991; Ebata & Moos, 1991; Lewis & Kleiwer, 1996) or asked respondent to report on any recent stressor, leading to samples in which stressors could vary from academic problems to family stress (Feldman, Fisher, Ransom, & Dimiceli, 1995; Hart, 1991). Compas et al. (2001) argued that it remains unclear whether adolescents are capable of aggregating responses across diverse situations to accurately report their general coping profile. In addition, there are few coping strategies likely to be either universally helpful or universally detrimental, making it important to avoid combining responses of individuals coping with different events.

Research on Adolescents Daily Stressors and Coping in Pakistan

Very little work has been done in Pakistan on issues of daily stressors and coping of adolescents (Rohail, 2005; Shaikh, Kahloon, & Kazmi, 2004).

A problem checklist was developed by Rohail (2005) to find out the bothersome problems faced by Pakistani adolescents. No attempt was made, however, to know their coping mechanisms to deal with those problems.

Shaikh et al. (2004) conducted a study to find out stress among medical students, and their coping strategies. The focus of study was mainly on academic stress and hence all the coping strategies were related to that. No structured instrument was used for the study and it was not based on any particular theory.

According to Population Brief (2003), Pakistan currently has one of the largest cohorts of young people in its history, with approximately 25 million people between the ages of 15 and 24. Similar to other cultures this age group has a crucial role in the social, political, and economic development and stability of the country. Young people in this age group face a number of critical life decisions as they negotiate the transition to adulthood: choices about leaving school, becoming employed, taking on more responsibilities, choosing a spouse, and starting a family.

A survey conducted by Population Council (2003) used 6,585 house holds in 254 communities. This was the first survey of its kind in which adolescents were directly asked questions about their lives, rather than having adults speak for them. The results revealed that almost all males and females are ambitious about getting higher education than their parents had attained. It was noticed that despite the educational aspirations of the adolescents in general, actual attainment of their goals were quite low. Poverty, lack of access, and poor quality of schools were considered

to be the contributing factors for this gap. Types of work performed by adolescents were found to be segregated on the basis of gender. The results of the survey indicated the state of affairs of Pakistani adolescents in general, but there was no attempt to understand their psychological state of mind and stressors or coping strategies.

Rationale and Scope of the Present Research

Coping is among the most widely studied topics in contemporary psychology (Hobfoll, Schwarzer, & Chon, 1998). Since late 1970s, after the classic writings by Moos (1976), Pearlin & Schooler (1978), and Folkman & Lazarus (1980), many studies on stress and adaptation processes are done. However, three decades of concentrated research have yielded relatively little, of either clinical or theoretical value (Somerfield & McCrae, 2000). Lazarus (1999) commented that the quantity of research on stress and coping is not matched by its quality.

In the light of the present theoretical and methodological status of stress coping research, it was felt that this issue of great importance should be studied using a conceptually and methodologically sophisticated research design. The present research was designed to approach constructs both quantitatively and qualitatively. This was based on a process-oriented idiographic as well as nomothetic method for studying stress coping relationship. The nomothetic study of stress and coping was studied quantitatively, with the help of (one time) situational measure. The idiographic study was conducted qualitatively with the help of Daily Diary Approach (for six weeks).

The other objectives of this research were to explore the nature of interaction between daily stressors and coping strategies; the role of dispositional style coping

and to understand whether self efficacy has anything to do with functional coping and hence related to adjustment in any way.

Although this research design is complex in nature but it might be a little breakthrough in addressing those questions which are inherently person specific and for which coping researchers had used between-person designs for decades (Tennen, Affleck, Armeli & Carney, 2000).

Present research is adolescents specific and target population is students. It has been seen (Costa & McCrae, 1993) that most of the psychotherapeutic intervention goals are set up for adults and adolescents' needs to attain skills for meeting the emotional demands of future roles are usually neglected.

It is very unfortunate that in Pakistan very negligible work has been done to educate adolescents how they should manage everyday stressful events, and what are the healthy coping strategies. According to Lazarus, the coping behaviors are influenced by person's coping resources, such as problem-solving skills, social support, health and energy (Lazarus & Folkman, 1984).

The aim of the present research is to identify daily stressors of adolescents and how typically adolescents cope with these stressors. Are their coping attempts problem-focused or emotion-focused or a combination of both? Is coping with stressors a disposition or is it situation specific? Another important query which needed to be investigated is the role of stressor type in coping. As adolescents face stressors from multiple domains, it is important to determine whether their strategies differ across situations, and, if so, what the most often used strategies are for particular type of stressors. Although this issue has been explored in the adult coping literature (Billings & Moos, 1981), it has received less attention in the adolescent and child coping research (Band & Weisz, 1988; Stark et al., 1989).

In every culture and society, adolescents are socialized to perform specific gender roles (Gilligan, 1982). Both girls and boys experience different stresses and challenges and they are also expected to cope differently (Frydenberg, 1997). Present research is an exploratory study in which daily stressors and coping strategies of adolescents will be explored by keeping their gender and socio-cultural context in perspective.

METHOD

Chapter-IV

METHOD

This research is an exploratory investigation and no hypotheses were formulated and an identification of potential similarities and differences of daily stressors and coping strategies was analyzed with the help of descriptive analysis or content analysis only.

Both qualitative and quantitative approaches were used in this study. Along with psychological scales with categorical response patterns, adolescents were asked to write daily diary for six weeks. They were also asked to write each day about their stressors and the way they coped with them. Both type of information was used to observe their stressors and coping mechanisms.

Method

The research was conducted in two phases. In the first Phase, a Pilot Study was conducted to establish the reliability of the instruments to be used for the final study and also to have a preliminary sense of the qualitative and quantitative aspects of the research. Some of the questions while undertaking the pilot study were:

1. What events and situations adolescents view as stressful in their daily lives?
2. What are the various situations that cause stress and elicit coping?

3. What are the coping strategies applied by adolescents in dealing with their stressors?
4. How adaptive are adolescents in dealing with their stressors?
5. Does disposition play any part in the type of coping applied?
6. Is self-efficacy in any way related to functional coping?

In Phase II, main research was conducted.

As a result of the pilot work, some additional questions were thought to be considered for the main study. These were:

1. Is there any consistency or variability in Coping with different stressors?
2. Is there any consistency or variability in Coping with same stressor?
3. Is there any typical coping applied for any particular category of stressors?
4. Are there any Gender differences in coping?
5. Are there any Age differences in coping?
6. Are there any Gender differences in stress perception?
7. Are there any Age differences in stress perception?
8. Is Self Efficacy positively correlated with problem-focused coping?

In the following section the detail of each phase is given.

Phase I: Pilot Study

Sample

The participants included 32 adolescents (18 females, 14 males). The adolescents ranged in age from 14 to 18 years and were students of classes 9th, 10th, 11th and 12th grades. These students were randomly selected from two schools (boys and girls) and two colleges (boys and girls) of Rawalpindi. Among these 32 adolescents, 3 (1 male and 2 females) voluntarily agreed to take part in the six weeks long qualitative analysis of their daily diaries.

Instruments

i) *COPE (Coping Orientation to Problems Experienced) Inventory* (Carver, Scheier, & Weintraub, 1989). It is based on Lazarus's model of stress and Skinner's model of self-regulation. COPE is a multidimensional; four point scale of sixty items. COPE Inventory has three major categories with fifteen subscales. Five sub-scales (of four items each) measure Problem-Focused coping (active coping, planning, suppression of competing activities, restraint coping, and seeking social support for instrumental reason). Five scales measure Emotion-Focused coping (positive reinterpretation and growth, seeking social support for emotional reasons, acceptance, denial and turning to religion). Five coping scales measure Dysfunctional coping (behavioral disengagement and mental disengagement, alcohol-drug disengagement, focus on & venting of emotions and humor).

COPE Inventory is so designed that it includes items that could be answered from two orientations, Dispositional style coping as well as Situation-specific coping (depending on the researcher's needs). In dispositional style format present tense is

used and for situational format either present tense progressive (I am....) or present perfect (I have been...) is used and to assess coping for any situation done in the past, past tense was used. The reason for selecting COPE Inventory was its ability to measure dispositional as well as situational coping tendencies of the sample.

ii) *Perceived Self-Efficacy Scale* (PSES) (Jerusalem and Schwarzer, 1979): It is a 10 items, four point unidimensional scale, which has been adapted to 26 languages, by various co-authors and its psychometric properties have been assessed through findings from twenty five countries (Scholz, Gutierrez-Doda, Sud, & Schwarzer, 2002).

The construct of Perceived Self-Efficacy reflects an optimistic self-belief (Schwarzer, 1992). It is the belief that one can perform a novel or difficult task, or cope with adversity in various domains of human functioning. Perceived self-efficacy facilitates goal-setting, effort investment, persistence in face of barriers and recovery from setbacks. According to the author, it can be regarded as a positive resistance resource factor. Ten items are designed to tap this construct. Each item refers to successful coping and implies an internal-stable attribution of success.

Cronbach's alpha reliability coefficients, computed for the Cope scales, turned out to be .81 and for Perceived Self-Efficacy Scale .62.

Procedure

Principals of the chosen schools were contacted and the main purpose of the research was explained to them. Those who agreed to cooperate were chosen for the research. On mutually agreed upon days, the researcher was invited to the schools and a meeting was held with the teachers. With the teachers' help, those students who

agreed to participate were taken into another room and scales were administered in groups of 4 to 6 students each.

Participants were given Cope Inventory along with a blank page. They were instructed to reconstruct any resent stressful event which they have experienced in recent past (one or two weeks before), or any event which they are facing right now and write it down on the blank space provided to them. After completion of this task they were told to open the Cope Inventory following that blank page and read each statement carefully and indicate to what extent they are applying that coping strategy. Response choices given with each statement were "I am not doing this at all", "I am doing this a little bit", "I am doing this a medium amount", and "I am doing this a lot". (to be scored from 1 to 4 respectively)

After they have completed COPE they were given PSES. They were instructed that this is another scale with certain response choices given at the end of each statement. The key to options 1,2,3,4 are given at the end of the page (1 = not at all true, to 4 = exactly true). The respondents had to circle the option which was closest to their own self.

Out of these 32 participants, 3 were selected who voluntarily agreed to participate in another part of this study. These three were provided with dispositional version of COPE, in which they were asked about their usual ways of coping with the stress. After they filled the COPE with dispositional style format (I usually do....).they were given a task to write daily diary for six weeks. In that they were required to write every day about their daily stressors and their ways of coping with them. They were supposed to use situation-specific COPE inventory and rate only those statements which they applied on that particular day. They didn't have to check

all items of inventory each day but only those which they were using on that particular day with that particular stressor.

Results

In order to identify and categorize the situations perceived by adolescents as stressful on the Situational Cope Inventory, Content Analysis was applied.

The 32 adolescents reported 55 daily stressful events which ranged from minor concerns like, "argument with sister on computer timings", to very stressful event such as "death of a loved one".

These stressors were then systematically grouped together and 7 categories were generated (Self, Family, Education, Social, Peers, Future and Health). The suitability of the category system was tested by three independent raters. Those raters were psychologists with post graduate level qualification.

The 7 categories were then assigned to 3 domains such as "Intrapersonal", "Academics", and "Interpersonal". Stressors that were related to future, admission, professional studies were merged into 'Academics'. Stressors related to family, peers and social were merged into 'Interpersonal', and self related stressors like health concerns, personal psychological problems were categorized under "Intrapersonal" domain.

Percentage of different stressors across 3 domains was: Intrapersonal: 45%, Interpersonal: 28%, and Academics/future or professional: 26%..

The stressors described rather frequently by both genders in Intrapersonal domain were 'feelings of loneliness, lacking decision power, and enraged by little things'. In Interpersonal domain they reported stressors like 'misunderstood by a friend, conflict with parent/parents, and having difficulty adjusting with new people'. In the domain of Academics their main stressors were like, 'examinations and getting

good grades, not getting proper attention from the teachers and choosing or deciding about future career'.

The analysis of the responses of 32 adolescents across 15 subscales of 60 items of the Cope Inventory indicated that adolescents used functional coping strategies (Problem-focused coping, Emotion-focused coping) more than Dysfunctional. The mostly preferred coping subscale was Religious Coping, (M = 12.84, SD = 2.80), followed by Planning (M = 11.62, SD = 2.59), Positive Reinterpretation and Growth, (M = 11.53, SD = 2.57) and Acceptance (M = 11.25, SD = 2.60). The lesser used coping subscales were Substance Use (M = 4.40, SD = 1.01) and Humor (M = 6.87, SD = 2.73).

Another objective of the study was to see adjustment of the adolescents and for this purpose along with indicators of functional coping Self efficacy was also assessed. The results indicated that a very high percentage (96%) of adolescents have a positive perception about their coping abilities.

Three adolescents, who were engaged to participate in the qualitative aspect of the research, have shown some interesting results. They were given a task to write daily diary for six weeks, (before the commencement of this task they had responded on Dispositional format COPE) it was observed that adolescents who claimed certain strategies which they usually apply (on dispositional Format Cope Inventory) to resolve their stress, have not reported using those strategies in their diaries, which they have to write daily for six weeks.

There were some coping strategies like religious coping and planning, which were used consistently by participants over a period of time across different situations. That consistency showed the inclination of a single person on a certain mode of coping. Our sample showed more inclination towards emotion-focused coping like, religious coping, emotional social support, positive reinterpretation and

growth and acceptance. Some of the dysfunctional coping strategies were also being observed, like mental disengagement and focus on venting of emotions.

Phase II: Main Study

In the second phase of the research the main study was conducted in two parts, study A and study B. In each part, different number of subjects was taken. The same instrument was used, though procedure, in which that instrument applied, was modified as mentioned in the earlier section of this chapter. Both of these studies are discussed separately in the following section.

Study A

Sample

433 adolescents (247 females, 186 males) participated in this study. As the literature suggests the period of adolescence can be divided into three sub groups: early adolescence i.e. 14 to 15 years, mid adolescence i.e. 16 to 17 years, and late adolescence i.e. 18 to 19 years (Stern and Zevon, 1990; Santrock, 1996). The sample for the present research was selected from the age group of 14 to 19 years so that adolescents from early, middle, and late group are included in the sample.

All the respondents were high school or college students. They were selected from public and private educational institutes of Rawalpindi, Islamabad and Wah. Those students were selected for the study who showed their willingness. They were approached after taking permission from their respective principals. Based on the information provided by the school authorities, it was noted that most of the adolescents belonged to the middle class families.

Instruments

COPE Inventory (Carver, Scheier, & Weintraub, 1982) and Perceived Self-Efficacy Scale (PSES) (Jerusalem & Schwarzer, 1979) were used to generate data. The details of both these instruments are given in the pilot study (see page 65-66).

Procedure

Principals of the chosen schools were contacted and the main purpose of the research was explained to them. Those who agreed to cooperate were chosen for the research. On mutually agreed upon days, the researcher was invited to the schools and a meeting was held with the teachers. With the teachers' help, those students who agreed to participate were taken into another room and scales were administered in groups of 4 to 6 students each.

Participants were given COPE Inventory along with a blank page. They were instructed to reconstruct any resent stressful event which they have experienced in recent past (one or two weeks before), or any event which they were facing at that time and write it down on the blank space provided to them. After completion of this task they were told to open the COPE Inventory following that blank page and read each statement carefully and indicate to what extent they are applying that coping strategy. Response choices given with each statement were "I am not doing this at all", "I am doing this a little bit", "I am doing this a medium amount", and "I am doing this a lot" (to be scored from 1 to 4 respectively).

After they have completed COPE they were given PSES. They were instructed that this is another scale with certain response choices given at the end of each statement. The key to options 1,2,3,4 are given at the end of the page (1 = not at all

true, to 4 = exactly true). The respondents had to circle the option which was closest to their own self.

Alpha coefficients were calculated for both COPE and PSES, which were .84 and .66 respectively.

RESULTS

RESULTS

Daily Stressors of adolescents were identified with the help of Content Analysis. 433 adolescents reported 137 daily stressful events which ranged from very personal problems like, 'having some sexual problems', 'loneliness', 'ignored by parents' etc. to more global ones, like 'bomb blasts', 'earthquakes', 'beggary' etc.. 137 listed stressors were then given to three judges (psychologists with post graduate qualification) to rate the items and assign them into relevant categories keeping in view the 'theme' reflected in the written verbatim of subjects. 15 categories (see annexure III) were prepared with the joint consensus of judges. Disagreement ranged between 2% to 3% which is justifiable, as certain stressor looked so close to be included in more than one category. In the main study, more stressful events were reported as compared to pilot study so more categories emerged. Instead of seven categories 15 categories were prepared. Some stressors related to socio-environmental problems were also reported by the adolescents.

Table 1

Frequency and Percentages of Stressors under Fifteen Categories (N=433)

	Categories	Frequency	Percentages
1	Vocational/Financial	12	2.8
2	Academics	98	22.5
3	Adjustment	10	2.3
4	Commutation Problem	6	1.4
5	Death/Accident	30	6.9
6	Environmental	25	5.7
7	Interpersonal/Familial	73	16.8
8	Interpersonal/Friends	53	12.2
9	Health, others	15	3.4
10	Interpersonal/Teacher	9	2.1
11	Interpersonal/Social	21	4.8
12	Moral	2	.5
13	Interpersonal/Opposite Gender	20	4.6
14	Recreational	11	2.5
15	Intra-personal	48	11.0

Table 1 displays the 15 categories of stressors which are identified through Content Analysis.

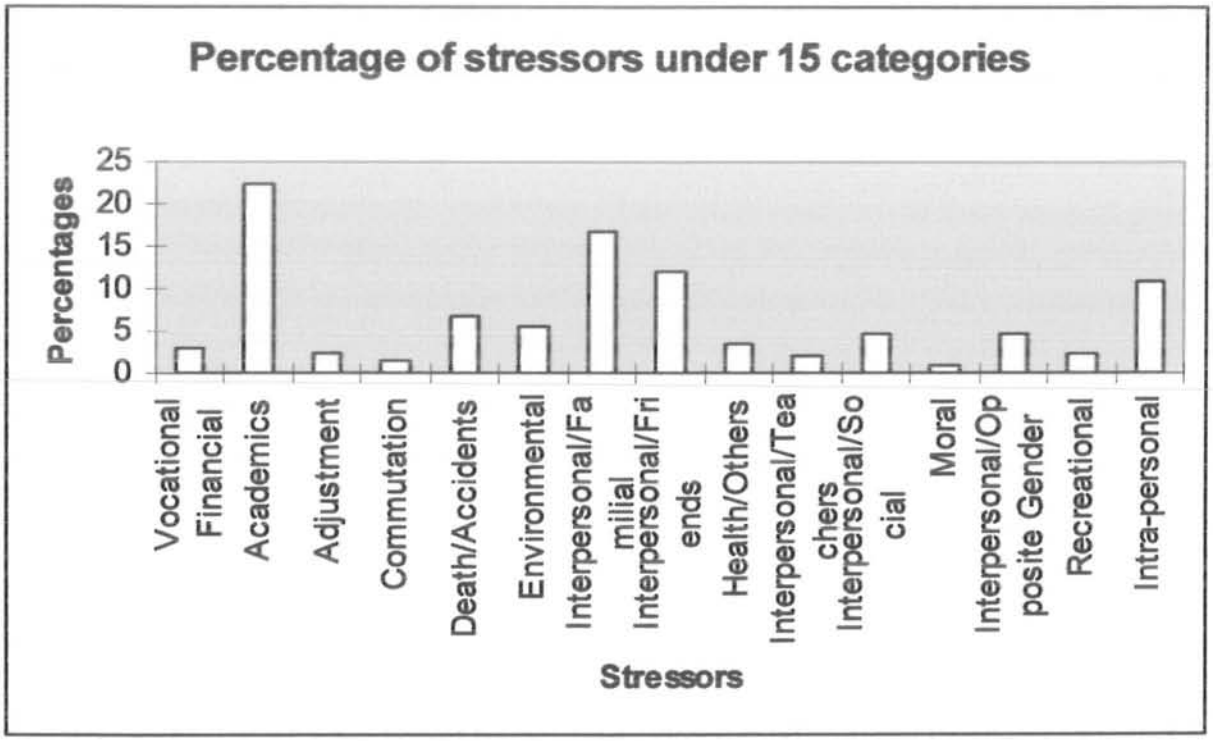


Figure 2 Percentages of stressors under fifteen categories (N = 433)

Fig.2 shows that academic stressors are reported most frequently by the adolescents and moral stressors the least.

Among those 15 categories presented in Table 1, some categories were overlapping in nature so those categories were merged into one domain. Judges were again involved to check the appropriateness of the domains. In pilot study only three domains emerged out of seven categories but in main study many adolescents reported stressful events of socio-environmental nature also, so a new domain was made. The 15 categories of stressors were assigned to 4 domains viz., "Intrapersonal", "Academics", "Interpersonal", and "Socio-environmental".

Stressors related to education were included into Academics domain. Stressors related to recreational, moral and adjustment was merged into Intrapersonal domain. Stressors related to Interpersonal/familial, Interpersonal/social, Interpersonal/friends, Interpersonal/teachers and Interpersonal/opposite gender were all merged into Interpersonal domain and those stressors which were related to commutation, death/accidents, vocational and financial were merged into Socio-environmental domain (see Table 2).

Table 2

Percentage of Events across 4 Domains (N=433)

Domains	Frequency	Percentages
Intrapersonal	68	15.6
Interpersonal	192	44.1
Academics	99	22.8
Socio/Environmental	74	16.8

Table 2 indicates the frequency and percentage of stressors across 4 domains. The most frequently stated stressors by adolescents came under the domain of Interpersonal (44.1%), followed by Academics (22.8%), Socio/Environmental (16.8%), and Intrapersonal (15.6%) is the least problematic domain.

Gender Differences in Stress Perception

Table 3

Percentages showing Gender differences in the perception of stress in 4 domains (N=433).

	Female	Male
Domains	**%**	**%**
Intrapersonal Stressors	52	49
Interpersonal Stressors	67	33
Academic Stressors	55	46
Socio/Environmental Stressors	41	59

It is indicated from Table 3 that female adolescents showed interpersonal, academic and intrapersonal stressors more as compared to males. On the other hand males showed more stressors in socio/environmental domain. No test of significance was conducted to check the difference between genders because as stated earlier it's an exploratory study so no hypothesis was formulated for this research.

Age Differences in Stress Perception

Table 4

Percentages showing Age differences in the perception of stress in 4 domains (N=433)

Domains	14 Years %	15 Years %	16 Years %	17 Years %	18 Years %	19 Years %
Intrapersonal	5	14	23	13	17	18
Interpersonal	42	49	39	50	42	44
Academic	37	25	32	20	22	10
Socio/Environmental	16	11	7	17	20	28

From the percentages in Table 4 it is observed that different stressors impact differently at different age levels. Interpersonal stressors, however, were of major concern at every age. From age 14 to 18 second important problem domain is Academics, and for adolescent who are 19 years of age, their second major concerns are Socio/Environmental issues.

Descriptive Analysis of Cope Scales

Table 5

Means & Standard Deviation. of 60 Coping Strategies. Scale value 1-4 (N=433)

Coping Strategies (CS)	**M**	**SD**	***Coping Strategies (CS)***	**M**	**SD**
CS 1	2.56	1.10	CS 21	2.71	1.17
CS 2	2.35	1.05	CS 22	2.31	1.07
CS 3	2.42	1.18	CS 23	2.25	1.14
CS 4	2.51	1.18	CS 24	2.16	1.20
CS 5	2.88	1.07	CS 25	2.47	1.13
CS 6	2.11	1.19	CS 26	1.25	.73
CS 7	3.56	.89	CS 27	1.79	1.04
CS 8	1.57	.95	CS 28	2.27	1.07
CS 9	1.91	1.03	CS 29	2.66	1.12
CS 10	2.40	1.06	CS 30	2.38	1.14
CS 11	2.40	1.15	CS 31	1.85	1.09
CS 12	1.25	.72	CS 32	2.65	1.06
CS 13	2.47	1.10	CS 33	2.31	1.00
CS 14	2.21	1.11	CS 34	2.18	1.11
CS 15	2.33	1.07	CS 35	1.24	.695
CS 16	2.17	1.17	CS 36	1.53	.919
CS 17	2.94	1.04	CS 37	2.11	1.09
CS 18	3.59	.79	CS 38	2.71	1.08
CS 19	2.59	1.15	CS 39	3.18	1.01
CS 20	1.50	.93	CS 40	1.99	1.09

CS 41	2.46	1.12	CS 51	1.99	1.01
CS 42	2.52	1.11	CS 52	2.28	1.11
CS 43	2.05	1.12	CS 53	1.22	.66
CS 44	3.01	1.06	CS 54	2.46	1.10
CS 45	2.29	1.22	CS 55	2.19	1.09
CS 46	2.55	1.11	CS 56	2.86	1.07
CS 47	2.45	1.07	CS 57	1.99	1.04
CS 48	3.09	1.06	CS 58	2.54	1.03
CS 49	2.71	1.13	CS 59	3.06	1.04
CS 50	1.51	.89	CS 60	3.11	1.07

(For complete description of all the coping strategies see Annexure 1)

The analysis of the responses of 433 adolescents across all 60 coping strategies (CS 1 -CS 60 above) in the COPE shows that most of the responses were located a little above mid range of the 4 point scale (see Table 5). This indicates that the strategies, on which mean ratings are high above mid point, are the mostly considered coping strategies by adolescents.

Looking at the means of each coping strategy carefully it is noticed that the most commonly used coping strategy is 18 (M =3.59, see table 5) "I am seeking God's Help", followed by strategy 7 (M =3.56) "I have been putting my trust in God", strategy 39 (M =3.18) "I am thinking about how I might best handle the problem" and strategy 60 (M =3.11) "I am praying more than usual". Coping strategies 18, 7 and 60 are Religious coping strategies and hence high Means on these strategies indicate that adolescents rely mostly on religious coping.

The least used strategies by our sample are Strategy 53 (M =1.22) "I am using alcohol or drugs to help me get through it", Strategy 35 (M =1.24) "I am drinking

alcohol or take drugs, in order to think about it less", and Strategy 50 (M =1.51) "I am making fun of the situation". Strategies 53 and 35 are of substance use and 50 is of Humor. All these strategies are non-productive and dysfunctional in nature.

Table 6

Item level analysis of Mean values of 60 coping strategies, as shown by female and male adolescents, Scale value 1-4 (N=433)

Coping Strategies (CS)	Females *M*	Males *M*	Coping Strategies (CS)	Female s *M*	Males *M*
CS 1	2.47	2.68	CS 13	2.37	2.59
CS 2	2.41	2.27	CS 14	2.19	2.23
CS 3	2.54	2.26	CS 15	2.28	2.40
CS 4	2.55	2.45	CS 16	2.08	2.28
CS 5	2.82	2.97	CS 17	3.02	2.85
CS 6	2.07	2.17	CS 18	3.67	3.49
CS 7	3.55	3.57	CS 19	2.54	2.66
CS 8	1.48	1.68	CS 20	1.41	1.62
CS 9	2.04	1.75	CS 21	2.73	2.69
CS 10	2.34	2.48	CS 22	2.26	2.37
CS 11	2.38	2.44	CS 23	2.22	2.28
CS 12	1.22	1.30	CS 24	2.32	1.94

Continued...

Coping Strategies (CS)	Females *M*	Males *M*	Coping Strategies (CS)	Females *M*	Males *M*
CS 25	2.43	2.53	CS 43	2.10	1.99
CS 26	1.19	1.33	CS 44	2.99	3.05
CS 27	1.72	1.87	CS 45	2.15	2.47
CS 28	2.28	2.27	CS 46	2.54	2.56
CS 29	2.63	2.70	CS 47	2.49	2.40
CS 30	2.35	2.43	CS 48	3.11	3.05
CS 31	1.96	1.72	CS 49	2.70	2.71
CS 32	2.59	2.73	CS 50	1.46	1.57
CS 33	2.27	2.38	CS 51	1.94	2.05
CS 34	2.11	2.27	CS 52	2.29	2.26
CS 35	1.18	1.32	CS 53	1.17	1.28
CS 36	1.47	1.61	CS 54	2.47	2.45
CS 37	2.14	2.06	CS 55	2.14	2.26
CS 38	2.78	2.61	CS 56	2.78	2.97
CS 39	3.13	3.25	CS 57	1.92	2.08
CS 40	1.94	2.05	CS 58	2.51	2.59
CS 41	2.42	2.50	CS 59	2.99	3.16
CS 42	2.49	2.55	CS 60	3.23	2.95

(For complete description of all the coping strategies see Annexure 1)

Upon analysis of individual items of COPE (see Table 6), females score high on some items as compared to males, for example, on item 17 "I am getting upset and am really aware of it", item 24 "I just give up trying to reach my goal", item 43 "I am going to movies or watching TV, to think about it less, and item 60 "I am praying

more than usual". Male adolescents however scored higher than females on items like, item 40 "I am pretending that it hasn't really happened", item 44 "I am accepting the reality of the fact that it happened", item 51 "I am reducing the amount of effort putting into solving the problems" item 57 "I am acting as though it hasn't even happened". Item level analysis of coping strategies indicates that males mostly used the strategy of Denial. They deny the existence of their stressors or don't accept that anything bad happened, that may create a defense by denying the reality of the situation. Whereas Female adolescents used Focus on and venting of emotions, hence is more pronounced in their emotions and they let it out where necessary. As typical of Pakistani culture they are less advantaged and have lesser power to decide so they either divert their attention from the real cause of stress or just keep everything to Allah.

Table No. 7

Means and Std. Deviations of COPE sub scales. (N=433)

COPE Sub-Scales	*M*	*SD*
Religious Coping (RC)	13.34	2.62
Planning (P)	11.27	3.14
Positive Reinterpretation & Growth (PRG)	10.99	2.81
Acceptance (A)	10.65	2.81
Active Coping (AC)	10.34	2.89
Focus On & Venting of Emotions (FVE)	10.19	3.05
Restraint (R)	9.86	2.59
Instrumental Social Support (ISS)	9.38	3.24
Suppression of Competing Activities (SCA)	9.35	2.70
Emotional Social Support (ESS)	9.11	3.26
Mental Disengagement (MD)	8.42	2.57
Behavior Disengagement (BD)	8.17	2.70
Denial (D)	7.87	2.92
Humor (H)	6.09	2.74
Substance Use (SU)	4.96	2.22

Scale range 4-16

COPE inventory is further divided into 15 sub-scales, each representing a particular strategic mode, e.g., planning, acceptance, religious, denial etc. Table 7 shows the hierarchical pattern of sub-scales (from highest mean to lowest) as being used by adolescents.

Table 7 indicates that adolescents' most preferred coping mode is Religious Coping (M = 13.34, SD = 2.62), followed by Planning (M =11.27, SD = 3.14) and Positive Reinterpretation and Growth (M =10.99, SD = 2.81). The least opted scales are Substance Use (M =4.69, SD = 2.22) and Humor (M =6.09, SD = 2.74). It is important to note that all those scales (except FVE) which have high means are functional coping scales, whether it is problem focused or emotion focused in nature. Those scales which carry low mean range are all dysfunctional in nature.

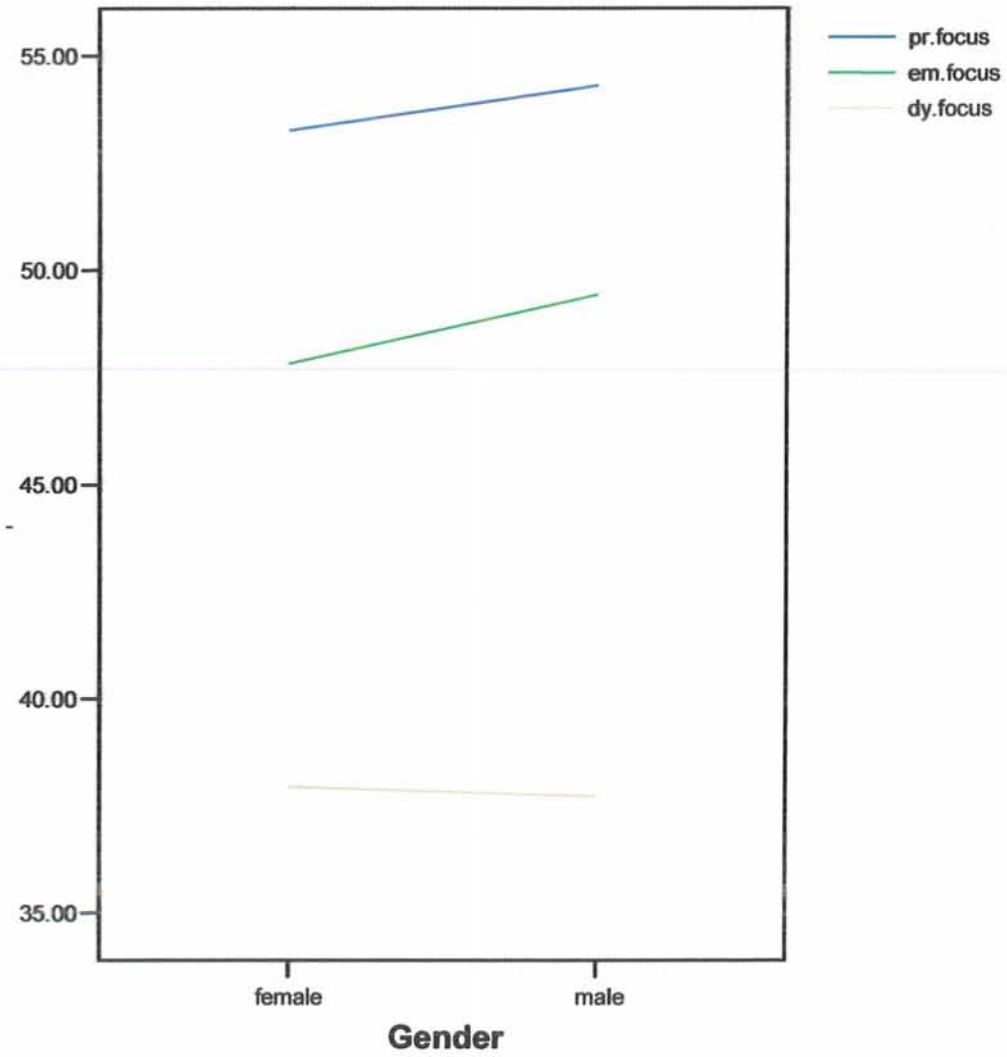
Coping Type: Functional Versus Dysfunctional Coping

Table No. 8

Mean and Standard Deviation of Coping Type (Min. score for each coping style = 20 and Max. = 80. (N=433)

Coping Type	*M*	*SD*
Problem focused	53.70	10.03
Emotion focused	48.50	8.31
Dysfunctional	37.84	7.62

The present research suggests that adolescents used functional coping strategies more than dysfunctional ones and hence their problem solving style reflect their active efforts directed to deal with the problems. This problem solving attitude also reflects that the adolescents in our sample possess social skills in dealing with the problems that they face in their daily routine and they apply them frequently in their daily lives.



pr.focus=Problem focused strategies; em.focus=emotional focused strategies;dy.focus=dysfunctional strategies

Figure 3. Gender Mean differences on Three Coping Types.

Figure 3 demonstrate the coping pattern adopted by males and females. On problem-focused coping and emotion-focused coping males scored a little higher, showing that males use these strategies more often than females. On dysfunctional coping females scored higher than males suggesting that dysfunctional strategies are used more by females as compared to males.

Gender and its Effects on Coping

Table 9

Gender Differences in Coping Strategies across 15 sub scales of COPE (N=433)

Coping Strategies	Males	Females	
	M	M	F
Positive Reinterpretation and Growth (PRG)	11.15	10.87	1.01
Mental Disengagement (MD)	8.25	8.54	1.29
Focus on and Venting of Emotions (FVE)	9.94	10.37	2.17
Instrumental Social Support (ISS)	9.57	9.24	1.13
Active Coping (AC)	10.48	10.23	.81
Denial (D)	8.17	7.65	3.30
Religious Coping (RC)	13.05	13.55	3.86*
Humor (H)	6.48	5.81	6.45*
Behavioral Disengagement (BD)	7.80	8.44	5.95*
Restraint (R)	10.06	9.72	1.84
Emotional social support (ESS)	9.25	9.00	.66
Substance Use (SU)	5.22	4.77	4.49*
Acceptance (A)	10.78	10.56	.66
Suppression of competing activities (SCA)	9.58	9.18	2.39
Planning (P)	11.59	11.03	3.40

*$p < .05$, **$p < .01$

Univariate analysis of variance (ANOVA) was conducted with gender as independent variable and 15 sub scales of COPE as dependant variable, to see the main effects of gender on different coping scales. Table 9 indicates each sub scale of COPE which basically represents a typical form of coping (e.g., Planning, Seeking

social support, Substance use etc). The significant gender differences were found on four sub scales of COPE namely. Religious Coping [F(1,433)= 3.86, p< .05], Humor [F(1,433)= 6.45, p= .05], Behavior Disengagement [F(1,433)= 5.95, p< .05], and Substance Use [F(1,433)= 4.49, p< .05]. It is noteworthy that among these four scales, on which gender differences are observed, female scored high on Religious Coping and Behavioral Disengagement and male scored high on Humor and Substance Use. Furthermore, all the scales except religious coping on which significant difference is found among male and female adolescents, are dysfunctional in nature.

Age and its Effects on Coping Strategies

Table 10

Differences in coping strategies across 15 sub-scales of COPE between three age groups (N=433)

Coping Strategies	Age Groups	M	F
Positive Reinterpretation and Growth (PRG)	1.00	10.88	.24
	2.00	11.10	
	3.00	10.94	
Mental Disengagement (MD)	1.00	8.62	.53
	2.00	8.43	
	3.00	8.28	
Focus on and Venting of Emotions (FVE)	1.00	9.50	3.35*
	2.00	10.42	
	3.00	10.37	
Instrumental Social Support (ISS)	1.00	9.30	2.11
	2.00	9.04	
Active Coping (AC)	1.00	9.97	1.30
	2.00	10.35	
	3.00	10.55	
Denial (D)	1.00	8.10	3.45*
	2.00	7.41	
	3.00	8.19	
Religious Coping (RC)	1.00	13.37	1.64
	2.00	13.07	
	3.00	13.59	
Humor (H)	1.00	5.86	.81
	2.00	6.04	
	3.00	6.28	
Behavioral Disengagement (BD)	1.00	8.34	2.04
	2.00	7.83	
	3.00	8.39	
Restraint (R)	1.00	9.77	.48
	2.00	9.76	
	3.00	10.02	
Emotional social support (ESS)	1.00	8.83	2.53

Emotional social support (ESS)	1.00	8.83	2.53
	2.00	8.83	
	3.00	9.55	
Substance Use (SU)	1.00	4.92	.18
	2.00	5.04	
	3.00	4.91	
Acceptance (A)	1.00	10.04	4.34**
	2.00	10.60	
	3.00	11.07	
Suppression of competing activities (SCA)	1.00	9.12	1.74
	2.00	9.18	
	3.00	9.65	
Planning (P)	1.00	10.98	.80
	2.00	11.24	
	3.00	11.47	

*$p < .05$, **$p < .0$*
(1=Early adolescents 14-15years, 2=Mid adolescents 16-17years, 3=late adolescents 18-19years; (n1=101, n2=165, n3=167)

Univariate analysis of variance (ANOVA) was conducted with Age as independent variable and 15 sub scales of COPE as dependant variable, to see the main effects of age on different coping scales. According to the criteria given by Stern and Zevon (1990) age was divided into three sub groups: early adolescence (14 – 15), mid adolescence (16-17), and late adolescence (18-19).

Table 10 reveals a significant difference on three coping subscales as a function of age. On Focus on and Venting of Emotions [$F(2,433)= 3.35$, $p< .05$], adolescents in their mid years (16-17) scored more as compared to early and late adolescents. However on Denial [$F(2,433)=3.45$, $p< .05$], these adolescents scored significantly low as compared to early or late adolescents. Denial from stressors is more among late adolescents (18-19), they don't seem to accept the reality of the

stressful situations and believe that these stressors do not exist. The third sub scale on which significant difference was observed among three age groups was Acceptance [$F(2,433)= 4.34$, $p< .05$]. On this scale, acceptance for the reality of stressful situations increases with age.

Self Efficacy as an Indicator of Adjustment

Table 11

Frequency and Percentage of Responses on Self - Efficacy Scale (N=433) (Total Items 10, Score Range 1 – 40)

Score Range	Frequency	Percentage
1 = 01-10	2	.5
2 = 11-20	32	7.4
3 = 21-30	237	54.5
4 = 31-40	162	37.2

1-10=no self efficacy, 31-40=highest level of self efficacy

Table 11 indicates that 54.5 percent of the sample scored between 21 & 30 and 37.2 percent scored between 31 & 40; whereas only .5 percent scored between 1-10 and 7.4 percent of the sample scored in between 11 and 20. These figures indicate that adolescents generally have a positive perception about their coping abilities.

Table 12

Correlations between Perceived Self Efficacy scale and three Coping Modes

	Self Efficacy Scale	Dysfunctional Coping	Problem-focused Coping	Emotion-focused Coping
Self Efficacy Scale	-	-.13**	.21**	.14**

*p< .05, **p<.01

Table 12 demonstrate a significantly positive correlation between self efficacy and problem focused coping (.21**), as well as, emotion focused coping (.14**). However, a significant negative correlation can be seen between self efficacy and dysfunctional coping (-.13**).

Gender Differences in Self Efficacy

Table 13

Percentages showing the difference in perception of self efficacy by males and females (N=433)

	Females	***Males***
	%	*%*
1 = 01-10	0	1.08
2 = 11-20	10.56	3.24
3 = 21-30	54.87	54.04
4 = 31-40	34.55	41.62

1-10=no self efficacy, 31-40=highest level of self efficacy

From Table 13 it is demonstrated that female adolescents are more confident about their abilities to deal with stressful situations. Male adolescents, on average also have a positive self belief, but when compared to female adolescents their percentage is lower at highest level of self efficacy.

Study B

In the second part of our main study an idiographic approach was carried out. Thirty participants were studied for six weeks to understand their coping processes. It was assumed that their daily indicators of coping may offer a true picture of adolescents' cognitive and behavioral efforts to manage stress.

A multi-method approach was adopted to explain the paradigm of stress and coping. Along with quantitative analysis of the research data, a qualitative study was carried out to view the nature of coping from another angle. This in-depth, cross-situational analysis of stress coping relationship which was assessed over a period of six weeks has provided an insight to micro details of 'how and why' a certain coping attempt is made. On the other hand quantitative analysis of data gave us a picture of 'what' of this stress-coping relationship in adolescents.

Through daily diaries the adolescents' behavior was observed in the context in which it occurred and studied it holistically over a period of time. As each individual was studied ideographically, it makes the qualitative data more personal and subjective and provides some very interesting and important information. The aim of qualitative analysis was to get a complete, detailed description about male and female adolescents' stressors and their coping efforts at an individual level. No attempt was made to assign frequencies to the main features which were identified in the data. The rarely and most frequently occurred phenomena were documented in the same manner.

The following questions were kept in perspective for this phase of the study:

1. Is there any consistency or variability in Coping with different stressors?
2. Is there any consistency or variability in Coping with the same stressor?
3. Is there any single coping strategy applied for any particular category of stressor?
4. Does disposition play any part in the type of coping applied?
5. Are there any gender differences in coping?

Sample

Thirty adolescents (15 females, 15 males) participated in this study. Their age ranged between 17 and 19 years. All the adolescents were college students (Grades 11 to 14). They were selected from public or private educational institutes of Rawalpindi and Islamabad. Only those students were selected for the study who voluntarily agreed to take part in a six weeks long exercise in which they had to record their daily stressors and coping strategies.

Instrument

COPE Inventory (Dispositional version) (Carver & Scheier, 1989) was given to the subjects for the initial assessment (Details of COPE Inventory can be seen in Study A, Page 65-66). COPE Inventory is so designed that it include items that could be answered from both orientations i.e., dispositional style coping as well as situation-specific coping. It was assumed that the coping strategies under consideration can be

used to varying degrees from situation to situation, or can assess time-limited coping efforts as well as dispositional coping styles. The researcher only had to change the format of the verb used in each particular coping assessment. In dispositional version present tense was used to see the usual coping practices and in situational version either present tense progressive (I am....) or present perfect (I have been...) was used. Past tense was used to assess the situations in the past.

Procedure

The participants were contacted in their colleges with the permission of principals. Those students who agreed to participate in a six weeks long study were provided with dispositional version of COPE. In Dispositional COPE they were asked about their usual ways of coping with the stress.

After the initial data was gathered, all the participants were provided with diaries along with Situational COPE Inventory. They were given a task to write daily diary for six weeks. In diaries they had to write each day about their daily stressors and their ways of coping with them. They were asked to use situation specific COPE Inventory and rate only those coping strategies which they applied on that particular day. They had to mark only those items which they used on that particular day with any particular stressor.

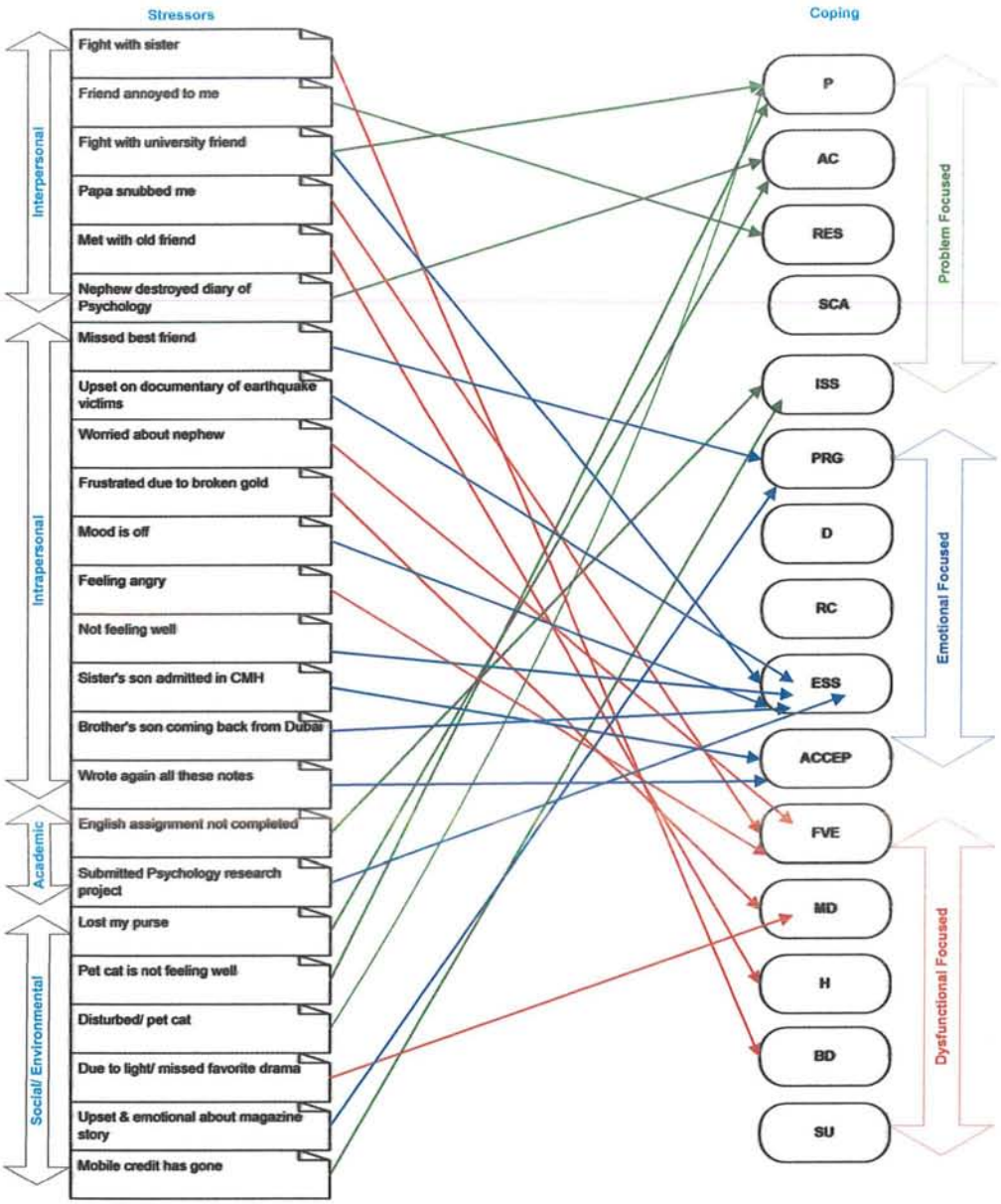
Results

Subject by subject analysis of daily stressors and coping was done with the help of graphical presentations. It is not only rich in its content but also provided an insight into the context in which stressors arise. The focus of the researcher was to observe their ways of handling the stressors. It is noticeable that every individual has a unique pattern of dealing or coping with their everyday stressors.

For example, if we look at the participant R's profile (Figure 4), who is 19 years old female adolescent, it can be seen that most frequently used coping strategy by her was 'Seeking Emotional Social Support'. She mainly used this strategy for all types of stressors like 'not feeling well', 'bad mood', 'upset on seeing a documentary on earth quake victims', 'nephew is coming from Dubai', 'fight with university friend' and 'submission of research report in college'. She did use some other coping strategies off and on for similar stressors, like Planning, Acceptance, and Focus on and Venting of Emotions. She 'planned' for dealing with stressors like 'Pet (cat) is ill', 'stressed due to fight with friend' and 'lost purse'. She 'vented her emotions' while facing stressors like 'being snubbed by father', 'feeling angry' and 'worried about nephew'. She 'accepted' the stressors like 'worried about nephew', 'nephew admitted in hospital' and 'college work'.

When **R**'s daily coping was compared with her dispositional coping it was observed that on dispositional format she endorsed those items mostly which were related to Religious Coping where as during six weeks time she used Religious Coping only once (see Figure 4). On the contrary she coped with Emotional Social Support mostly during six weeks but on dispositional format she did not respond positively to any such item.

Dispositional Coping: 3, 46(FVE), 7, 18, 48, 60 (RC), 44(ACCEP), 59(PRG).



Note. P= Planning, AC= Active Coping, RES= Restraint, SCA= suppression of Competing Activities, ISS= Instrumental Social Support, PRG= Positive Reinterpretation and Growth, D= Denial, RC= Religious Coping, ESS= Emotional Social Support, ACCEP= Acceptance, FVE= Focus on and Venting of Emotions, MD= Mental Disengagement, H= Humor, BD= Behavioral Disengagement, SU= Substance Use

Figure 4. R's profile, showing a graphical representation of her daily stressful events and related Coping strategies

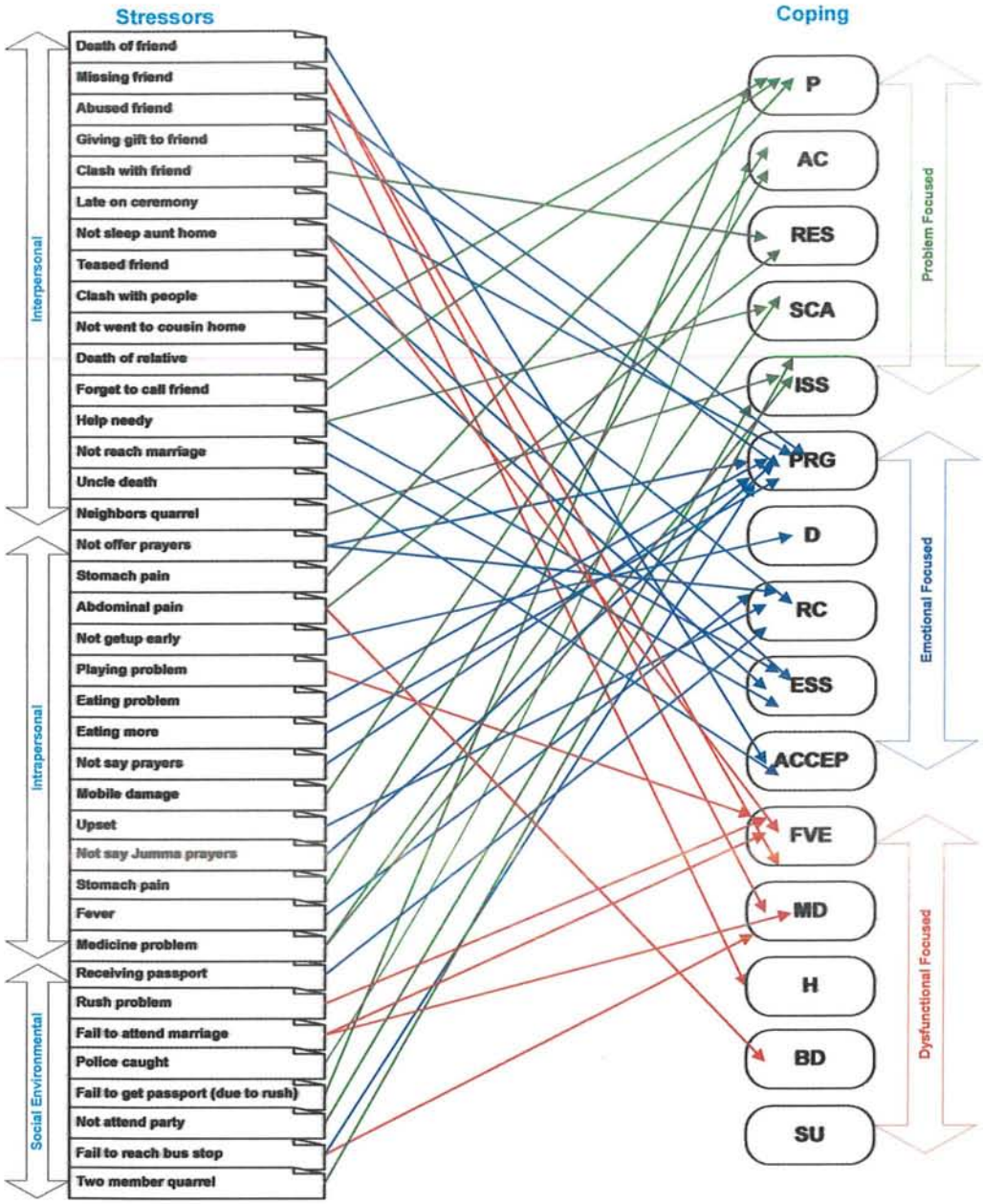
Participant **M** is 18 years old male adolescent. Upon analyzing his profile (Figure 5) it is apparent that he used Positive Reinterpretation and Growth as the most often used coping strategy. He used this strategy only for intrapersonal stressors like 'late for a ceremony', 'not offer the prayers', eating more than required', 'feeling guilty on abusing a friend', indecisiveness in giving a gift to a friend'.

Other strategies that he used were Focus on and venting of Emotions (FVE) and Religious Coping (RC). **M** used FVE for 'missing a friend', 'traffic jam', 'fail to attend marriage due to unforeseen reasons', 'having some problems in playing a match'. He used RC for stressors like 'having sleep difficulty at a new place', 'not offering the prayers', 'upset', 'had fever', and 'not getting the passport'. Those strategies which were either not used or used for once, during six weeks were "Substance Use", "Behavioral Disengagement", "Humor" and "Denial"

When **M**'s daily coping was compared with dispositional coping it has been observed that on dispositional format he endorsed those items mostly which were related to "Restraint" and "RC". Although it is observed that he did use Religious Coping occasionally in daily routine but Restraint is rarely used. Those coping strategies which he did not use in daily coping were also not considered in Dispositional Coping format.

Participant M

Dispositional Coping: 1, 38, 59 (PRG), 2 (MD), 5, 25 (AC), 7, 18, 48, 60 (RC), 10, 22, 41, 49(RES), 11, 34 (ESS), 15, 33, 55 (SCA), 30 (ISS), 39 (P), 44 (ACCEP).



Note. P= Planning, AC= Active Coping, RES= Restraint, SCA= suppression of Competing Activities, ISS= Instrumental Social Support, PRG= Positive Reinterpretation and Growth, D= Denial, RC= Religious Coping, ESS= Emotional Social Support, ACCEP= Acceptance, FVE= Focus on and Venting of Emotions, MD= Mental Disengagement, H= Humor, BD= Behavioral Disengagement, SU= Substance Use

Figure 5. M's Profile, showing a graphical representation of his daily stressful events and related Coping strategies

Each person has a unique way of dealing with everyday stressors. Each participant came up with a different pattern. Comparison of gender specific stressors and manners of coping with these stressors demonstrated a unique pattern. Similarities and differences of daily stressors and coping among male and female adolescents were observed. The following tables present a profile of gender differences.

Table 14

Male Adolescent's coping strategies across different stressful domains over a period of 42 days (n=15)

Problem - Focused Strategies

Coping Strategies	Intra-personal Stressors	Inter-personal Stressors	Academic Stressors	Socio/Environmental Stressors
Planning	Health(pain/aches); lost something (mob.); can't communicate; forgetfulness; no money; being misunderstood; spend mother's money without permission; hiding something from family	Conflict(fight) with friend, family (father, brother, sister, relative), teacher; Parents not giving permission to go somewhere; father not giving car to drive.	Exams tension; incomplete home work (HW); test not prepared; assignment; presentations	Late from college; reached late at home; a social obligation, don't want to accomplish; Want to play cricket but rain started; disturbed by neighbors; can't get passport; can't go to cousins; punished by college; experienced an accident
Active Coping	Health(pain/aches); Missing somebody; lost something; gym target not achieved; misplaced dress, work load; forgetfulness; mood off; can't buy clothes; shoes of choice; desire to work hard; mob. damage	Conflict(fight) with friend; misbehaved with parents; insulted by mother	Exams tension; incomplete HW; test not prepared; Assignment; results tension; low marks	Late from college; punished by college, family members experienced an accident; friend experienced an accident; computer problem; commutation.

Continued...

Coping Strategies	Intra-personal Stressors	Inter-personal Stressors	Academic Stressors	Socio/Environmental Stressors
Suppression of Competing Activities	Fever(medical problem); overeating; depression; lost something; Time management; communication problem	Restrictions of mother; conflicts with father, mother, friend; mess up with street friends	Exams; bad performance in class; test; accounting subj.; presentations, HW	Mother's illness; bike breakdown; water tanker not coming
Instrument-al Social Support	Lost something(Notes); Break something; get injured; missed prayers; medical problem; problem in decision making; apprehensions regarding attending college after vacations	Insulted by teacher; conflict with father, class fellow, best friend; conductor; parents' restrictions; mother heard about romantic relationship.	Test; exams; HW(difficult/incomplete)	Explanation call from college; computer virus; neighbors quarrel; party not attended; have an accident while driving brother's bike
Restraint	Forget friend's birthday; depression; spend mother's money without permission	Conflict with father, friend, teacher; insulted by mother; misunderstanding with friend; have to apologize to father	Papers tension	Conveyance problem; parents illness; accident of friend

Continued...

Emotion - Focused Strategies

Coping Strategies	Intra-personal Stressors	Inter-personal Stressors	Academic Stressors	Socio/Environmental Stressors
Positive Reinterpretation and Growth	Depression; lost money; missed prayers(Jumma); over eating; fear from parents	Fight with sister, friend, brother, someone; conflict with father, mother, principal; abused a friend		Late from college; failed to get air ticket; commutation; death of friend
Emotional Social Support	Upset(bad dream); communication pr.; hair cut forced by parents; got hurt in a fight for some girl; Embarrassment	Conflict with mother (on games), friend, teacher; misunderstanding with friend	Studies, test not prepared;	Explanation call from college; late from college; accident brother's bike; can't reach at someone's marriage
Acceptance	Lost money, things; deceived a friend; upset; cannot play	Fight with sister, father, mother, brother; friend is angry; scolded by teacher; father's harsh behavior	Result below expectations; test not prepared	Cycle punctured; a social obligation; lost match; mobile not charged; missed a class; someone died

Coping Strategies	Intra-personal Stressors	Inter-personal Stressors	Academic Stressors	Socio/Environmental Stressors
Religious Coping	Injured in accident; sleep problem; missed prayers; bad health; problem in spoken English; lost something; sad/lonely; want to hide something from family; guilt	Conflict in family, with friend, siblings, father, conductor; special person gets angry; misbehaved with parents; parents misunderstood; parental restrictions to go somewhere; insulted by mother	Exams; test not prepared; difficulty in assignment; results tension; presentation tension; work load	Saw an accident; illness (parents); passport not received; too many guests; fine from college; some social commitment
Denial	Upset; Lost money/something; bad dream; forget friend's birthday; communication problem; time disturbance	Parental restrictions to go somewhere; problem in romantic relationship; Betrayed by friend; rudeness of friend; deceived by friend; insulted by teacher; conflict with parents	Test fear	Explanation call from college; reached home late.

Continued...

Dysfunctional Strategies

Coping Strategies	Intra-personal Stressors	Inter-personal Stressors	Academic Stressors	Socio/Environmental Stressors
Mental Disengagement	Miss someone; health; not getting desired things; boredom; sad; hostel friends are going; guilt; fear of parents	Conflict with father, mother, sister; a family member beat; misunderstanding with friend; get calls from step mother; parents forcing for something I don't want to do	Test not prepared; tuition; fail in exam; HW (difficult/not complete)	Fail to attend a party/reached somewhere; lost game; parents illness; death of friend
Behavioral Disengagement	Break something; can't buy things of choice; communication problem; father did not buy mobile	Parental restrictions to go somewhere; Fight with sister, father, mother, brother; scolded by father;	Difficult HW; fail in test/exams;	Rush in ID card office
Focus on and Venting of Emotions	Can not play; disturbed sleep at some one's home; ill health; upset; taken sleeping pills; missed prayers; missing someone; depressed; lost notes	Get calls from step mother; conflict with father, mother, principal, brother, friend; mother angry and not on speaking terms; deceived by friend; missing a friend; difficulty arises in romantic relationship; fight with someone	Incomplete assignment/Hw; less marks in paper; difficulty in lecture comprehension	Mother's illness

Continued...

Coping Strategies	Intra-personal Stressors	Inter-personal Stressors	Academic Stressors	Socio/Environmental Stressors
Humor	Embarrassment; bad dream; nothing to eat	Parents force for something; insulted by sister; conflict with father, mother, teacher; abused a friend; someone special is angry	Results; fail in test/exams; missed class	Cycle punctured; no money in pocket; lost match
Substance Use		Mother angry; insulted by someone; rudeness of peers; parents force to do something		A social obligation, don't want to accomplish.

Table 15

Female Adolescent's coping strategies across different stressful domains over a period of 42 days (n=15)

Problem - Focused Strategies

Coping Strategies	Intra-Personal Stressors	Inter-Personal Stressors	Academic Stressors	Socio/Environmental Stressors
Planning	Health(pain/aches); lost something; pet not feeling well; lethargy; boredom; upset from daily routine; feeling apprehension in going to college after vacations	Conflict with friend, father, sister, mother; Parents not giving permission to talk to uncle; having problems with interaction with boys; scold a maid	Exams tension; incomplete HW; test not prepared; Assignment; presentation	Could not match jewellery; cousin did not give gift; could not get desirable clothes for EID; want to go back to England; don't like to visit village; have to sit with some formal unwanted guests, cant attend marriage in family
Active Coping	Health(pain/aches), lost something; missing someone (boy friend), sister lethargy; boredom; upset from daily routine; friends leaving in vacations; someone destroyed a valuable	Fight with juniors at college; conflict/ quarrel with sister, mother, sister-in-law, friend; hot argument with friend; friend is angry	Exams/papers, study tension; incomplete HW, test not prepared, Assignment, presentation; lost marks in test; too many tests	Cannot bake cake well; party at home; have to attend party; no money; computer virus; have to entertain guests unwontedly; tense due to room setting

Coping Strategies	Intra-Personal Stressors	Inter-Personal Stressors	Academic Stressors	Socio/Environmental Stressors
Suppression of Competing Activities	Father's illness; lost something; break something	Quarrel with brother; misbehaved with others	Lengthy test; chemistry; overburdened with studies; too many tests on same day	A work assigned by relatives
Instrumental Social Support	Decision making in gift shopping; injured; worried; lost money; want to smoke	Quarrel/fight with friends; friend angry; boys sms and tease; fight with sister	Incomplete assignment	Illness of family member
Restraint	Health, lost something; cockroach phobia	Bad behavior of friends; misguided by class fellows; argument with cousin; conflict with father, brother, sister, friend	Less marks	Fear of robbers; have to entertain guests unwontedly

Continued...

Emotion - Focused Strategies

Coping Strategies	Intra-Personal Stressors	Inter-Personal Stressors	Academic Stressors	Socio/Environmental Stressors
Positive Reinterpretation and Growth	Missed prayer; missing sister, boy-friend; upsetting daily routine; dislike a dress; product of broken home (feeling); loneliness; health; afraid due to first flight	Rudeness of relative; misunderstood by friend; quarrel with sister, juniors, friend	Bad Test; less marks in test	Lost match;
Emotional Social Support	Health; mood off; a friend is in trouble so worried about him; bad feelings about life; guilty; did something wrong; lost money; parental conflict; missing father	Harsh attitude of father; misunderstanding with friend; conflicts with mother, sister, brother; insulted by a friend in front of others	Over burden of studies	Late from college; a good teacher leaving college; commutation; can't go for outing due to mother's illness
Acceptance	Hungry all the time; missing home; forget keys somewhere of locker; lost money, dislike dress; health; lethargic; boredom; missing	Conflict with sister-in-law; conflict with mother, sister, brother, cousin	Too much academic work; tests; parent teacher meeting;	Can't go for outing due to mother's illness; death in family; hot weather; entertain guest without wish; visit some

someone special; feeling bad after shouting at young nephew	unwanted place; favorite teacher leaving

Continued...

Coping Strategies	Intra-Personal Stressors	Inter-Personal Stressors	Academic Stressors	Socio/Environmental Stressors
Religious Coping	a friend is in trouble; suffering due to broken home; terrible dream; health; concentration problem; parental conflicts; ill feeling due to something; lethargic; boredom; guilty; hate self; don't deserve anything good; loose temper; suicidal ideation; depression; Allah's fear; no one to share with;	Argument with mother, friend; conflict with brother, sister, parents; anger of mother; hurt a friend; can't confront boy friend; lost best friend(boy)	Exams, test, lost position; PTA meeting; HW; presentation	Death in family; earthquake tragedy; health problem in family; too many guests; computer problem; visa
Denial	Tough fast; embarrassment at PTA meeting; depression	Quarrel with father, sister; misunderstanding with friend	Less marks in paper	Mother's illness

Continued...

Dysfunctional Strategies

Coping Strategies	Intra-Personal Stressors	Inter-Personal Stressors	Academic Stressors	Socio/Environmental Stressors
Mental Disengagement	Missing friend; can't control anger; thinking about boy friend who is not on talking terms; scared at home alone; lost money, something precious; gold ornament is broken; health; confusion in choosing gift; sad; bad dream; guilty for being rude with mother	Conflict with family members, sister; cousin; sister is not allowing to see TV prog.; class fellow's irritating behavior	Bad grades	Missed a drama due to load shedding; keeping fast and time is not passing quickly; have to go to bazaar unwillingly; entertain special guests
Behavioral Disengagement	Isn't allowed to buy mobile; nothing to eat which I like; forget to wish birthday to friend; don't like dress;	Father's selfish behavior; argument with friend; mother is angry; aunty is angry; fight with cousin; disagreement with cousin on some issue; harsh behavior of father	Test, exams	Computer virus; could not matching jewellery; guests in home could not do college work; lost match; could not go to friend's birthday, cousin's marriage; have to take care of baby cousin unwillingly

Coping Strategies	Intra-Personal Stressors	Inter-Personal Stressors	Academic Stressors	Socio/Environmental Stressors
Focus on and Venting of Emotions	Unpredictability of life is haunting; nostalgic feeling; boredom; precious thing is destroyed by someone; thinking about boy friend; cant control temper; upset; monstrous behavior(self); angry; nothing to eat which I like; lost money, notes; suffering due to broken family;	Conflict with sister; parents; harsh attitude of father; stress in family; argument with mother, class fellow, friend; fight with brother; father's selfish, hard behavior; insulted by teacher	Test, a lot of HW	Mother's, father's illness; guests in home
Humor	Burnt a new dress; cake not baked well; lost important keys; slipped from stairs	Father's selfish behavior; friend is angry; argument with brother; insulted by teacher; have to compromise with some irritating class fellow and work with her; quarrel with sister	Loose marks; test	Late from college; lost match
Substance Use				

Table 16

Gender Specific Stressors across different domains and Related Coping Strategies N= 30 (15 Male Adolescents, 15 Female Adolescents)

Intra-Personal Domain

Male's		Female's	
Stressors	**Coping Strategies**	**Stressors**	**Coping Strategies**
Hiding something from family	i) Planning ii) Religious Coping	Pet not feeling well	Planning
Spend mother's money without permission	i) Planning ii) Restraint	Lethargy	i) Active Coping ii) Planning iii) Religious Coping iv) Acceptance
Fight for a girl	Emotional Social support	Difficulty in decision making	Instrumental Social Support
Gym target not achieved	Active Coping	Fear of cockroach	Restraint
Communication problems,	i) Planning ii) Emotional Social Support iii) Suppression of Competing activities iv) Behavioral Disengagement v) Denial	Dislike a dress	i) Acceptance ii) Behavioral Disengagement iii) Positive Reinterpretation and Growth
		Parental conflicts	i) Religious Coping ii) Emotional Social Support iii) Focus on and Venting of Emotions iv) Positive Reinterpre-tation and Growth

Continued...

Male's		Female's	
Stressors	**Coping Strategies**	**Stressors**	**Coping Strategies**
		Want to smoke	Instrumental Social Support
		Afraid of first flight	Positive Reinterpre-tation and Growth
		Hate self	Religious Coping
		Temper & problem to control it	i) Focus on and Venting of Emotions ii) Mental Disengagement
		Can't bake well	Humor
		Scared being alone at home	Mental Disengagement

Inter-Personal Domain

Male's		Female's	
Stressors	**Coping Strategies**	**Stressors**	**Coping Strategies**
Father not giving car	Planning	Scold a maid	Planning
Conflict with conductor	i) Instrumental Social Support ii) Religious Coping	Problem with sister-in-law	i) Active Coping ii) Acceptance
Have to apologize father	Restraint	Boys sms or tease	Instrumental Social Support
Misunderstood by parents	Religious Coping	Misguided by class fellows	Restraint
		Fight with juniors at college	i) Active Coping ii) Positive Reinterpretation and Growth
		Sister not allowing to see TV	Mental Disengagement

Academic Domain

Male's		Female's	
Stressors	**Coping Strategies**	**Stressors**	**Coping Strategies**
Parent teacher meeting	i) Acceptance ii) Religious Coping	Bunk the class	Humor

Socio-Environmental Domain

Male's		Female's	
Stressors	**Coping Strategies**	**Stressors**	**Coping Strategies**
Reached late at home	i) Planning ii) Denial	Hard to match jewellery	i) Planning ii) Behavioral Disengagement
Unwanted social obligation	i) Planning ii) Acceptance iii) Religious Coping iv) Substance Use	Could not get desirable clothes for eid	Planning
Wanted to play cricket rain started	Planning	Don't like to visit native village	Planning
Experienced an accident	i) Planning ii) Emotional Social support iii) Instrumental Social Support	Have to sit and entertain some unwanted formal guests	i) Planning ii) Active Coping iii) Acceptance iv) Mental Disengagement
Bike break down	Suppression of Competing Activities	Have to go to some unwanted place or attend party	i) Active Coping ii) Acceptance iii) Mental Disengagement
Water tanker not coming	Suppression of Competing activities	A good teacher leaving	i) Emotional Social Support ii) Acceptance
Explanation call from college	i) Active Coping ii) Instrumental Social Support iii) Emotional Social Support iv) Denial	Missed a favorite drama due to load shedding	Mental Disengagement
Problem with	i) Plan; ii) ISS	Have to do	Behavioral

neighbors		baby sitting unwillingly	Disengagement
Accident of friend	Active Coping		
Cycle punctured	i) Acceptance ii) Humor		
Death of friend	i) Mental Disengagement ii) Positive Reinterpretation and Growth		

DISCUSSION

Chapter-V

GENERAL DISCUSSION - STUDY A AND STUDY B

Empirical investigation of Daily Stressors and Coping Strategies in adolescents has shown a rich and interesting pattern. Situational, dispositional and daily coping is assessed quantitatively as well as qualitatively. This investigation is done at inter-individual as well as intra-individual level.

In order to explain this complex design, results obtained from Study A & Study B are discussed separately below. A conclusion will be drawn at the end.

Study A

Daily Stressors

Content Analysis of retrospective accounts of stressful daily events revealed a wide range of stressors, these include actual stressors that adolescents experienced and expressed. The three most important areas in which stress is mostly experienced by adolescents are Academics, Interpersonal relations (Family, Peers) and. Intra-personal.

Previous researches support this notion that no matter what cultural background adolescents have, they do go through stressors like personal illness, parental or family conflict, parental illness, peer stress, academic stress, family/interpersonal stressors and school/work stressors (Band & Weisz, 1990; Causey & Dubow 1992; Compas, Malcarne & Fondacaro, 1988; Compas et al., 2001;

Frank et al.,1997; O'Brien, Margolin, & John, 1995; O'Brien, Bahadur, Balto & Erber, 1997; Ried et al., 1994; Steele et al., 1997).

According to Study A, academic stressors are of top concern for Pakistani adolescents (Table 1). These stressors covered problems like 'exams tension', 'poor grades', 'load of assignments', 'presentations', 'less time for study', 'composite exam system', 'mismanagement of study time', 'learning difficulties' and 'lack of help in studies'. Existing data from different countries of the world e.g., Canada. Singapore, Hong Kong, Barbados, Italy, Japan, Australia, Germany and Pakistan (Bauwens & Hourcade, 1992; Cole & Sapp, 1988; Frydenberg, 1997; Gelhaar, Seiffge-Krenke, Aranibar, & Rohail, 2005; Munsch & Wampler, 1993; Rohail, 2005; Seiffge-Krenke, 1995) suggested prevalence of similar trend and concluded that schooling constitutes a major source of stress in the life of adolescents.

The factors which relate to academic stressors as expressed by Pakistani adolescents are mostly 'contextual' in nature. The two mostly expressed contexts are 'parental pressure to get good grades' & 'poor time management skills'. It is evident that parental aspirations regarding their children to excel in life does not pose any negativity but pushing them to do well without keeping an eye on their shortcomings can become more harmful and less productive. This pressure can produce stress for adolescents. Research demonstrates that both father and mother play a crucial role in the accomplishment of adolescents' educational goals (Melby, 1993). Parental encouragement along with spelling out the definable set of expected behavior in a demanding but non-frictional manner can cure most of the academic ailments. Stress in our adolescents arises due to lack of such favorable environment. Those students who receive a positive feedback and support from their families usually perform well academically. Other researches support this argument and demonstrate that family

support and involvement in schooling predict high achievement level of adolescents in schools. Most adolescents reported their families as major source of support for them and major contributor in terms of their achievements.

In Pakistan like other Asian cultures (Japan and Korea for example), a great deal of importance is attributed to adolescents' performance in schools. Access to higher education, and leading to better jobs is also determined solely through academic performance. Because of these factors, adolescents in this day and age, do have a lot of pressure to perform well and this could be significant contributing factor in terms of their daily stressors.

Among the other, inter-personal stressors, two most prominent stressors were related to family and peers (Table 1). Family-related stressors covered issues like 'conflicting arguments with parents or siblings', 'being discriminated by parents', 'father's absence', 'ridiculed or humiliated by family members', 'undue interference of parents', 'being overprotected', 'not being trusted by parents', 'not being loved by both parents/ or one of the parents'.

A probable explanation of these findings could be the stress and struggle that adolescents go through for developing a separate identity. It is evident that independence strivings increases with the onset of adolescence that lead to a sense of autonomy and self reliance. When parents do not understand that their adolescents are going through a struggle at a psychological level (Ausubel, 1954), conflict arises. In Pakistani culture family structure is very cohesive. Family members generally have a strong bonding and emotional attachment with each other. This can have a very positive effect on members' emotional development. In order to maintain the cohesiveness, each member has to pay the cost. Sometimes this is in the form of over indulgence on part of the parents in adolescents' lives and daily matters, and not

providing them with ample space to grow independently. This can result in ambivalent feelings between adolescents and their parents and/or other members of the family. Adolescents, who are going through many changes in their lives, can find this situation as frustrating and stressful as it does have a negative affect on their relationship with their significant others.

Related and linked to that is, lack of communication between parents and adolescents, which can be another important stressor for adolescents. Collectivistic nature of our culture does not encourage open communication between parents and the youth. Parents want to have a control over their children's lives and this can be a source of parents-adolescents conflict and a major source of stress for the youngsters. Generally parents use various authoritarian disciplinary techniques to maintain a balance within the family. Adolescents, who are going through the struggle for an identity, can find these approaches as stressful. Their feeling of competence and general psychological adjustment can get affected too. Authoritarianism or power assertion from parents not only restrict adolescent's autonomy but also teach them that the use of power and physical abuse is a legitimate way to control the world. A cross cultural study on adolescents stressors suggests that German adolescents reported familial stress due to fights with parents about different opinions they hold, whereas, Pakistani and Peruvian adolescents feel stressed due to conflicts of pursuing own interest on one hand and fear of disappointing one's parents on the other hand (Gelhaar et al. 2005).

The higher percentage of school related and familial stressors should not be taken as sharply individual areas of concern, rather, they are interlinked. All the social arenas like family, school, peers, and neighborhood, are intertwined and contribute significantly in the life of adolescents. As children enter into their teens and strive for

independence at the same time they develop stronger bonds with their peers, and spend most of the time with them (Brown, 1994; Hartup & Laursen, 1989). They have similar problems, concerns, likes and dislikes which they like to share and develop a significant source of support for each other. Research suggests that despite positive peer influence in the life of adolescents, this relationship brings a lot of stress in their lives too. Coleman (1987) identifies the peer group as one of the sources of a wide range of potential conflicts in values and ideals. Phelan (1994) describes that peers creates sufficient pressure on adolescents which they see as overwhelming.

Our findings also demonstrate that this relationship is strained with stressors like 'hot arguments with friends', 'fight with friend over some issue', 'clash, conflict or being angry with friends', 'missing friend', 'ignored or rejected by friend', 'deceived, betrayed, misunderstood or left alone by friend'. Some earlier researches also demonstrate that conflict with parents involve issues of independence and autonomy (Laursen, 1992), but conflict with friends generally involve personal problems such as being ignored or left out, and exposing secrets (Hartup & Laursen, 1989).

'Self' is another area which is a matter of dissatisfaction for adolescents in the present research (see table 1). Issues like 'lack of decision power', 'lacking self confidence', 'difficulty in control of anger', 'Poor time-management', 'maladjustment', 'bad temper', 'lack of sleep', 'fatigue', 'health problems', 'boredom', 'self-blame', 'loneliness', and 'easily aroused sexually" are stressful for adolescents and could be considered as youth-specific (Seiffge-Krenke, 1995)

Many intrapersonal stressors are indicators of low self esteem or low self worth and there is an evidence of strong relationship of self esteem and adjustment in the existing literature. People with low self esteem exhibit more symptoms of

unhealthy emotional development (e.g., nervousness, insomnia, and psychosomatic illness) than do individuals with high self esteem (Harter, 1989).

A recent cross-cultural study on minor stressors among youth from Asia, Europe and South America revealed that Pakistani adolescents' stress level concerning their own selves and their identity is higher than German or Peruvian adolescents. This indicates that Pakistani adolescents have a dire need to have a separate identity. These intrapersonal stressors also indicate that the adolescents have to depend on adults a lot and they may not be as self-assured as they like to be.

Gender and Age Effects on Daily Stressors

In the present research we were also interested in multifarious dimensions of stressors as demonstrated by **gender and age** (see Table 3 & 4). On close observation it has been learnt that male and female adolescents perceive their daily stressors differently. Stressors regarding future vocation/career and finances, socio-environmental pressures, and friendship with opposite gender were more pronounced among male adolescents as compared to the females. On the other hand academic stressors, commutation problems, interpersonal conflicts (within family, friends or teachers), health related concerns are more common among female adolescents. Intrapersonal stressors were given similar importance by both male and female adolescents.

In the present research, an overall pattern is apparent regarding gender differences in stress: females respondents seemed to be facing more stressors than males (Table 3). Girls are generally seen as reporting more stressful events and feel effected more by stressful events compared to boys (Compas et al., 1987; Frydenberg, 1990; Groer et al., 1992). In the present study it was noted that females reported more

stressors of interpersonal nature. Some of the earlier researches have reported similar trend and pointed out that girls report being stressed by events associated with interpersonal and family relationship more than boys (Groer et al., 1992). It was also observed that gender differences in emotions are more likely to occur in contexts that highlight social roles and relationships. For example, females are more likely than males to give accounts of emotions that include interpersonal relationships (Saarni, 1988), and they are also more likely to express stressors like fear and sadness than males especially when communicating with their friends and family.

Females are also found to be more academically stressed in the present research (Table 3) which might be an indication of either more serious attitude towards studies or being more vulnerable to stress compared to males. It was noted previously that female adolescents assess situations as being four times more threatening than males (Seiffge-Krenke, 1990).

In 1960s and 1970s researchers noticed that vocational concern was central to the identity of males and affiliative concerns were more important in the identity of females (La Voie, 1976). However during 80s onward in the West and in other developed nations females have developed stronger vocational interests. Gender differences in this area soon turned into similarities (Waterman, 1989). Our results on the other hand reflect that even at this juncture of financial and socio-economic competition among various segments of the society, female adolescents expressed less pressure regarding their future profession or career. This may be indicative of two factors, either they are not career oriented, or they are not compelled to pursue career after completing their education. Male adolescents on the other hand expressed a strong social pressure to do well in schools and decide about their future profession as early as they can.

These results could be understood by keeping in perspective the socio-cultural environment of Pakistani society. In a traditional society like Pakistan, the role of a female is to run the house and raise a family. Even if women choose to pursue a career, they still are expected to give top priority to their family obligations and secondary to their career oriented issues. Getting good education is considered mainly as a preparation for this role and to use it as a tool if/when there is a need to earn. There are professional and career oriented women every where, but they choose that path for individual or familial reasons. The society generally doesn't automatically expect them to be prepared for some kind of a professional identity as it expects from its male members.

Males on the other hand are usually considered to be the breadwinners for the family, so the orientation for having a gainful employment becomes pertinent from a very early age. It was observed in the present research that male adolescents expressed this as a major source of stress for them.

An important factor that might be a significant contributor towards the male adolescents' stress regarding their future employment is the lack of career guidance facilities in educational institutions of Pakistan. Students generally have limited options available to them in the schools and colleges; they also don't have any aptitude testing facilities which could play a role in their career decision making process. Parents also, due to their limited knowledge, ignore the interests and aptitude of their children and try to impose their own decisions on them based on their personal observation and experience. Imposition by the significant authority figures, and lack of facilities and opportunities could be a major contributor towards male adolescents' stressors. In Dusek's (1996) opinion, some parents wish to relive their own lives through their children and choose things for them that might not be

representative of their children's desires. This could be counterproductive for the family and specifically for the children.

The differences in their responses reflect that both male and female adolescents struggle and appraise differently the situational determinants of stress. However, it is noteworthy that for intrapersonal stressors both males and female adolescents responded similarly. For example, stressors like, 'loosing temper easily', 'can't manage time properly', 'less time for self', 'feelings of loneliness' etc. were reported almost equally by both the genders.

As far as the **age effects** in experiencing daily stressors are concerned, interpersonal, familial, as well as social stressors were dominant in all age groups. Education related problems were of main concern for 14 to 18 years old adolescents. Older adolescents had more stressors in the domain of socio-environmental problems. For example, they were stressed with future concerns regarding vocational and financial matters. Research supports that future related concerns are predominant in older adolescents (Gelhaar et al. 2005; Seiffge-Krenke, 1995). It has been observed that with maturity in age, planning and preparing for vocation becomes one of the major developmental tasks and in late adolescence forming a vocational identity becomes the main concern (Vondracek, 1993). According to Dusek (1978), interest in one's future vocation peaks at high school and college years and ranks among the top concerns of adolescents. It is assumed that in a collectivistic and male dominated culture like Pakistan, there is a tremendous amount of social and parental pressure to have gainful employment as early as possible. This pressure is imposed without proper guidance and availability of career counseling facilities.

According to our results stressors related to adjustment in new environment also increases with the increase in age. Early adolescents seemed to be more flexible

and compliant as compared to older ones. It may be due to the fact that with the passage of time capacity for adapting to new environment reduces and it could become an important source of stress for those who have to go through it.

According to our research findings, mid-adolescents (15-17 years) reported more stress related to relationship with peers compared to the other age groups (Figure 4). Previous research revealed that friendship plays an important role in adolescents' struggle for identity (Gavin & Furman, 1989). From about age 14 to 16 friendships are based on the concepts of loyalty and security, and it is more so for females than males (Berndt, 1992; Buhrmester & Furman, 1987; O'Brien & Bierman, 1988). Our study supports this trend as females expressed more stress about friendship related concerns in mid adolescence. Friendship during adolescence can become a major source of security and stability which may help in dealing with daily ups and downs and emotional upheavals (Savin-Williams & Brendt, 1990). However, it is noted that the intensity and passion involved in adolescents' friendship decline during the later adolescent years and hence the stressfulness of this relationship decreases (O'Brien & Bierman, 1988). The present research has also indicated the same trend and late adolescents reported fewer friends/peers related stressors compared to the younger ones.

Stressors related to relationship with the opposite gender were reported more by older adolescents. Dating and going out with members of the opposite gender for this purpose is not a norm in Pakistani culture. It is an act that is looked down upon socially and morally by the society at large. So, there is a possibility that stressors related to cross-gender friendship may not have been reported honestly due to the need for social desirability.

Perceived Self Efficacy Scale, Coping and Adjustment

Results demonstrate that adolescents use diverse coping strategies for different stressful situations they experience in their day to day life. Its worth mentioning, that adolescents mostly chose those strategies which are functional and problem-focused in nature, indicating a positive frame of mind. There is consistency in the research findings that suggest that problem-focused coping strategies are correlated with better adjustment in adolescents (Ebata & Moos, 1994). In the present research the perceived self efficacy of adolescents in dealing with the stressful situations is moderately high (see table 11). The construct of self efficacy explains the "can do" cognition of an individual. Goal setting, effort investment, persistence in face of barriers, is regarded as positive resource factors (Bandura, 1977; Jerusalem & Schwarzer, 1979). These results could be a reflection of their belief of being able to control challenging environmental demands by taking adaptive action. Self-efficacy expectancies refer to personal action control or agency and a desire to conduct a more active and self-determined life course (Schwarzer, & Scholz, 2002).

As coping involves both emotion-focused coping and problem-focused coping the choice of coping strategy is influenced by the appraisal of options for coping. This is referred in stress and coping theory as 'secondary appraisal' (Lazarus & Folkman, 1984). Secondary appraisal refers to the question, 'What can I do?' A key aspect of secondary appraisal is the judgment concerning the extent to which the individual can control the outcome of the situation. Self-efficacy contributes to this judgment, which in turn influences coping (see Park & Folkman, 1997 for review) Adaptive coping occurs when there is a fit between the controllability of the stressful situation and the choice of coping strategy. When people obtain a 'fit' between stressful events and

their coping strategies, they experience fewer psychological symptoms than when there is a lack of fit (Park, Folkman, & Bostrom, 2001).

Results of present research also demonstrate that perceived self efficacy of adolescents in general was positively correlated with functional coping (Table 12). It indicates that adolescents are confident about their capabilities in solving day to day challenges and stressors of life. They can deal with daily stressors by taking adaptive actions. Positive correlation between Self efficacy and functional coping strategies (problem-focused and emotion-focused strategies) also indicate that a sense of competence facilitates cognitive processes and hence enhance the performance level in a variety of situations. Previous researches suggest that those people who believe in themselves can perform well in challenging tasks (Schawarzer & Scholz, 2002; Schawarzer, 1992).

In present research, although both male and female adolescents exhibit high self efficacy yet females demonstrate a little more confidence about their abilities in solving difficult problems and dealing efficiently with unexpected events. They also feel more confident in utilizing their coping abilities in stressful encounters (Table 13). Cognitively speaking actions are consequences of thoughts, having strong perception about personal abilities may lead to better mental health and adjustment.

The most extensively used coping strategy by adolescents in the present research is **Religious Coping** and minimally used coping strategy is **Substance Use** (Table 5). In Pakistani culture religious faith plays a central role in people's lives. Solution of all kinds of problems is sought through prayers and meditations. It was apparent from the responses of adolescents that faith is a major source of stress reduction for them. The only concern they expressed was lack of religious practice i.e., not offering prayers regularly. Interestingly, for this concern also they seek help

from God (see the results of Study B). Seeking help from God in dealing with every problem in life is what they learn from their elders and from the society at large.

Religion seems to be an important correlate of Substance Use in the present study. It has been found that Substance Use was a minimally used strategy by the adolescents. There is plenty of research evidence pointing toward the negative correlation between religious faith and substance use (Johnston, O'Malley, & Bachman, 2002). It has been recognized that "lack" of religious faith can be considered as a risk factor for the increase of substance use (Bry, McKeon, & Pandina, 1982; Hawkins, Catalano, & Miller, 1992; Maddahian, Newcomb, & Bentler, 1988; Newcomb, Maddahian, Skager, & Bentler, 1987). Researchers generally suggest that young people who are more religiously engaged are less likely to use drugs than are their less religiously engaged counterparts (Gorsuch, 1995; Johnson et al., 2002). Our findings are also pointing in that direction although we did not measure their religious faith as such, or observed how strong their religious beliefs are, but adolescents expressed that relying on religion was a frequently used coping strategy for stress reduction in their daily lives.

In the present study, the other frequently reported strategies are those which are problem-focused in nature. This demonstrates an active orientation of adolescents in terms of coping with their stressors e.g., they reported that they make plan for action and for how they are going to handle the problem **(Planning),** and stated that they concentrate their efforts on doing something about a problem **(Active Coping).** An earlier study (Tolor & Fehon, 1987) about coping with stress related to adjustment among adolescents also demonstrated that Problem-focused strategies, such as "Taking Positive Action" and "Seeking Information," were the most frequently reported strategies among adolescents.

It is suggested by different authors (Lazarus & Folkman, 1984; Petersen & Spiga, 1982) that problems that adolescents are more familiar with are likely to be addressed directly in a more positive manner. Many times the young people have to surrender before the adults when the stress they are experiencing is beyond their control. On such occasions **Acceptance and Venting of emotions** are frequently used coping strategies. A similar pattern was observed among the adolescents in the present research. They did report that sometimes it's easy to accept that they cannot change their circumstances, but other times they get really upset and let their emotions out.

In the present study, certain coping strategies were less frequently used by the adolescents, like **Humor and Denial**. Humor is considered a dysfunctional strategy generally when used in a stressful situation, and Denial is considered controversial for its status as being emotion-focused or dysfunctional. It is often suggested that **Denial** sometimes emerges in primary appraisal (Carver, Scheier, & Weintraub, 1989), it is useful in minimizing distress and thereby facilitating coping (Breznitz, 1983; Cohen & Lazarus, 1973; Wilson 1981). Alternate view point is that denial only creates problems, because denying the reality of the situation makes the person unable to try and learn useful functional coping strategies (Matthews, Siegel, Kuller, Thompson, & Varat, 1983). There is still another view, arguing that denial is useful at early stages of a stressful transaction but impedes coping later on (Levine, Weinberg, & Ursin 1978; Mullen & Suls, 1982; Suls & Fletcher, 1985).

In Study A it was observed that **Denial** is used minimally in situational coping but in the light of research findings of Study B, (the qualitative analysis of stressors and coping strategies discussed in later sections of this chapter), adolescents used **Denial** as a coping strategy in situations where they faced interpersonal stressors.

They used it in situations like parental restrictions, fear of being humiliated, doing something awful and anticipated any harsh treatment from significant others, any social obligation not fulfilled in time, disappointments/hurts regarding romantic relationship or disagreement or opposition from friends. The important thing is that male adolescents used this strategy more compared to the females. It suggests that denial of the stressful situation acts like a defense and protects adolescents from getting hurt more than they are able to handle. Some of the previous researches reported that boys use more denial than girls in social context (Fahs, 1986), suppress and ignore problems more than girls (Petersen, 1991) and use denial as a coping strategy especially when there are stresses in the family more than girls (Frydenberg, 1999).

Gender and Age Differences

There are certain other gender and age differences in adolescents' coping strategies found in our study (Tables 9 & 10). On the coping subscales like **Positive reinterpretation**, **Growth**, **Denial**, and **Restraint**, males showed an edge over females. Females on the other hand vented their emotions more in stressful encounters as compared to male adolescents though significant differences are seen on only four coping subscales. Female adolescents scored high on **Religious Coping** and **Behavioral Disengagement** whereas males scored high on **Humor** and **Substance Use** as compared to their female counterparts. As stated earlier, Religious Coping was ranked very highly by both, male and female adolescents and Substance Use was ranked very low. But if we carefully look at the responses of both the genders, we'll notice that there is an indication of a trend of male adolescents toward Substance Use although female adolescents rely more on Religious coping. (See table 9)

Some recent studies on adolescents coping behavior revealed that girls report using isolation and problem-solving coping strategies more, especially for stressors related to social relationships or about their own self-image. Male adolescents however rely more on externalizing coping strategies (Jose & Kilburg, 2007). Similarly, passive and support-seeking ways of coping are reported to be more common among girls than in boys (Piko, 2001). Nolen-Hoeksema's (1987) had rightly stated that men and women are socialized into different coping styles according to the gender role stereotypes prevalent in the societies they live in.

As far as the age effects are concerned, a significant difference has been observed on three coping subscales, **i) Focus on and Venting of Emotions, ii), Denial, and iii) Acceptance.** Research suggests that adolescents in their mid years (16-17 years) express their emotions readily and let their emotions out more than younger age group (14-15 years) or from older adolescents (18-19 years). It has also been reported that some specific coping responses of adolescents are a function of age, type of stressor, and quality of family environment. Stern & Zevon (1990) demonstrated that those younger adolescents, who identified interpersonal conflicts as their primary stressor, were more likely to use emotion-based coping strategies than were older adolescents. Using emotion-based strategies, however, was associated with less adaptive family functioning. Adolescents in the present research who were in their mid adolescence years, showed less denying as compared to the early or late adolescents. Denial is used more by older adolescents, and Acceptance concerning the stressful situations also seems to increase with age.

In the next section qualitative analysis of the Study B will be discussed.

Study B

Daily Coping

A lot of literature demonstrates the unique potential of daily process designs, commonly referred as "daily diary recording" (Stone, Lennox, & Neale, 1985); "ecological momentary assessment" (Stone & Shiffman, 1994); or "experience sampling" (Csikszentmihalyi & Larson, 1984) to capture psychological processes in situation. This time-intensive design allows investigators to assess fluctuations in unfolding processes close to their real-time occurrence (Tennen & Affleck, 1996).

Although some studies have found moderate correlations in coping strategies across situations (Band & Weisz, 1988; Causey & Dubow, 1992; Compas et al., 1988), it is reasonable to assume that the demands of the stressful situation influence the choice of coping strategy (Causey & Dubow, 1992; Lazarus & Folkman, 1984; Moos, 1984). Because adolescents face stressors from multiple domains, it is important to determine whether their strategies differ across situations, and if so, what are the most adaptive coping strategies used by the individuals for a given stressor type. Although this issue has been explored in the adult coping literature (Billings & Moos, 1981), it has received little attention in the adolescent and child coping literature (Band & Weisz, 1988; Stark, Spirito, Williams & Guevremont, 1989).

In the present research thirty participants were chosen to participate in the second part of the research. Each person was told to fill the Dispositional version of the COPE Inventory, and after that they were provided with diaries along with Situational COPE Inventory. They wrote in their diaries about their daily stressors, and how did they cope with them that day. Thirty participants came up with thirty different patterns (see Annexure 2). Each individual's profile depicts a particular

pattern which shows consistency as well as variability in coping with similar or different stressors. On assembling these individual pieces of jigsaws, the features of a complete picture can be viewed from a different angle. Comparison of gender specific stressors and manners of coping with these stressors demonstrate another pattern.

It was found that certain coping similarities existed in general among male and female adolescents and some subtle differences were also found among them as being males and females. These findings are important to understand the contextual demands imposed upon adolescents in general, or as part of a specific gender and how they cope with these daily stressors. Frydenberg (1997) who did not agree with the old myths of 'storm and stress' related with adolescence, opined that the extent to which this transition (from childhood to adulthood) is experienced as stressful depends upon an interplay of individual and situational determinants.

Now some important issues regarding similarity of situations that are stressful for both males and female adolescents are discussed along with dissimilar coping attempts.

Similar Stress - Similar Coping

The commonality of events regarded as stressful for both male and female adolescents with similar coping attempts were observed mainly in the domains of academic and interpersonal stressors. However, a few common stressors and similar coping strategies were also observed in intrapersonal domain. Hence, socio-environmental stressors came up with some unique gender differences and with a unique coping pattern, these differences will be highlighted and discussed in later sections.

Common Academic stressors in male and female adolescents were 'exams tension', 'tests', 'results', 'grades', 'assignments', 'load of home work', 'presentations' and common coping strategies used for all these stressors were **Planning, Active Coping, Emotional Social Support, Acceptance, Religious Coping, Mental Disengagement, and Humor** (Table 14 & 15). This indicates that all sorts of coping strategies were applied, functional or non-functional to counter or manage the taxing effects of school/college related, daily stressors.

In the coping literature, studies indicate that stressors perceived as controllable elicit more Approach Coping, while those perceived as uncontrollable elicit more Avoidance Strategies (Anshel & Kaissidis, 1997; Compas et al., 1988; Lazarus and Folkman, 1984). When individuals perceive stressors as controllable, it may be more adaptive to use approach coping strategies; alternatively, when individuals perceive stressors as uncontrollable, it may be more adaptive to distance oneself from the stressful situation (Folkman & Lazarus, 1986). Causey & Dubow (1992) found that children were more likely to rely on approach strategies to cope with school stressors (e.g., a poor grade), which they rated as more controllable than peer stressors, and more likely to utilize avoidance strategies to cope with peer stressors. Similarly, Moos (1990) found that, among adolescents, school stressors elicited more approach coping and family stressors more avoidance coping. Perhaps adolescents view academic stressors as more easily resolvable as compared to interpersonal stressors because they perceive themselves as having more control over academic stressors (e.g., increase study time for the next exam), whereas interpersonal stressors involve another person who has more powers to exert control.

Adolescents, in our study, tried to counter the negative effects of academic stressors with problem focused as well as emotion focused strategies. Sometimes they

took direct action strategies like **Planning and Active Coping**, they Planned, and thought about what steps to take in order to deal with the stressor. At times when adolescents felt that things were becoming out of control due to some reason, they needed reassurance, sympathy and understanding, in such cases they used strategies like **Emotional Social Support, Acceptance and Religious Coping. Mental Disengagement and Humor** were also used when they failed to achieve their target in exams.

In the domain of interpersonal stressors, it is observed in the present study that the commonality of stressful events among adolescents were mostly **"conflictual"** in nature. Adolescents reported a lot of conflicts, quarrels, arguments or fights with family and friends. The nature of conflicts arose with parents were usually due to the restrictive attitude, angry, harsh overprotective or controlling behavior of one or both the parents. It is worth noting that each attitudinal stress provoking behavior of parents is dealt by adolescents with a different coping strategy e.g., 'Restriction of parent/parents' was dealt with by **Planning**. 'Harsh behavior or anger of father' was coped with **restraint, venting of emotions, and behavioral disengagement**. On the other hand 'anger of mother' as well as a 'scolding of mother' was coped through **Religious coping** efforts, getting **Emotional Social Support and Acceptance**.

This is interesting to note that most adolescents reacted emotionally or behaviorally when they had a conflict with fathers but accept it or seek God's help when the mother is angry. Pakistani adolescents are generally closer to their mothers as compared to fathers; this could probably explain that fathers' harsh behavior is taken differently as compared to mothers. As demonstrated by the results (Table 14 & 15) adolescents either hold off doing anything against fathers until some appropriate time, or they let their emotions out or they just give up trying to resolve their issue.

It is generally observed in our society that adolescents usually do not confront with their fathers, may be due to the reason that fathers in Pakistani society generally has more authority than mothers. Mothers on the other hand are more accommodating and their anger or scolding is not taken very seriously and the acceptability is more. It is seen in our study that adolescents showed **acceptance** for their mother's anger and they seek **emotional support** from friends or relatives or they just rely on their faith for support that they need at that time.

Coping with conflicts like fight with peers was handled through **Planning, Active Coping, Instrumental Social Support and Restraint**. It is important to note is that all these coping efforts are problem-focused in nature. Some earlier researches (Causey & Dubow, 1992) demonstrated that adolescents utilize avoidance strategies to cope with peer stressors, and that school stressors elicited more approach coping and family stressors more avoidance strategies (Moos, 1990). The results of our study indicate that adolescents feel a sense of control and efficacy in dealing with friends' related matters. Conflicts related with parents were regulated mostly through emotion-focused strategies, though; sometimes they reported to react externally in a helpless way.

In the domain of intra-personal stressors, 'health concerns' and 'depression' or 'upsetting feelings' are major sources of stress among adolescents. Health concerns were coped with **Planning, Active Coping, Religious Coping, and Mental Disengagement.** Depressed or upsetting feelings were coped with **Acceptance, Religious Coping or Mental Disengagement**. This means that health related problems were tackled with problem focused as well as emotion focused strategies where as feelings of blue were only handled by altering the emotions or taking the mind off from the existing problem and stressor. Another major stressor of

adolescents in general is about losing something precious like 'money', 'school notes', 'mobile', or any other valuable thing. Most of the coping strategies applied in this regard are problem focused in nature for example, most of them reported to cope with such problems with **Planning, Active Coping, Suppression of Competing Activities, Instrumental Social Support, Acceptance or Venting off Emotions.**

Earlier studies indicated that stressors perceived as controllable elicit more approach coping, while those perceived as uncontrollable elicit more avoidance strategies (Anshel & Kaissidis, 1997; Compas et al., 1988; Lazarus & Folkman, 1984). An interesting pattern was observed in the present research, adolescents tried to cope with the controllable stressful situations with approach coping, and the situations which were beyond their capacity to control, instead of avoiding it, they accepted it. They only reacted emotionally in those situations where they felt that they might have a control over, and could do something about it but they are not allowed to do that.

In the domain of socio-environmental stressors, more differences rather than similarities were observed in adolescents' stressors and coping modes. The only similar stressor with similar coping by male and female adolescents in this domain was computer related problems which they handled with active coping. Parental illness was another common stressor and it was dealt by two quite different strategies viz., religious coping or through venting off emotions (Tables 14 & 15). This indicates that either they pray for their parents' recovery or they get upset and feel a lot of emotional distress, which is expressed openly.

There can be different probable reasons for this externalizing behavior, like lack of emotional maturity and the strong bond they have with their parents. Seeing parents in ailing condition can be related to the feelings of a loss of support and an

inability to control the situation. Under the circumstances, turning to God becomes an option which is frequently used in a religious society like Pakistan. It is generally considered a socially appropriate and acceptable coping strategy by all segments of the society.

Similar Stressors – Coping Differently

Gender differences in relation to stress and coping are generally observed in the domains of intra-personal and inter-personal, and particularly, in the socio-environmental area. More similarities and fewer differences are observed in the domain of 'Academics'. It seems that the expectations and demands of hard work and efforts to do well is a major source of stress for both male and female adolescents. They are in a phase when every one is preparing to enter into their race for going into a professional college or choosing the areas which prepare them for their future career. It was noticed that both male and female adolescents in our sample reported to use all their energies and multiple coping efforts to deal with their education related stressors.

In coping differently with similar stressors of Intra-personal nature, (physical and health related stressors) females reported to seek emotional **social support, positively reinterpreted the situation and used restraints**. On the other hand male adolescents coped with similar problems through suppression of other activities, seeking instrumental social support or by venting their emotions. These coping strategies were used in addition to the other coping strategies discussed above.

Coping with Lost Valuables, females either tried to **seek emotional social support or indulged in mental disengagement.** Males on the other hand either deny or took refuge in religious coping. When males felt sad, depressed or lonely, they

used **restraint** and waited for the right time. They also reported **suppressing** other activities. When they are upset over some issue they reported to **seek emotional social support, accept it or sometimes deny** it. Females on the other hand reported to **plan, actively cope** with the situation or **reinterpret it in a positive manner**. On feelings of boredom females either **plan** to do something, accept that they have nothing to do, or actively do something or **seek Allah's help**. Males seldom felt bored, they had a lot to do outside the house and engage themselves in some other activities to take their minds off from the boring situation.

Forgetfulness is another bothersome stressor for males when they forget to reach somewhere or to wish a friend or missed an appointment they coped either by countering it with **active coping, planning, restraining** themselves from doing anything to hastily or just deny. Females sample was not much bothered about this type of stressor. They reported to behaviorally disengage on any of such occasions. Missing prayers, especially Friday prayers (considered to be very important during a week by the religion) is another major cause of disturbance for males. They stated that they cope with it either with **praying more, seek other peoples advice** who had similar experience, **reinterpret it in a positive manner** to overcome the guilty feelings, and vent off their emotions. Females only cope through **reinterpreting it in a positive manner.**

Not having money to buy things like clothes, shoes, mobile etc is another source of concern for males and they either try to cope with it **actively or give up trying** to do something about it or turn to some other activities to **take their mind off** from the stressor. Females admitted that they know they can not deal with this problem and **quit trying**.

In Inter-personal domain, the demonstrated sources of stress were Parents, friends, siblings, teachers, and girl friends/boy friend. Parental stressors were mostly about imposed restrictions in day to day matters, anger and harsh attitude of one or both of the parents, scolding and pressurizing to accomplish something. Males and females reacted differently on particular issues for example, when parents acted harshly males **accepted** it, but females reacted it with **venting of emotions, behavior disengagement or seeking emotional social support.** Likewise when males are restricted to do something that they **planned, they disengage behaviorally**. Females on the other hand usually indulged in verbal quarrel or argument with parents specially mothers and tried to deal with it actively. **Religious coping like praying a lot, Seeking Emotional Support, Denial and Acceptance** was commonly used strategies. Males dealt with pressure, command or force by parents by **Active Coping, Humor, Letting off Emotions, or even indulge in Substance Use**. Both male and female adolescents reported that they do misbehave with parents and after that they feel guilty, and try to cope with that feeling by either using **Religious Coping** (praying and asking for forgiveness from God), or **Mentally Disengage** themselves from the situation.

Friendship with the opposite gender was also reported to be an important source of stress for both male and female adolescents. Both reported to deal with it differently. Females, for example, reported to use **Active Coping** skills and used **Humor** mostly to avoid stress. Males on the other hand reported to cope with it by **turning towards God, prayers**, and by using **Humor.** Regarding the problems in a romantic relationship, male respondents reported to rely **on friend and/or relatives and seek their advice, Deny it or Vented out emotions**. Females, on the other hand, used Planning, or relying on faith (seek God's help) more often.

Stressors related to the same gender friends, females used various strategies to cope. They stated that when they felt 'misunderstood' by friends, they tried to positively reinterpret it or seek emotional support from significant others. They also reported the use of **Denial** as a coping strategy. They reported that when friends maltreat them or humiliate them, or when they themselves indulge in hot arguments with friends, they try to deal with the situation either actively, **Vent off Emotions, or Behaviorally Disengage** themselves They also reported to rely on **Religious faith** a lot and stated that they seek Allah's help along with using any other strategy.

Male respondents reported using somewhat different strategies under similar circumstances. They stated that in the face of conflict with friends like feeling misunderstood, or having an argument or fight, they try to resolve it by **Suppression of Competing Activities, using Religious Coping, Seeking Instrumental Social Support, Emotional Social Support, Mental Disengagement or Venting off Emotions.** They stated that sometimes when they feel too stressed out, they resort to Substance Use.

Adolescents reported some stressors related to their educational institutions and their teachers as well. A frequently reported stress provoking matter was the attitude of some teachers which they felt was quite authoritarian and controlling. Harsh attitude of the teachers was dealt with differently by both male and female adolescents. Females reported that they try to **Vent off their Emotions** privately, and try to smooth things out in future to avoid such incidents to occur again. Males on the other hand try to resolve it by either **Accepting** it and coming to terms with it, or **Deny** it and focus attention to something that is soothing and less stressful. They also reported that they sometimes do **Seek Emotional or Instrumental Social Support** or even try **Restraining** themselves from doing anything too quickly.

Siblings' rivalry is a commonly reported source of stress. Males reported less emotional concern in this regard, and expressed **Behavioral Disengagement** to avoid it. Females on the other hand reported more concern and expressed it quite often in their diaries. It was apparent that they try to cope with it by using various coping strategies, functional as well as dysfunctional e.g., **Active Coping, Humor, Restraint, Venting off Emotions, Denial, Mental Disengagement, Emotional Social Support or Instrumental Social Support.**

In the category of Socio-Environmental Stressors, parental illness was taken differently by males and females e.g., females seek **Instrumental Social Support and seek help** or advice from friends or relatives. They seek Active **Emotional Support, Accept** it or sometimes **use Denial** to cope with the stress. The statements in their daily journals depicted their feelings;

"can't go for outing due to mother's illness, asked my aunt to come and spend some time with us"

"I consulted my cousin who is also my best friend; she helps me in dealing with these problems"

"I spend most of my time in watching TV or reading my favorite book, that helped me keeping my mind off things"

Males reported **Suppressing other activities, or Restraining** from doing anything in haste, or keeping their mind away from the disturbing situation like some female respondents.

Some of the findings appear to be gender specific (Table 16). For example, a frequently reported stressor by the female respondents was, "having to sit with some unwanted guests and entertain them". In Pakistani culture, which is collectivistic in

nature (Hofstede, 1983), entertaining guests and being very polite with them is a standard norm. From very early in life, each and every member of the family learns to be very hospitable even if the guests are unwanted. Sometimes, it is the families who are interested in the young girls specifically, and see them as potential partner for their sons. This whole process can be extremely stressful for young girls as most parents expect them to present themselves nicely and entertain the guests, no matter what their intensions are. According to our findings females handle this situation by **Planning, Active coping,** and sometimes with **Acceptance or with Mental Disengagement.**

Another female specific stressor that emerged in our study is conflict with brother's wife i.e., sister-in-law. In joint family systems, when after marriage sons and their families usually live together with parents; young girls find it difficult to get along with the sisters-in-law. This conflict between them could range from mild to intense and can involve the whole family. Boys didn't report this as a common stressor as they are expected to be less domesticated and have outdoor activities more than the girls. The consequence of this is that they end up having relatively less interaction with sisters-in-law, thereby, have fewer conflicts. Girls on the other hand, are expected to not only spend more time at home, but also be more polite and courteous to others. This could be a source of additional pressure for them compared to the boys. The coping strategies adopted in this case, however, are reported to be positive i.e., **Active Coping and Acceptance**.

Another common stressor reported by many female respondents is related to appearance and dressing up e.g. 'doesn't have matching jewelry', and 'doesn't have a dress of choice' etc. They reported to use **Planning, Acceptance, Positive Reinterpretation and Behavioral disengagement** to deal with such stressors. 'Being

teased by boys on cell phones', was another stressor reported by females and they handled it with Instrumental Social Support.

Female respondents also appeared to be more interested in watching evening television dramas, and many of them reported that due to the load shedding of electricity, they sometimes are unable to watch their favorite episode. This becomes common in summer when there is more than normal hours of load shedding. This has been reported to be a common stressor by the female respondents which, they handle by using a dysfunctional strategy i.e. **mental disengagement**.

There are certain other stressors commonly expressed by female respondents like, 'seeing cockroaches at night', 'traveling on airplane', and 'being alone at home'. They reported to cope with them by using **Positive Reinterpretation and Mental Disengagement** mostly.

Some of the stressors were found to be males specific and were not reported by female respondents. Amongst them the most commonly reported was 'Fighting over a girl'. The coping strategy used for this was 'Sharing it with friends', **'Getting emotional support', 'Planning' and 'Seeking God's help'.**

Another stressor that was reported by male respondents was, 'Having to apologize to fathers'. This was coped through the use of '**Restraint**'. Boys are generally encouraged to be strong and assertive in the Pakistani society compared to the girls who are encouraged to be polite and submissive. The result usually is that the boys don't like being directed and commanded sometimes by their own parents. This could be the factor behind their friction with their fathers specifically as in an authoritarian society like Pakistan; fathers are generally responsible for keeping discipline around the house and keeping control over things. They reported to cope

with it by using different strategies like, **Planning, Religious Coping, Accepting and sometime Substance Use.**

Along with those mentioned above, certain other stressors were also reported like 'gym target not achieved', 'not allowed to use family's car', and 'reaching home later than it is expected'. These were tackled through using **'Planning', Denial', and 'Active Coping'** respectively.

On the whole, both males and females reported various stressors in their responses on the COPE and the daily diaries. **Active coping, Planning, Acceptance, Religious Coping, Mental and Behavioral Disengagement** were most commonly used strategies by both the genders

Important Findings of the Research

1. Since stress coping research has taken its course; coping has been measured in innumerous ways. Coping with an adversity includes multiple ways of dealing with diverse person-environment transactions. Thus, coping does not represent a homogeneous concept. It can be described in terms of strategies, tactics, responses, cognitions, or behavior. Actual coping is a phenomenon that can be noticed either by introspection or by observation, and it includes internal events as well as overt actions. It has been broadly defined as "...cognitive and behavioral efforts to manage specific external or internal demands (and conflicts between them) that are appraised as taxing or exceeding the resources of a person (Lazarus, 1991, p. 112).

As discussed earlier, the present research adopted a multilevel assessment approach. The rationale was to identify and analyze coping patterns among adolescents at micro as well as macro levels. Stable coping preferences i.e. disposition

were identified and matched it with personal inclination for coping in real-life events for ecological validity. One-time situational coping as well as daily coping patterns were also analyzed.

The striking finding of this study is that participants showed some clear discrepancies in how they responded in the dispositional measure and how they claimed to cope in the situation specific context. Religious coping was for example highly endorsed by participants on dispositional measure; however in daily coping this strategy was not used as frequently as the dispositional measure implied. Certain coping strategies like religious coping could be endorsed on dispositional measures due to the fact that they are culturally approved strategies.

Previous researches supported that social desirability plays a critical role in affecting responses in a clinical self-report inventories. Most items on any clinical self-report inventory are vulnerable to faking. Some respondents tend to dissemble and give socially desirable or undesirable responses for the sake of appearance. Occasionally, they try to project a good impression and deny having socially undesirable traits, sometimes by intentional deception, or sometimes with no clear intention (Chang, 1998). Some earlier researches (Crowne & Marlow, 1964; Frederiksen, 1965) have indicated that such behavior is apt to arise from the need for self-protection, avoiding criticism, social conformity, and social approval.

2. Second important finding of the study is that among all the stressors Interpersonal stressors were predominantly high. (see Table 2) and among these interpersonal stressors familial stressors take the lead (see Table 1).

There are a host of studies which mentioned that adolescents face familial stressors and it is also mentioned how they are coped but very little is known about the actual nature of these conflicts. The synthesis of qualitative cum quantitative studies of this research allows a macro as well as micro level of understanding regarding the nature of these every day stressors faced by adolescent within their families and how they coped with each stressor. It has been observed that the nature of familial conflicts is as following:

Argument with mother, Quarrel with father, Restriction of mother, Anger of mother, Harsh attitude of father, Parents not giving permission, Father's selfish behavior, Misunderstood by parents, Father not allowing to use car, Parents force to get something done unwillingly etc.

According to existing literature, parental authority usually predominates in the areas of moral (taking money from parents without permission, breaking promises to parents), conventional (cursing, not doing assigned chores), and prudential (smoking cigarettes, drinking alcohol) issues (Smetana & Asquith, 1994). In the present study it is seen that only conventional stressors were expressed by adolescents in their daily journals (Study B) as well as in situational measure (Study A). The coping strategies ranged from functional to dysfunctional for example, problem focused strategies like **Planning, Active Coping, Suppression of Competing Activities, Instrumental Social Support;** emotion-focused strategies like **Religious Coping, Denial,** and dysfunctional strategies like **Behavioral Disengagement, Mental Disengagement, Focus on and Venting of Emotions & Substance Use** were used.

According to these findings it is indicative that within family, interaction processes lack something which creates a gap between parents and adolescents. The

probable explanation is that Pakistan is a patriarchal society and all the rights of decisions lies with father. On the other hand most adolescents who have entered college are in the stage of achieving independence psychologically as well economically. They want to stand on their own. That independence is allowed and encouraged in West or in individualistic societies. In contrast, closed societies like Pakistan, this expression of independence is taken as a rude behavior and dealt with by harsh attitude of parents.

The other probable explanation of this conflicting pattern between parents and adolescents can be that both do not agree on a single point as to who has the control over behavioral tasks. As pointed earlier too that Pakistani families play a pivotal role in the psycho-social development of adolescents' personalities and thus parents exert a lot of control over their off springs. Thus, the underlying cause of this conflict between parents and adolescents is that the latter show independence and there is a shift from unilateral parental jurisdiction over behavior to mutually agree upon authority. Actually it is the family atmosphere not structure which is an important contributor of psychological health or ill-health.

3. Another important finding of the research is that the coping strategies used by adolescents in general were affective or cognitive in nature rather than behavioral. As indicated from table 6, top five coping strategies endorsed by participants are **Religious coping, Positive Reinterpretation and Growth, Acceptance and Planning.** All these strategies are either cognitive or affective in nature. The probable answer to this query as to why the adolescents do not use behavioral strategies to confront with their stressors is stated earlier as well, that all the control over behavioral tasks lies within the domain of parents. Adolescents try to handle their

stressors at cognitive level or otherwise they try to cope by altering their emotions. It is however interesting to note that adolescents use behavioral strategies with stressors related to peers, whereas previous researches indicated that adolescents use avoidance tactics in this domain (Moos, 1990; Causey & Dubow, 1992).

4. Analysis of qualitative study reveals that adolescents used all sorts of coping tactics to remove their daily stressors. No single strategy emerges strikingly. This indicates that any situation whether normal or stressful is not a static phenomenon and it varies or takes its course as the situation unfolds. It also implies that it's a transaction between person and environment. It's not solely the personality factor that counts in mitigating the stressful situation but situation itself too influence the type of coping adopted per se.

Conclusion

The present study is an extension of the previous work done by the researcher in which a problem checklist was developed to observe the most common problems (stressors) faced by Pakistani adolescents (Rohail, 2005). The present research was an attempt to explore daily stressors as well as coping strategies of adolescents. Coping researchers had investigated this issue mainly by using a single method approach (Aldwin, 1994; Aspinwall & Taylor, 1997; Park & Folkman, 1997; Tennen et al. 2000). In present research a multi method approach was used and instead of comparing situational coping with dispositional style or daily coping strategies separately, they were used collectively with the intension that they will supplement each other in order to have an in-depth understanding of adolescents' stressors and their coping strategies in a particular cultural context.

Along with that, instead of focusing on a relatively short reporting period (e.g., 48 hours or 7 days, Ptacek et al. (1994) the researcher used daily coping reports spread out to over 42 days. In addition, rather than directing participants to focus on a particular stressful event e.g., exam, Stone et al. (1998) or chronic pain, Tennen and Affleck, (1996) or few domains of events (e.g., marital or social) the participants were instructed to report any daily event/events that they found stressful. This approach helped us in getting a more representative picture of daily stressors and coping attempts.

In order to assess the situational coping, stressors were drawn from a larger sample ($N = 435$), and those stressors were found to be the recollection of personal as well as general events. Three main categories of stressors emerged (intra-personal stressors, inter-personal stressors and academic stressors) and stressors related to

academic problems were reported with highest frequency. In daily coping, however, more personal and minor stressors were portrayed. Most of the events that were reported to be stressful by the participants in this study were of intrapersonal and interpersonal in nature. Socio-environmental stressors also emerged to be prominent in daily coping. The daily diary approach used in this study demonstrated that an understanding of day to day coping provides a rich data and present a more consummate picture of stressors that elicit coping.

Findings of this study also suggest that daily process designs track better the dynamics of coping as compared to retrospective designs.

Most of the earlier studies focused on relational aspects of stress and coping (e.g. how do youngsters cope with pain, exams, or psychosocial stressors etc.), in the present study an attempt was made to understand an event level interplay of stressor and coping. Subject by subject analysis of daily stressors and coping was done with the help of graphical presentation. This methodological approach is very rare in existing literature and has a lot of potential. With the help of this methodology the Gestalt of stress coping in adolescents can be studied by observing its parts. Stress coping research has often been criticized for its inability to bridge the gap between clinical practice and research (Coyne & Racoppo, 2000; Lazarus, 2000). This methodology has practical clinical value.

The longer reporting period (42 days) in the second part of the study allowed a greater opportunity to have a diverse picture in the types of stressors encountered by the adolescents in their daily lives.

This research has demonstrated that not only coping strategies vary in different stressful situations; sometimes in similar situations adolescents choose to use other coping strategy then the ones they used before. The stressors experienced for a

longer period of time (42 days) could vary across different dimensions such as controllability, appraised threat, duration and novelty (Todd, Armeli, & Affleck, 2004). The variability in coping strategies also reflect the changing mood and temperament of adolescents and a tendency of experimenting or trying out different approaches that work under the circumstances. This suggests that individuals can converge to one focal coping strategy for most of their stressors but they might use divergent coping strategies for similar stressors depending upon the circumstances.

Parallel measures of coping were used in both of our studies (situational and daily coping) and similar findings further validated the results. The majority of adolescents used Functional coping strategies and among these functional coping strategies, Religious coping emerged as the strongest coping strategy for most of the stressors. But the important thing to note here (and may need further exploration) is that it is not performing the religious rituals like saying prayers regularly and reciting verses from the Holy Book, it was 'seeking God's help' by saying it and asking for God's help. This approach seems to be more instrumental in the coping attempts of adolescents as compared to any other solution.

Gender differences were also seen in terms of stressors as well as in chosen coping strategies. Male respondents mostly used planning, restraint, positive reinterpretation and growth which are functional in nature. They also exhibited some reliance to the dysfunctional strategies like denial, humor and substance use. Female respondents on the other hand used religious coping more often which is an emotion focused strategy. The dysfunctional strategies on which females relied more are venting of emotions and behavioral disengagement. These findings are somewhat different from other latest researches which demonstrate that girls generally scored higher in seeking social support and problem solving where as boys scored higher in

avoidant coping (Eschenbeck, Heike; Kohlmann, Carl-Walter; Lohaus, & Arnold, 2007). The findings of the present research could also be culture specific, and more research is needed to observe it in greater depth.

The construct of self efficacy emerged as a moderate correlate of functional coping. This suggests that Pakistani adolescents possess coping 'will' along with coping 'skills'. This information is the base line for devising any coping skills enhancement program for adolescents in future.

Implications and Recommendations

Results of present study have several important implications for parents, teachers, and professionals who work with adolescents. Some of them are highlighted below:

- It is very important to explore and understand the dynamics of the period of adolescence in various cultural settings. Knowledge of adolescent years, its developmental tasks, familial demands, possible related stressors and its impact on adolescents' personality, all of these are important for understanding adolescence. Its unique developmental, emotional, and practical needs, and the stressors along with the coping mechanisms, have to be understood and acknowledged in order to encourage and support healthy development of youngsters.
- The professional who deal with this age group have to be educated about the areas of adolescent stress that can interfere with their progress in academic or non-academic settings. Effective measures and techniques can be used to reduce stressors and enhance healthy progression.
- Many coping strategies which are non-functional in nature and frequently reported by adolescents are reactive in nature, for example, *venting of emotions and behavioral or mental disengagement*. Parents, teachers and other professionals can learn to focus their attention on teaching and modeling coping strategies that are non-reactive and healthier. Efforts can be made to teach them the strategies to understand and confront the problem rather of ignoring it and reacting in a negative way.

- Understanding the period of adolescence along with the knowledge of healthy and unhealthy coping strategies should be an important component of teachers' training program. Developing a curriculum that engages them psychologically as well as physically to make studies a pleasant experience has to be taught actively to the future teachers.
- Children and adolescents need guidance and support in terms of their future career choices and their aptitude. It is strongly recommended that support services like counseling and career guidance should be available at the schools and early college levels to help them in their decision making process.
- There should be different forums through which healthy conflict management strategies can be taught to parents and adolescents so that conflicts at intrapersonal and interpersonal levels can be dealt with appropriately
- Counseling support should also be available at schools and college levels to help reduce the stress and stay positive
- Adolescents are generally full of energy and ambitions. The intervention plans for adolescents should be broad based and innovative and should include adolescents' opinions and suggestions.
- Adolescents should also be encouraged to express themselves through various creative activities which are cathartic, engaging, and rewarding. This can be an integral part of their curricula.

Limitations

Just like any other research, this study also had a few limitations and constrains, which are mentioned below;

- Self report measures usually do not provide sufficient information that the findings can be generalized.
- Due to religious and cultural constraints, adolescents in the present research hesitated in opening up about the stressors related to their sexuality and problems related to that area.
- There is an inherent difficulty in determining the effectiveness of coping regarding its outcome. Certain coping attempts which are effective in one situation, may not work in another. In present study, coping outcome could not be established explicitly. Only an inference can be drawn about the positive or negative outcome from the coping strategies used by adolescents.
- Another limitation is the absence of appraisal as mediator or moderator in stress coping transaction. This decision to exclude appraisal was done intentionally as it would increase the complexity of theoretical model because an appraisal stage would need to be included as a component of both stressor exposure and coping choice. According to Bolger and Zukerman (1995) appraisal processes of daily stressors are likely to be very rapid, and testing process models that include appraisals would require more frequent repeated measurements than is practical in diary studies. The construct of 'self-efficacy' is included which is considered analogous to 'appraisal' with the understanding that people who believe in their abilities are not seriously

concerned about threat and challenges. It is still believed that the inclusion of the assessment of appraisal as mediator could have been more useful.

- In all such studies where respondents know that their reported experiences will be read and evaluated, they usually come up with less intense, less private and culturally more approved and accepted anecdotes.

Future Directions

Just as expected, this research has answered a few questions, but raised many more. Those who are interested in exploring this area can take the lead to investigate further and generate a deep understanding in the area of adolescent development and their psychological well-being. Some of the concerns are mentioned below:

- It has been observed in the present study that certain coping preferences emerged in the process of dealing with daily stressors, but it was not clear why an individual responds to diverse problems in a similar fashion. Is it a dispositional style or is it a preferred mode of coping? Future studies should focus on the WHY aspect of these coping preferences for further clarification and understanding.
- Future researchers should also look at the relation between effortful coping responses and more stable factors such as dispositions and temperament. This can clarify the distinction between coping and other adaptational responses to stress. Research in this area might also clarify the ways in which stable features of an individual limit or constrain the type of coping responses they are willing or able to use.
- Longitudinal research is needed on the relationship of coping and psychological adjustment of adolescents. This could be done to carefully look at the negative side effects of daily stressors and unhealthy coping mechanism on the mental health of young adults in the long run.
- Besides using checklists or questionnaires, naturalistic research approaches need to be incorporated in order to look into the individual differences and the psycho-social context in which the stress is emerging along with their ways of handling it. This could help in understanding the root cause of psycho-social stressors and provide some useful information about the personal efficacy.

- Future research should also focus on the relationship of parenting styles, child rearing practices, and its influence on the temperament of the adolescent and their choice of coping strategies.
- It has to be explored whether there is any relationship of peer pressure or peer influence on the selection of 'specific' coping strategies? This information can be helpful in the refinement of interventions strategies designed to enhance coping skills amongst youngsters.
- The significance and potential effectiveness of psycho-educational interventions has not been fully investigated yet. Future researchers could take that into account in order to establish if incorporating such strategies in educational institutes be beneficial for the youngsters.

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APPENDIXES

Annexure I

Annexure I

COMPLETE DESCRIPTION OF COPE ITEMS

1. I try to grow as a person as a result of the experience.
2. I turn to work or other substitute activities to take my mind off things.
3. I get upset and let my emotions out.
4. I try to get advice from someone about what to do.
5. I concentrate my efforts on doing something about it.
6. I say to myself "this isn't real."
7. I put my trust in God.
8. I laugh about the situation.
9. I admit to myself that I can't deal with it, and quit trying.
10. I restrain myself from doing anything too quickly.

11. I discuss my feelings with someone.
12. I use alcohol or drugs to make myself feel better.
13. I get used to the idea that it happened.
14. I talk to someone to find out more about the situation.
15. I keep myself from getting distracted by other thoughts or activities.
16. I daydream about things other than this.
17. I get upset, and am really aware of it.
18. I seek God's help.
19. I make a plan of action.
20. I make jokes about it.

21. I accept that this has happened and that it can't be changed.
22. I hold off doing anything about it until the situation permits.
23. I try to get emotional support from friends or relatives.
24. I just give up trying to reach my goal.
25. I take additional action to try to get rid of the problem.
26. I try to lose myself for a while by drinking alcohol or taking drugs.
27. I refuse to believe that it has happened.
28. I let my feelings out.
29. I try to see it in a different light, to make it seem more positive.
30. I talk to someone who could do something concrete about the problem.

31. I sleep more than usual.
32. I try to come up with a strategy about what to do.
33. I focus on dealing with this problem, and if necessary let other things slide a little.
34. I get sympathy and understanding from someone.
35. I drink alcohol or take drugs, in order to think about it less.
36. I kid around about it.
37. I give up the attempt to get what I want.
38. I look for something good in what is happening.

39. I think about how I might best handle the problem.
40. I pretend that it hasn't really happened.

41. I make sure not to make matters worse by acting too soon.
42. I try hard to prevent other things from interfering with my efforts at dealing with this.
43. I go to movies or watch TV, to think about it less.
44. I accept the reality of the fact that it happened.
45. I ask people who have had similar experiences what they did.
46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.
47. I take direct action to get around the problem.
48. I try to find comfort in my religion.
49. I force myself to wait for the right time to do something.
50. I make fun of the situation.

51. I reduce the amount of effort I'm putting into solving the problem.
52. I talk to someone about how I feel.
53. I use alcohol or drugs to help me get through it.
54. I learn to live with it.
55. I put aside other activities in order to concentrate on this.
56. I think hard about what steps to take.
57. I act as though it hasn't even happened.
58. I do what has to be done, one step at a time.
59. I learn something from the experience.
60. I pray more than usual.

PROBLEM FOCUSED STRATEGIES

Active coping: 5, 25, 47, 58

5. I concentrate my efforts on doing something about it.

25. I take additional action to try to get rid of the problem.

47. I take direct action to get around the problem.

58. I do what has to be done, one step at a time.

Use of instrumental social support: 4, 14, 30, 45

4. I try to get advice from someone about what to do.

13. I talk to someone to find out more about the situation.

30. I talk to someone who could do something concrete about the problem.

45. I ask people who have had similar experiences what they did.

Restraint: 10,22,41,49

10. I restrain myself from doing anything too quickly.

22. I hold off doing anything about it until the situation permits.

41. I make sure not to make matters worse by acting too soon.

49. I force myself to wait for the right time to do something.

Planning: 19,32,39,56

19. I make a plan of action.

32. I try to come up with a strategy about what to do.

39. I think about how I might best handle the problem.

56. I think hard about what steps to take.

Suppression of competing activities: 15,33,42,55

15. I keep myself from getting distracted by other thoughts or activities.

33. I focus on dealing with this problem, and if necessary let other things slide a little.

42. I try hard to prevent other things from interfering with my efforts at dealing with this.

55. I put aside other activities in order to concentrate on this.

EMOTION FOCUSED STRATEGIES

Positive reinterpretation and growth: 1,29,38,59

1. I try to grow as a person as a result of the experience.

29. I try to see it in a different light, to make it seem more positive.

38. I look for something good in what is happening.

59. I learn something from the experience.

Religious Coping: 7,18,48,60

7. I put my trust in God.

18. I seek God's help.

48. I try to find comfort in my religion.

60. I pray more than usual.

Denial: 6, 27, 40, 57

6. I say to myself "this isn't real."

27. I refuse to believe that it has happened.

Suppression of competing activities: 15,33,42,55

15. I keep myself from getting distracted by other thoughts or activities.

33. I focus on dealing with this problem, and if necessary let other things slide a little.

42. I try hard to prevent other things from interfering with my efforts at dealing with this.

55. I put aside other activities in order to concentrate on this.

EMOTION FOCUSED STRATEGIES

Positive reinterpretation and growth: 1,29,38,59

1. I try to grow as a person as a result of the experience.

29. I try to see it in a different light, to make it seem more positive.

38. I look for something good in what is happening.

59. I learn something from the experience.

Religious Coping: 7,18,48,60

7. I put my trust in God.

18. I seek God's help.

48. I try to find comfort in my religion.

60. I pray more than usual.

Denial: 6, 27, 40, 57

6. I say to myself "this isn't real."

27. I refuse to believe that it has happened.

40. I pretend that it hasn't really happened.

57. I act as though it hasn't even happened.

Use of emotional social support: 11, 23, 34, 52

11. I discuss my feelings with someone.

23. I try to get emotional support from friends or relatives.

34. I get sympathy and understanding from someone.

52. I talk to someone about how I feel.

Acceptance: 13, 21, 44, 54

13. I get used to the idea that it happened.

21. I accept that this has happened and that it can't be changed.

44. I accept the reality of the fact that it happened.

54. I learn to live with it.

DYSFUNCTIONAL STRATEGIES

Mental disengagement: 2, 16, 31, 43

2. I turn to work or other substitute activities to take my mind off things.

16. I daydream about things other than this.

31. I sleep more than usual.

43. I go to movies or watch TV, to think about it less.

Focus on and venting of emotions: 3, 17, 28, 46

3. I get upset and let my emotions out.

17. I get upset, and am really aware of it.

28. I let my feelings out.

46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.

Humor: 8, 20, 36, 50

8. I laugh about the situation

20. I make jokes about it.

36. I kid around about it

50. I make fun of the situation.

Behavioral disengagement: 9, 24, 37, 51

9. I admit to myself that I can't deal with it, and quit trying.

24. I just give up trying to reach my goal.

37. I give up the attempt to get what I want.

51. I reduce the amount of effort I'm putting into solving the problem.

Substance use: 12, 26, 35, 53

12. I use alcohol or drugs to make myself feel better.

26. I try to lose myself for a while by drinking alcohol or taking drugs.

35. I drink alcohol or take drugs, in order to think about it less.

53. I use alcohol or drugs to help me get through it.

Annexure II

LIST OF ABBREVIATIOS USED IN ANNEXURE II

P.....Planning

AC.....Active Coping

RES.....Restraint

SCA.....Suppresion of Competing Activities

ISS.....Instrumental Social Support

PRG.....Positive Reinterpretation and Growth

D.....Denial

RC.....Religious Coping

ESS.....Emotional Social Support

ACCEP.....Acceptance

FVE.....Focus on and Venting of Emotions

MD.....Mental Disengagement

H.....Humor

BD.....Behavioral Disengagement

SU.....Substance Use

Annexure II

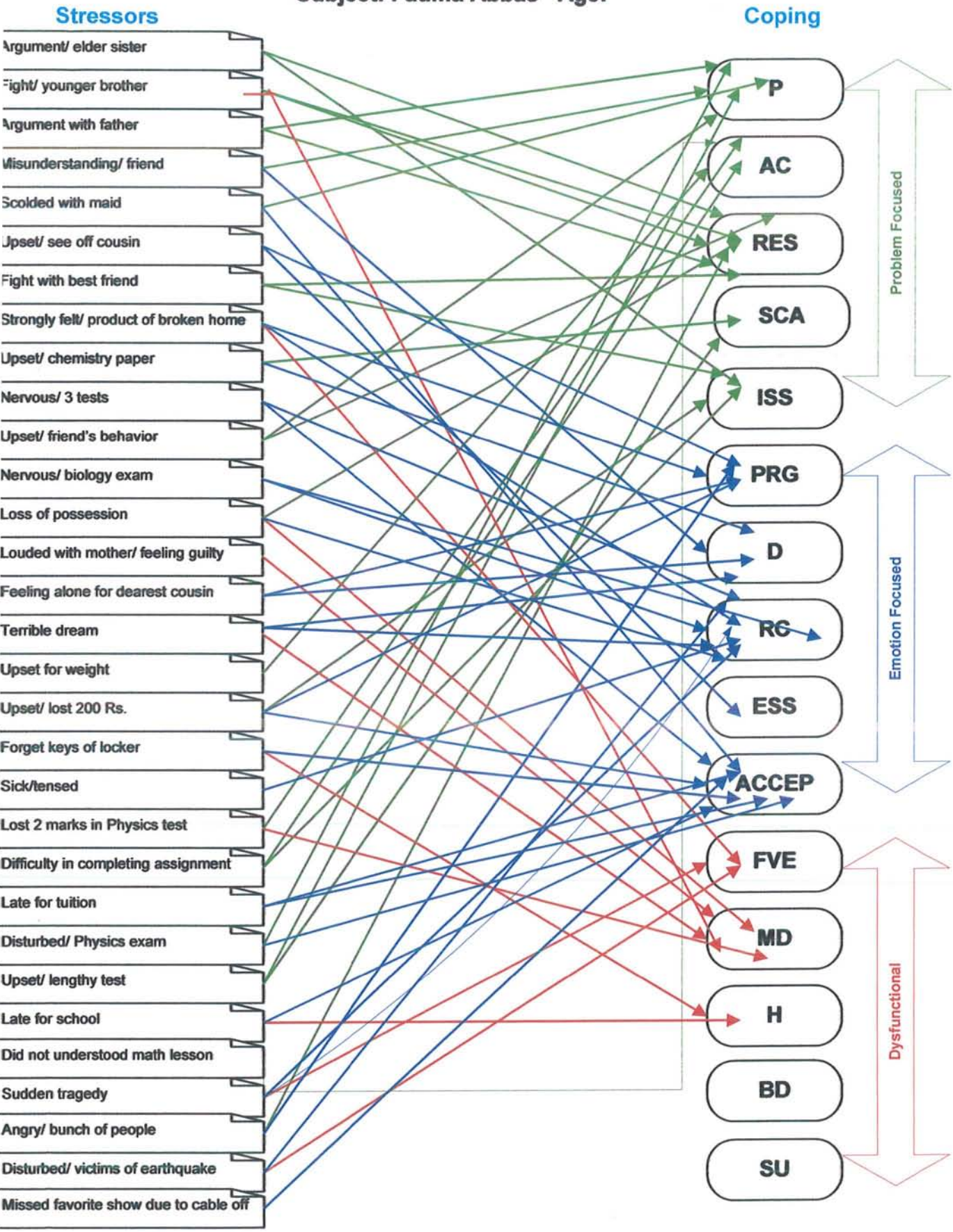
Table showing the Dispositional Coping Strategies endorsed by each participant of Study B. These strategies indicate their usual way of coping with stress.

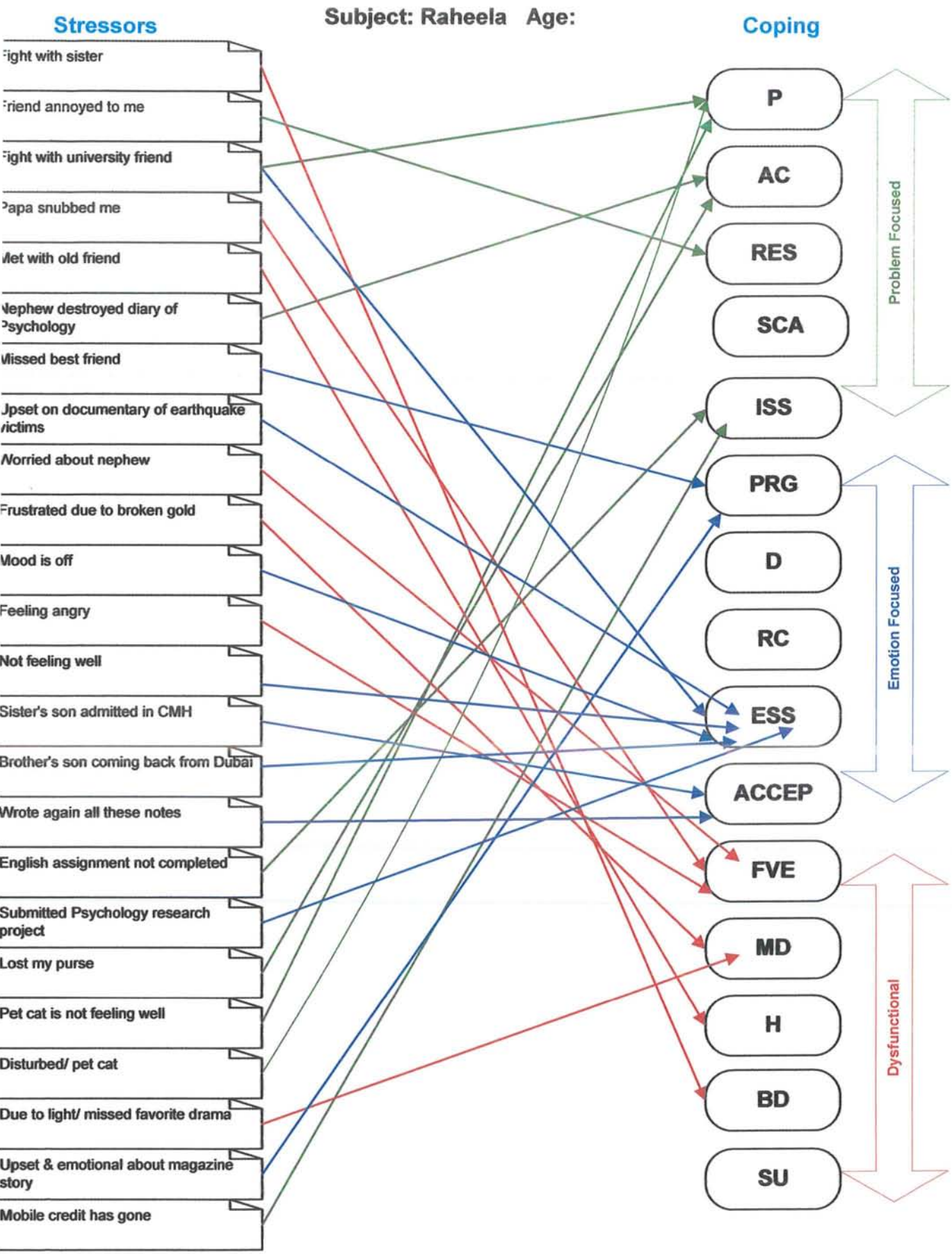
Participants of Study B	**Dispositional Coping Strategies**
Fatima Abbas	4,5,6,10,16,17,18,21,22,38,39,41,45,48,51,54,59,60.
Raheela	3,7,18,44,46,48,59,60.
Ayesha Fazal	2,8,11,16,19,20,21,26,27,34,35,44,53.
Sidra Iftikhar	3,5,7,17,37,39,48,60.
Kanwal	5,6,7,15,17,23,25,30,38,39,44,47,49,58,60.
Nadia Bakhtawar	1,2,3,7,10,16,17,18,23,28,41,43,46,48,56,59,60.
Hamnah Rahat	1,2,4,15,16,17,23,28,32,38,43,48,54,59,60.
Mehwish Naseer	3,16,18,22,26,32,44,59.
Amina Sajjad	7,15,45,46,48,57,58,60.
Ayesha Gulfraz	3,11,18,28,31,48,60.
Neelam Rasheed	6,10,18,60.
Amber Shehzad	2,3,7,15,19,20,24,28,29,36,42,43,45,46,47,51,56,60.
Ayesha Mansha	2,3,5,7,18,19,25,48,60.
Muska Amjad	6,7,18,48,58,60.
Bushra Quddus	2,4,5,7,10,14,18,23,30,33,34,43,44,52,60.
Ayyaz Ali Qazi	5,7,18,19,39,44,52,55,59.
Furqan Azhar Khan	1,2,3,6,7,13,14,15,17,22,28,32,34,39,40,42,43,45,46,47,48,60.
Hassan Ali Malik	5,13,16,18,19,32,38,41,48,60.
Mazhar Mahmood	1,2,5,7,10,11,15,18,22,25,30,33,34,38,39,41,44,48,49,55,59,60.
Sibtain Nawaz	1,5,7,11,13,18,19,22,24,28,29,32,33,34,37,39,41,42,44,48,49,60.
Usman Hameed	7,25,33,60.
Haris Zahid	1,2,5,7,15,18,21,22,29,41,42,43,59.

Hassan Hamid	2,4,5,7,17,24,25,29,30,38,41,44,45,49,58,59.
Miqdad	3,7,16,17,18,26,29,35,43,60.
Usman	7,18,31,48,60.
Tasawer Iqbal	3,7,16,18,22,24,28,31,32,42,44,46,47,52,56,60.
Bilal Aslam	1,2,5,10,11,14,16,17,21,24,32,33,34,36,37,39,56,59.
Basit Kiani	3,5,7,10,17,18,19,32,38,39,41,42,48,56,60.
Syed Haider Jaffer	7,18,28,39,60.
Arslan Butt	7,18,48.

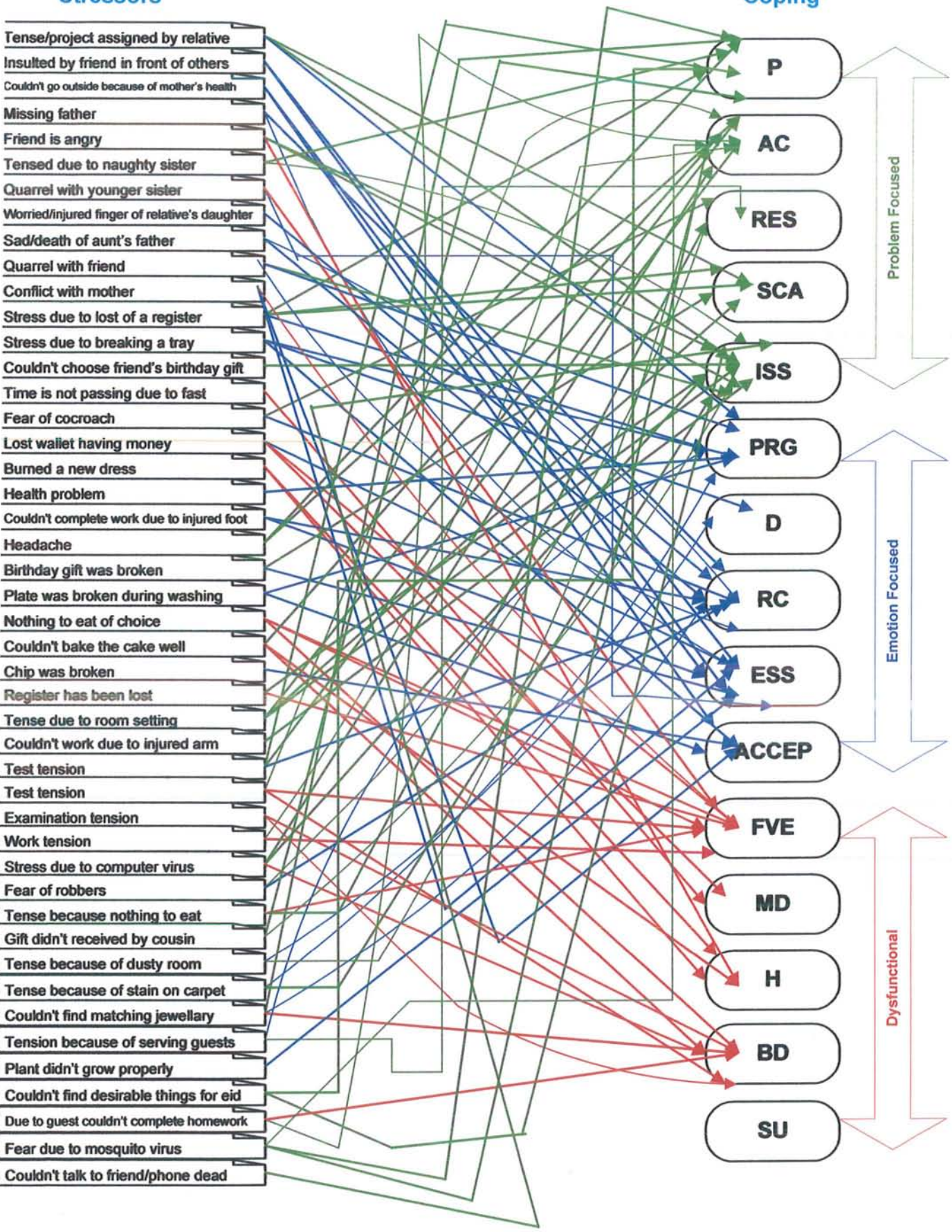
(For description of each item number see Annexure I)

Subject: Fatima Abbas Age:

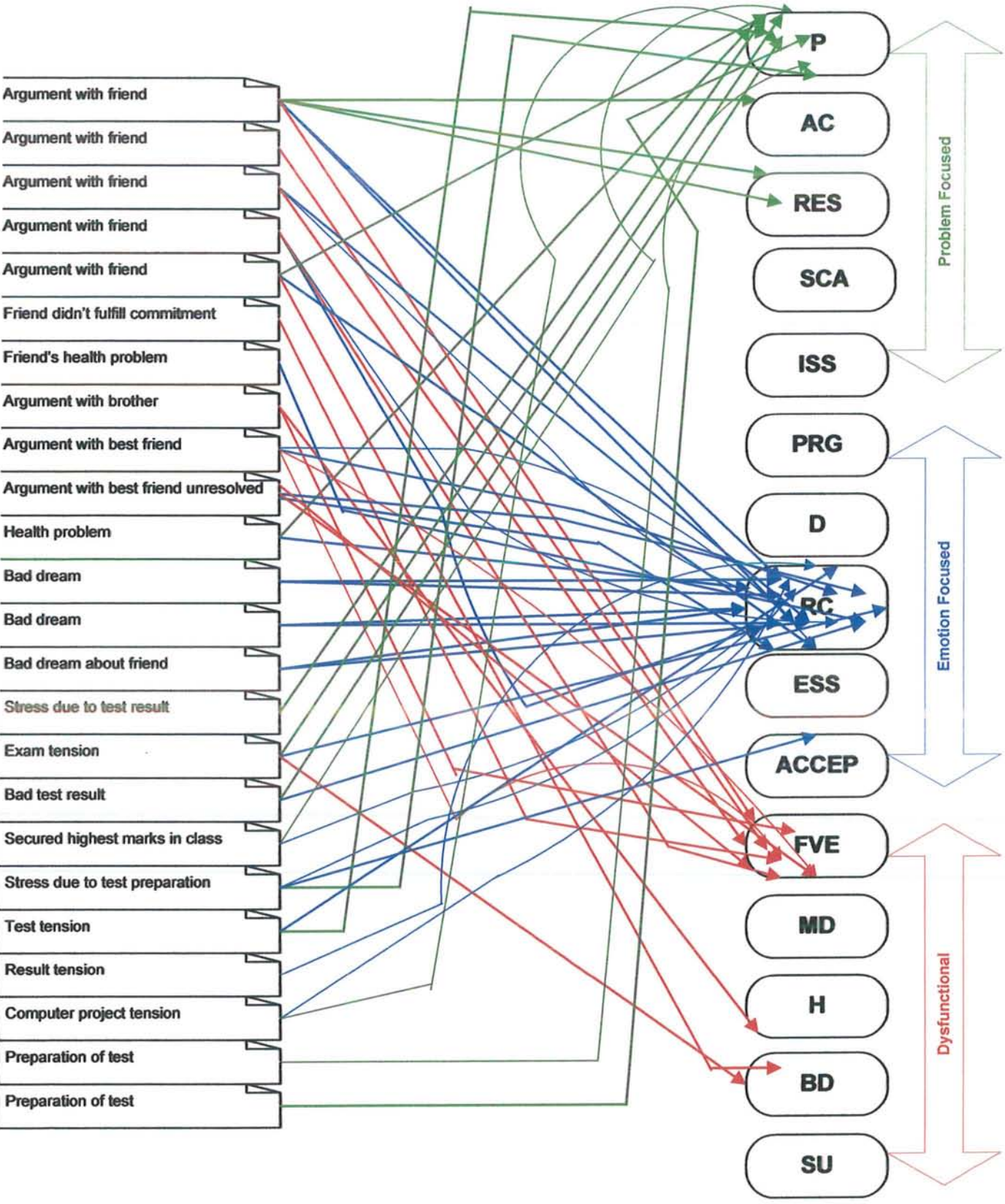



Stressors
Subject: Raheela Age:
Coping
Fight with sister
Friend annoyed to me
Fight with university friend
Papa snubbed me
Met with old friend
Nephew destroyed diary of Psychology
Missed best friend
Upset on documentary of earthquake victims
Worried about nephew
Frustrated due to broken gold
Mood is off
Feeling angry
Not feeling well
Sister's son admitted in CMH
Brother's son coming back from Dubai
Wrote again all these notes
English assignment not completed
Submitted Psychology research project
Lost my purse
Pet cat is not feeling well
Disturbed/ pet cat
Due to light/ missed favorite drama
Upset & emotional about magazine story
Mobile credit has gone
P
AC
RES
SCA
ISS
PRG
D
RC
ESS
ACCEP
FVE
MD
H
BD
SU
Problem Focused
Emotion Focused
Dysfunctional

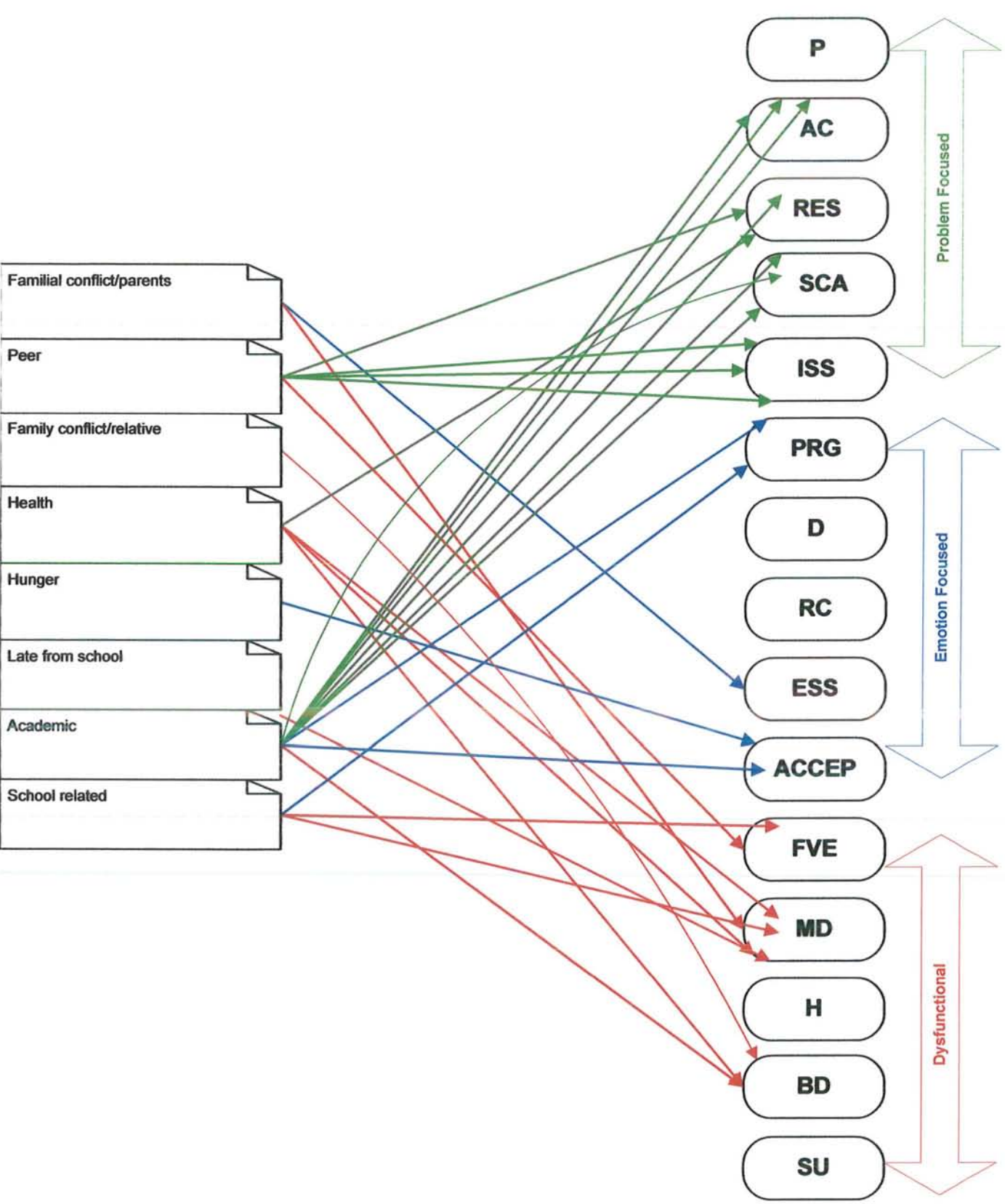
Subject: Ayesha Fazal Age:

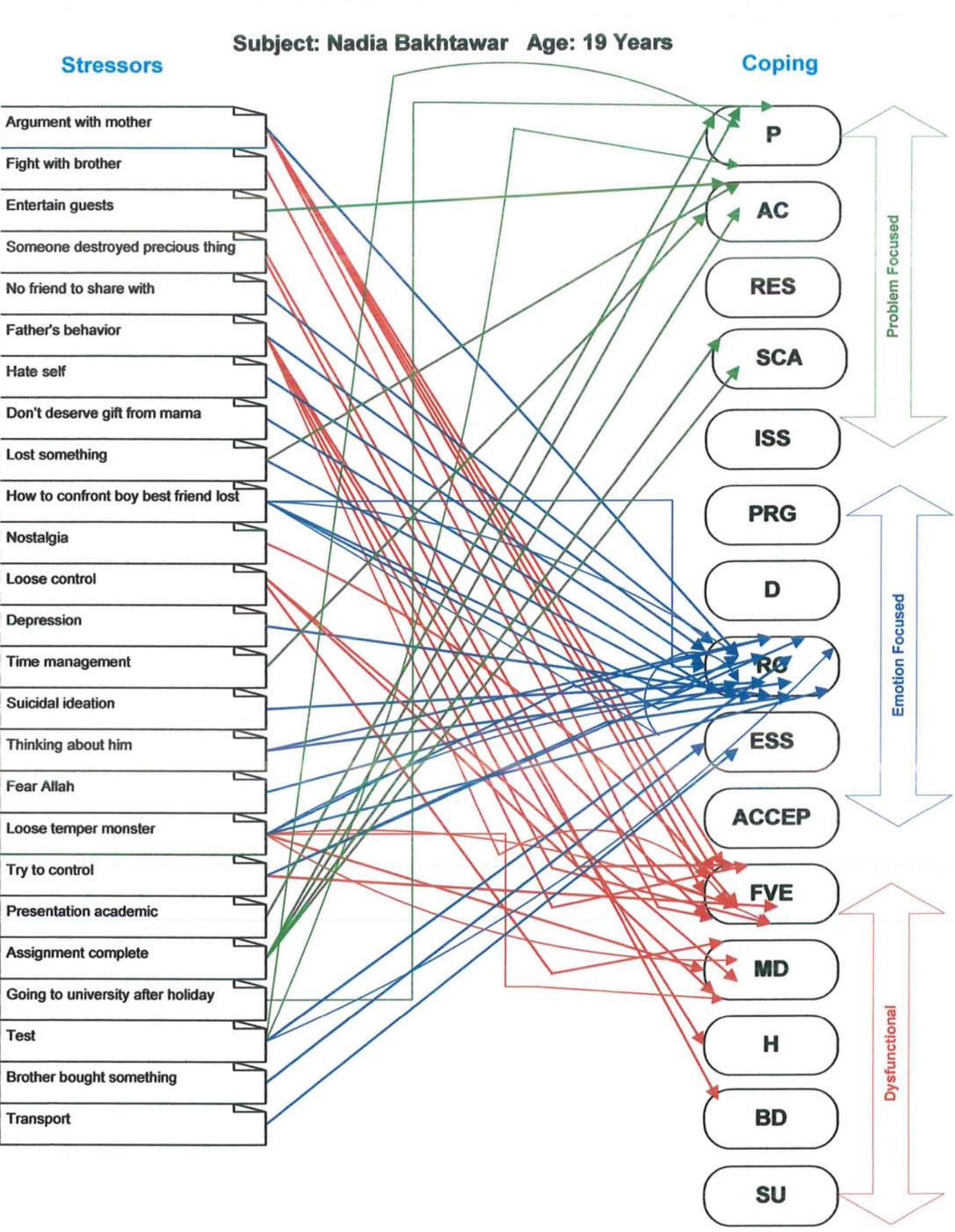


Subject: Sidra Iftikhar Age:

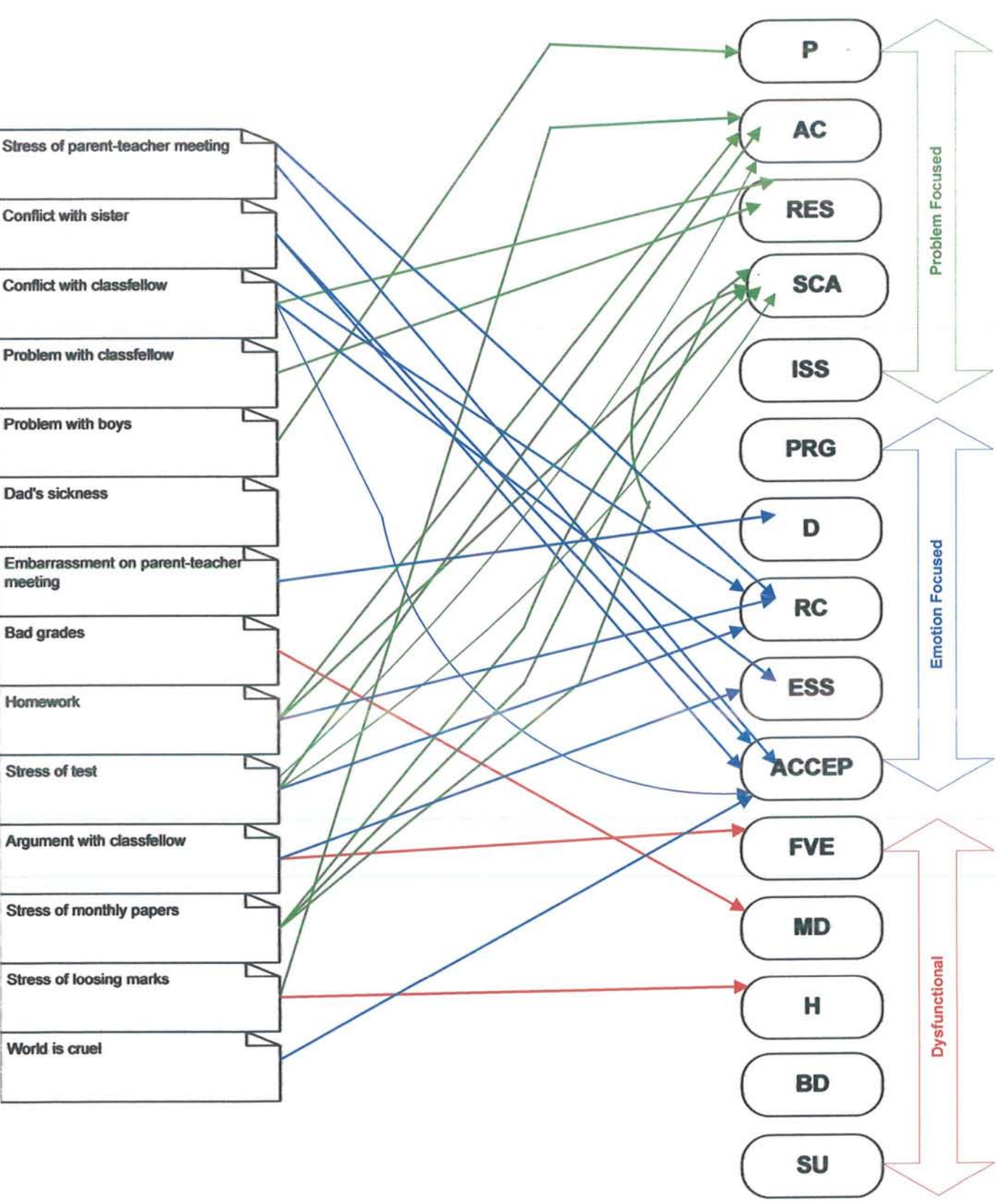


Subject: Kanwal Age: 15 Years

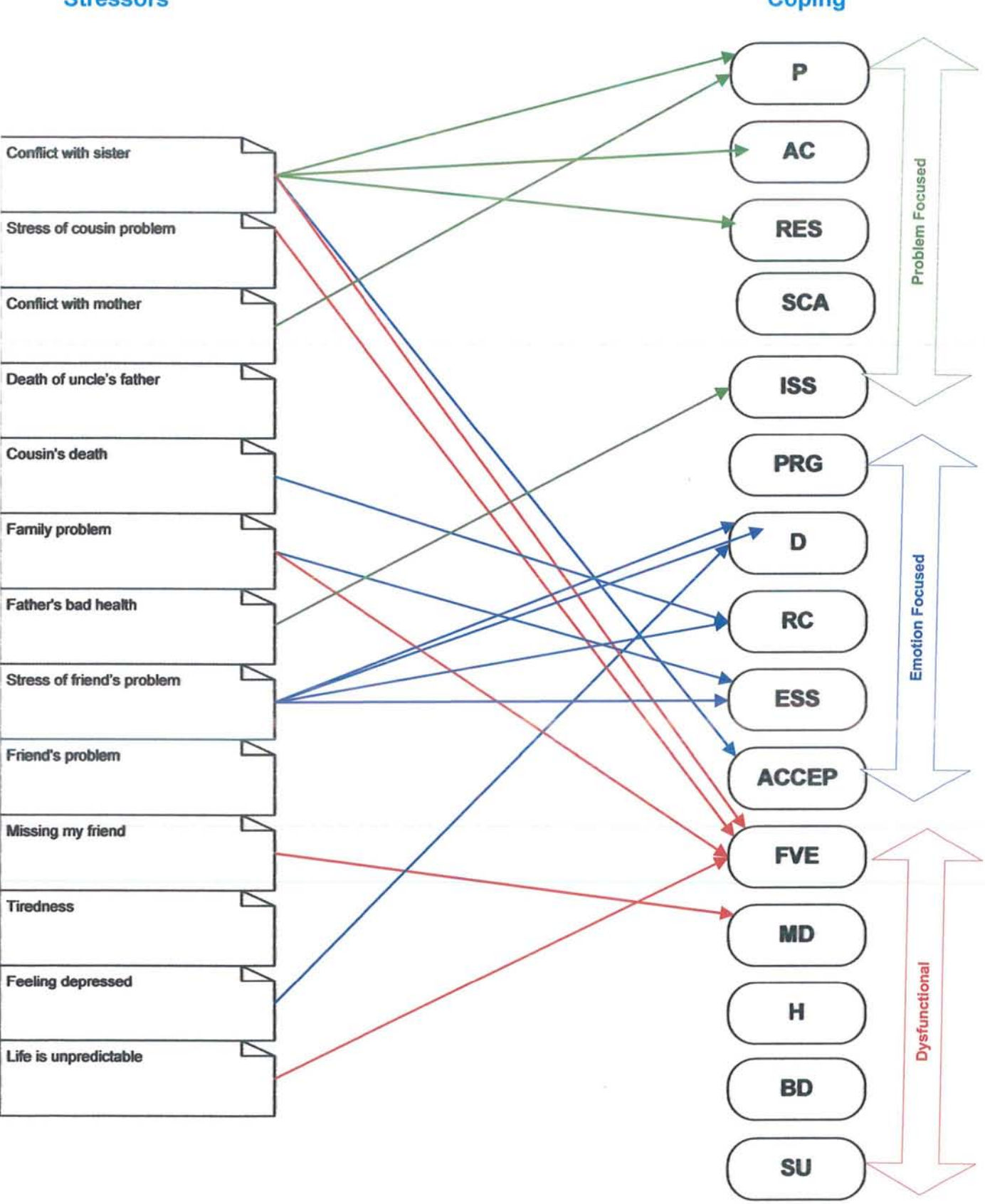



Subject: Nadia Bakhtawar Age: 19 Years
Stressors
Coping
Argument with mother
Fight with brother
Entertain guests
Someone destroyed precious thing
No friend to share with
Father's behavior
Hate self
Don't deserve gift from mama
Lost something
How to confront boy best friend lost
Nostalgia
Loose control
Depression
Time management
Suicidal ideation
Thinking about him
Fear Allah
Loose temper monster
Try to control
Presentation academic
Assignment complete
Going to university after holiday
Test
Brother bought something
Transport
P
AC
RES
SCA
ISS
PRG
D
RG
ESS
ACCEP
FVE
MD
H
BD
SU
Problem Focused
Emotion Focused
Dysfunctional

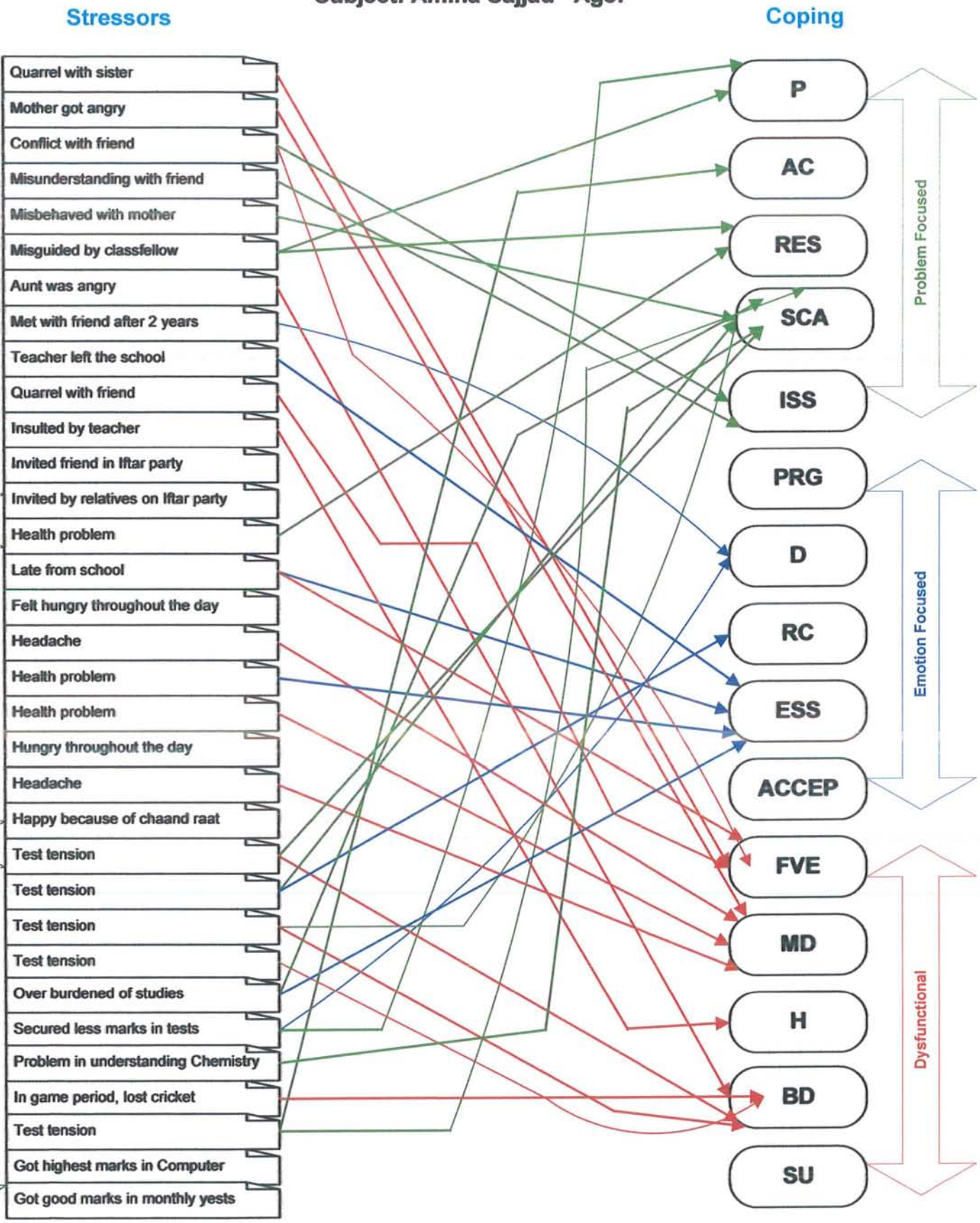
Subject: Hamnah Rahat Age:



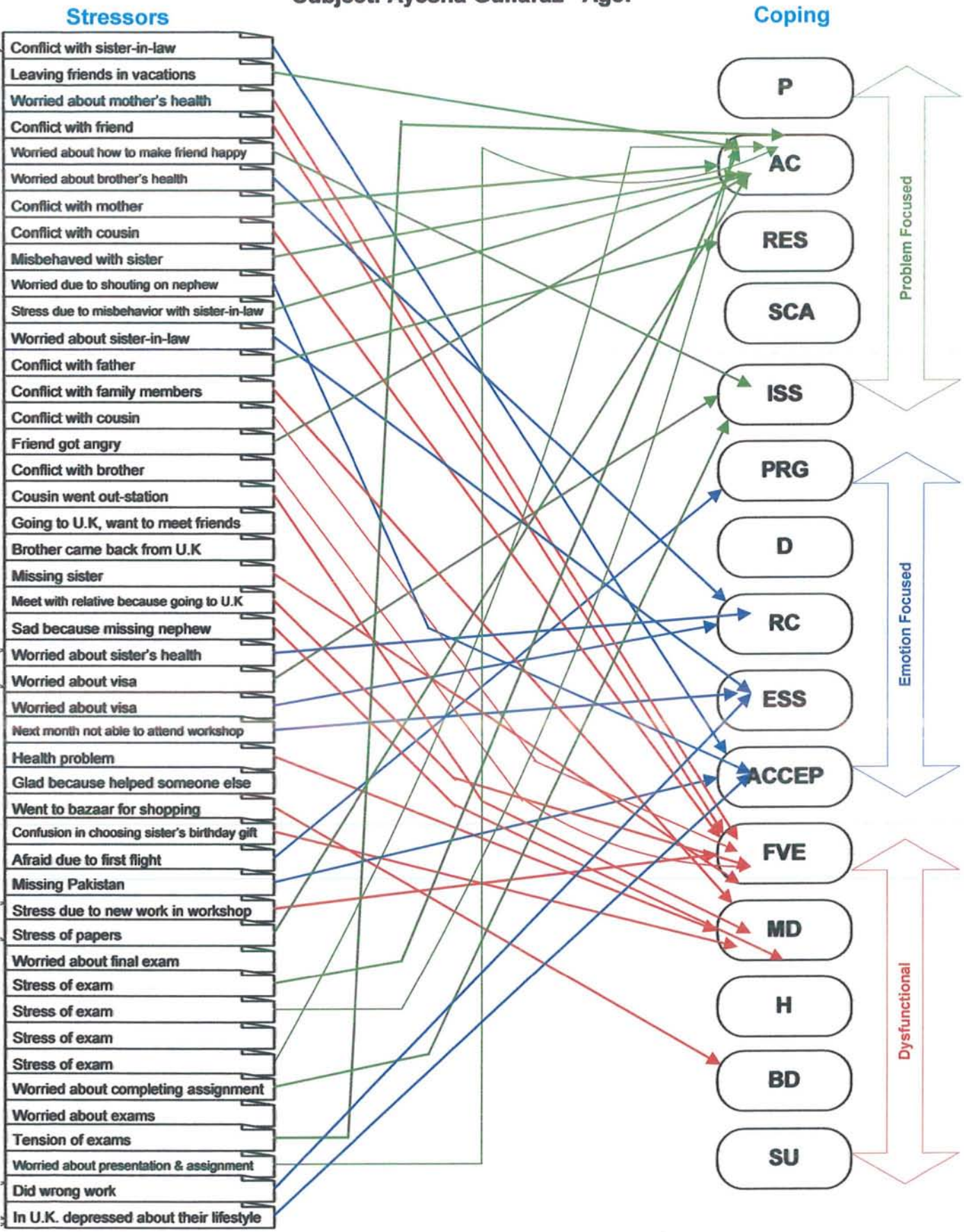
Subject: Mehwish Naseer Age: 19 Years



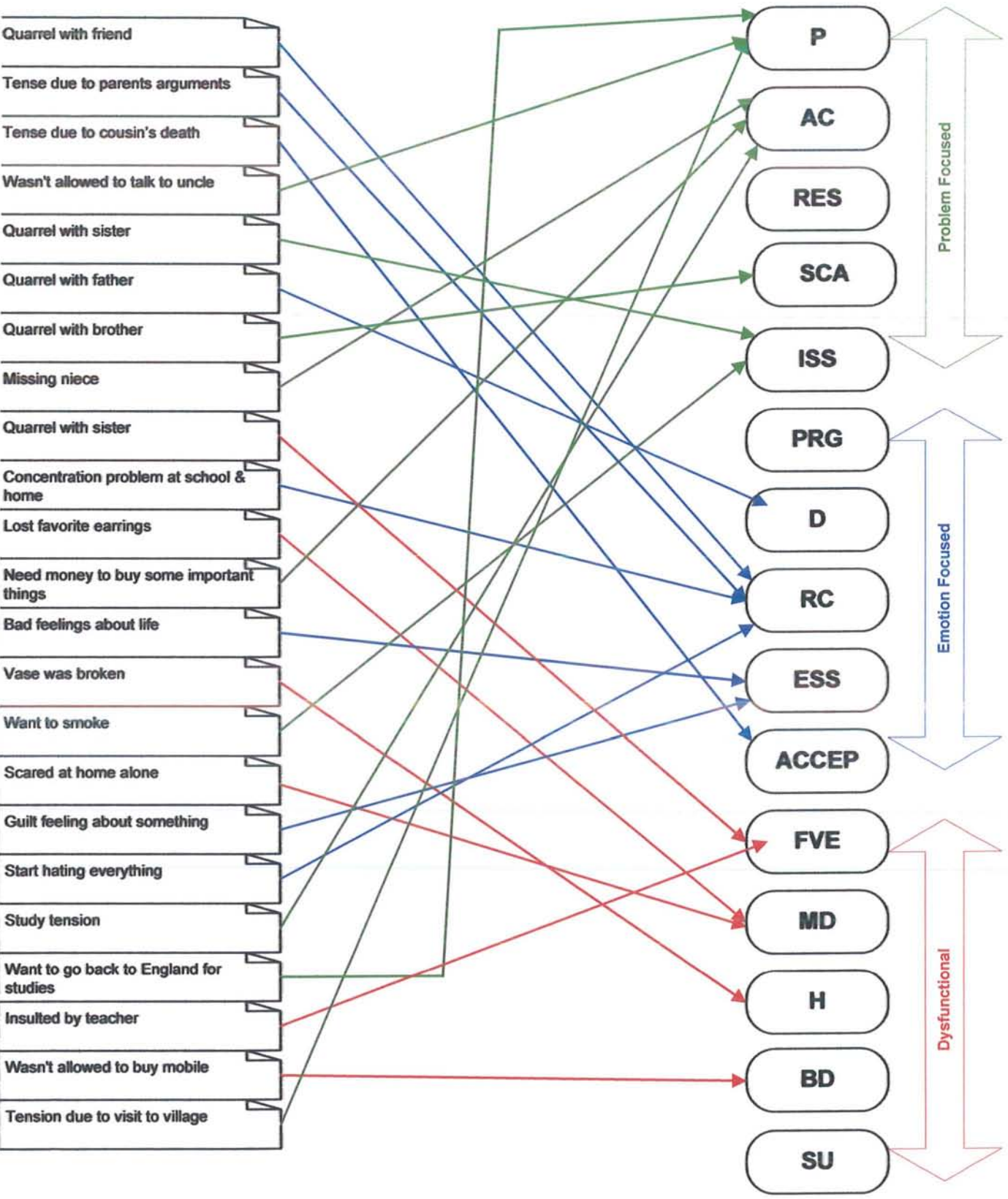
Subject: Amina Sajjad Age:



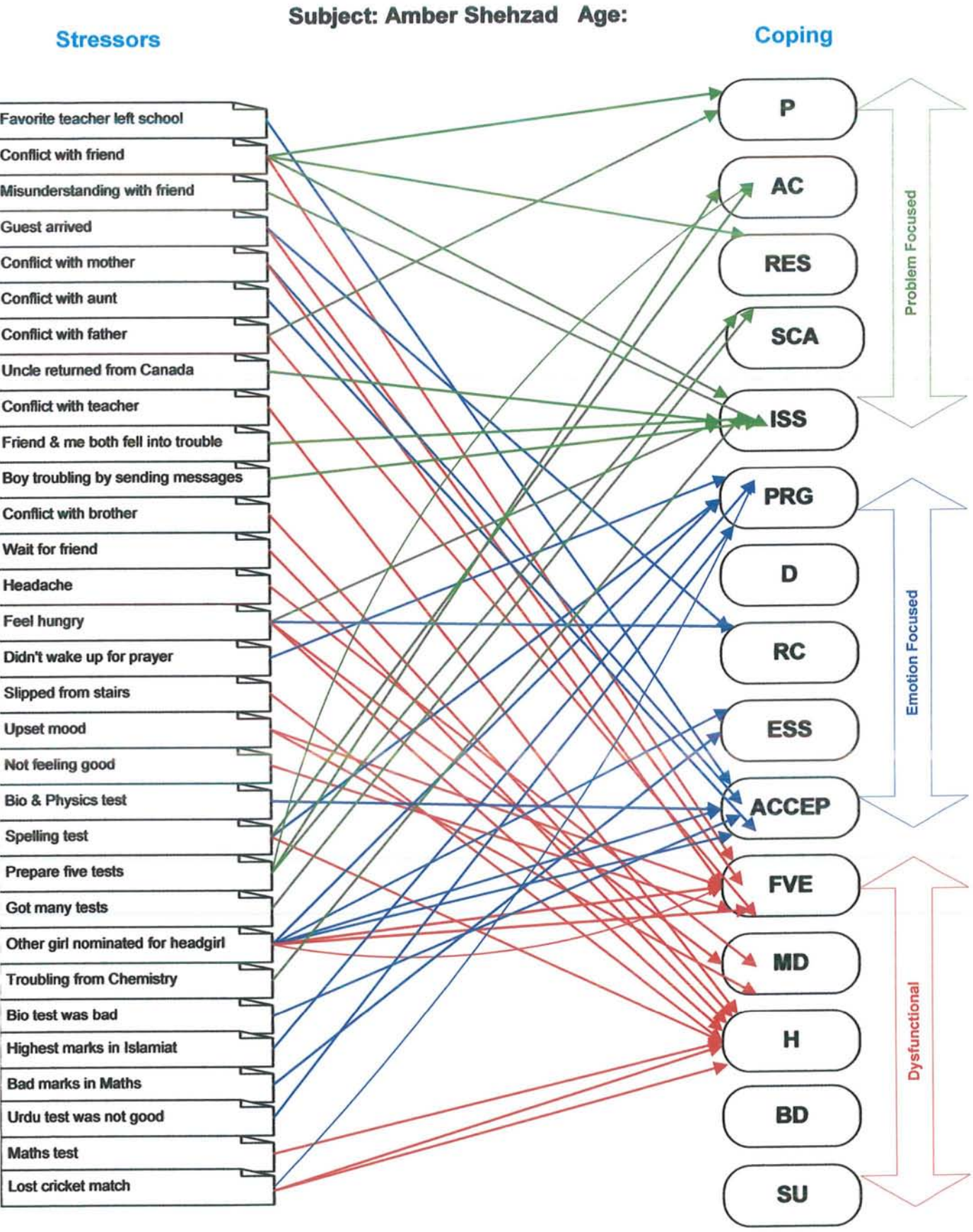
Subject: Ayesha Gulfaraz Age:



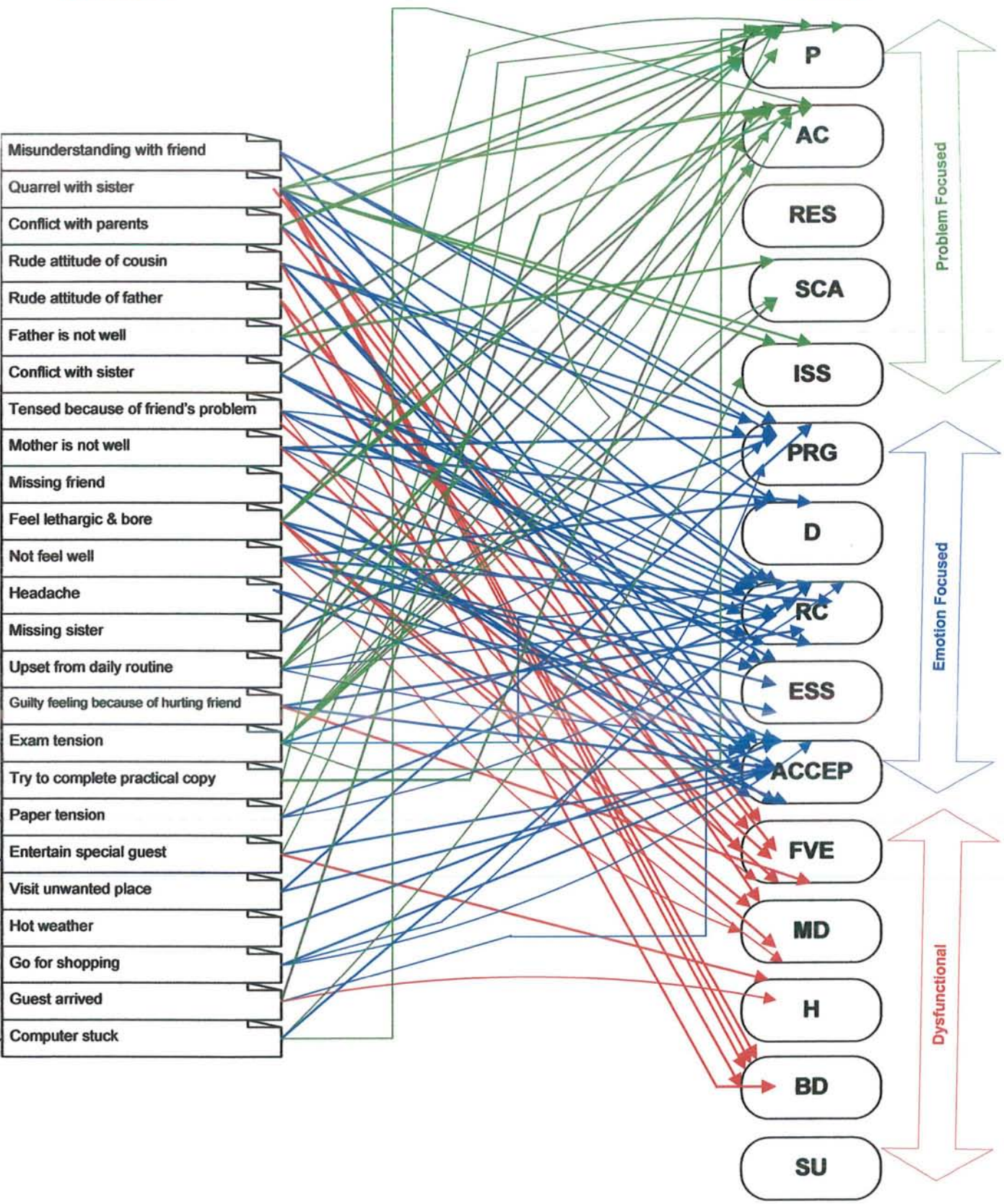
Subject: Neelam Rasheed Age:



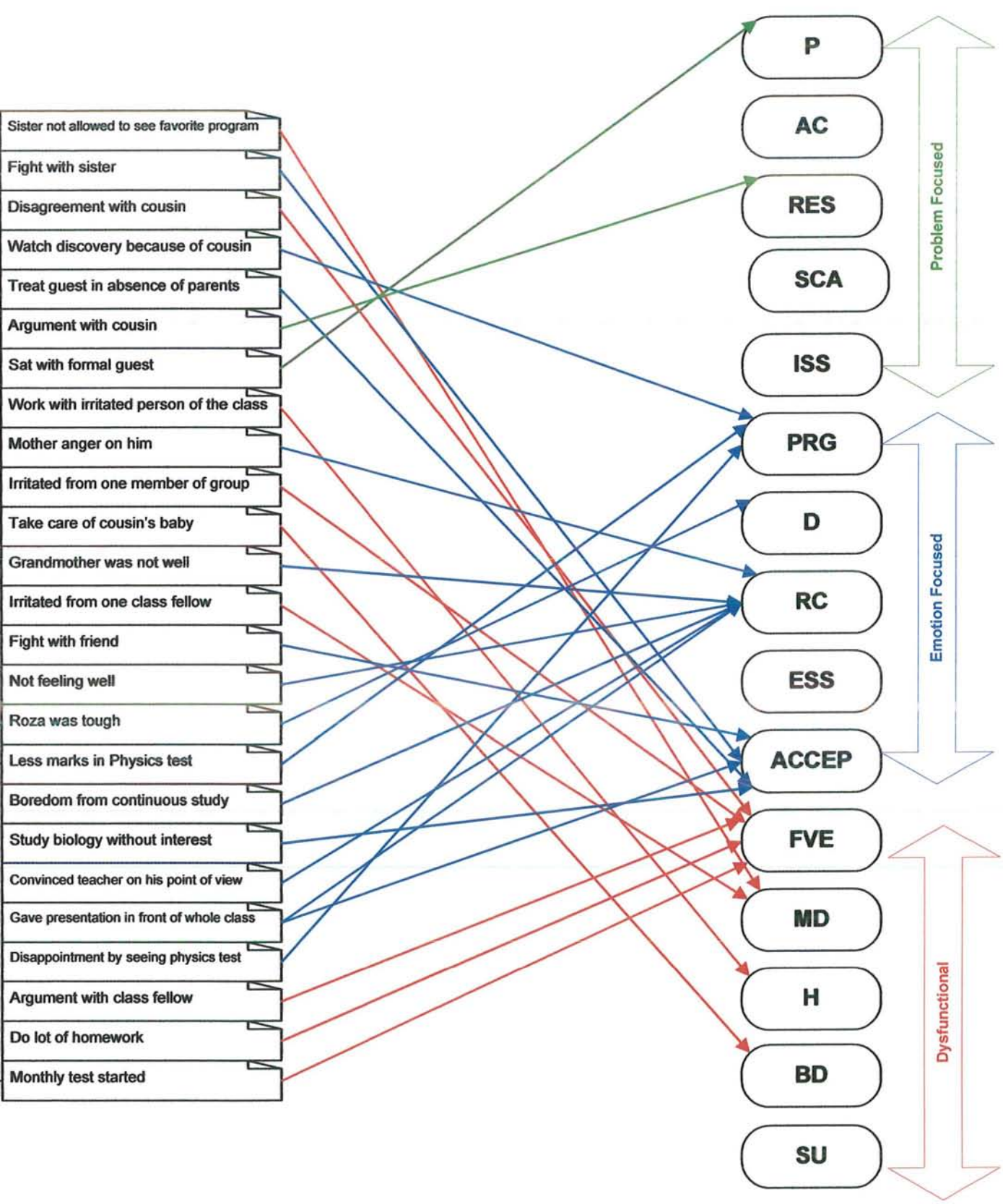
Subject: Amber Shehzad Age:



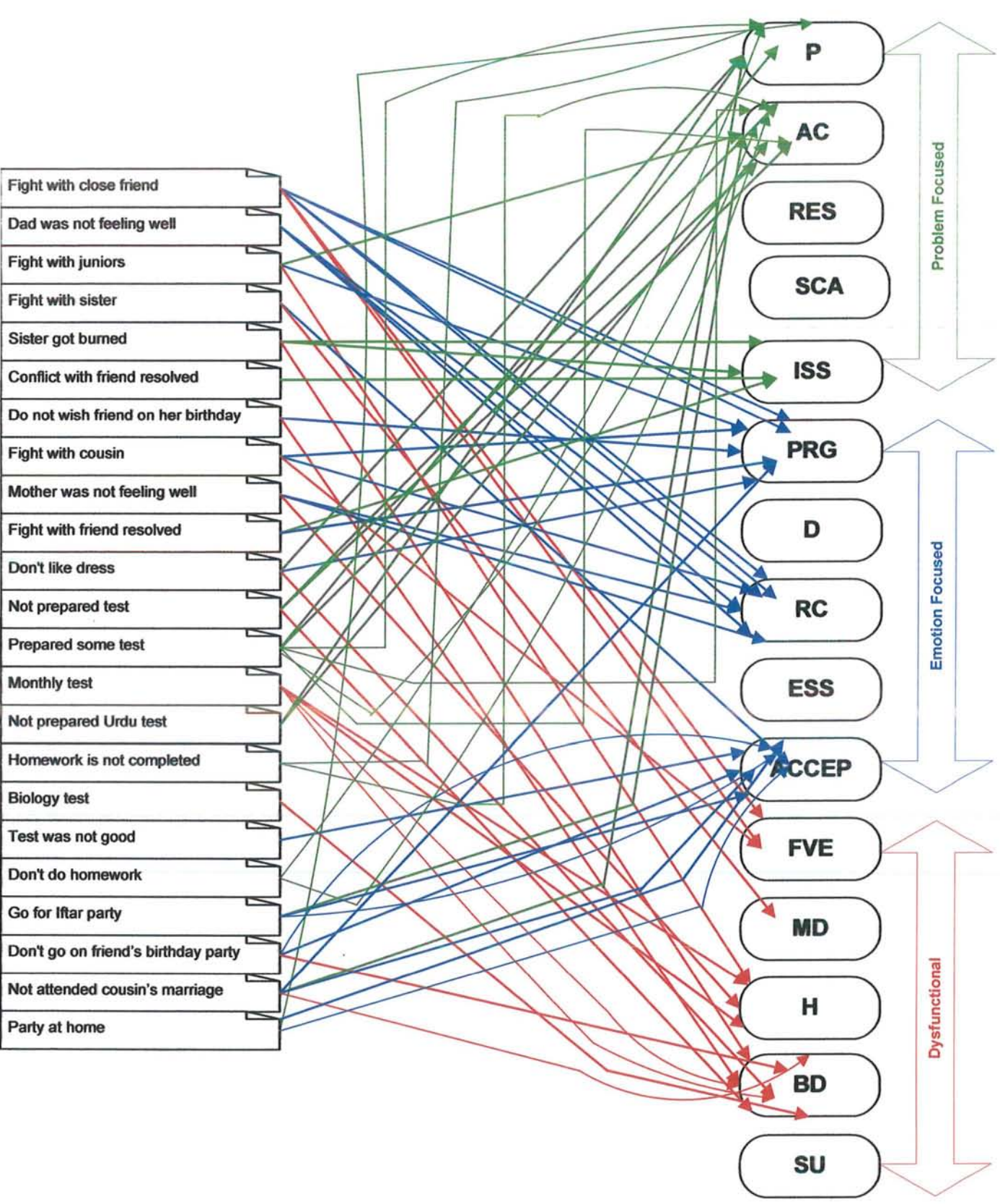
Subject: Ayesha Mansha Age: 19 Years



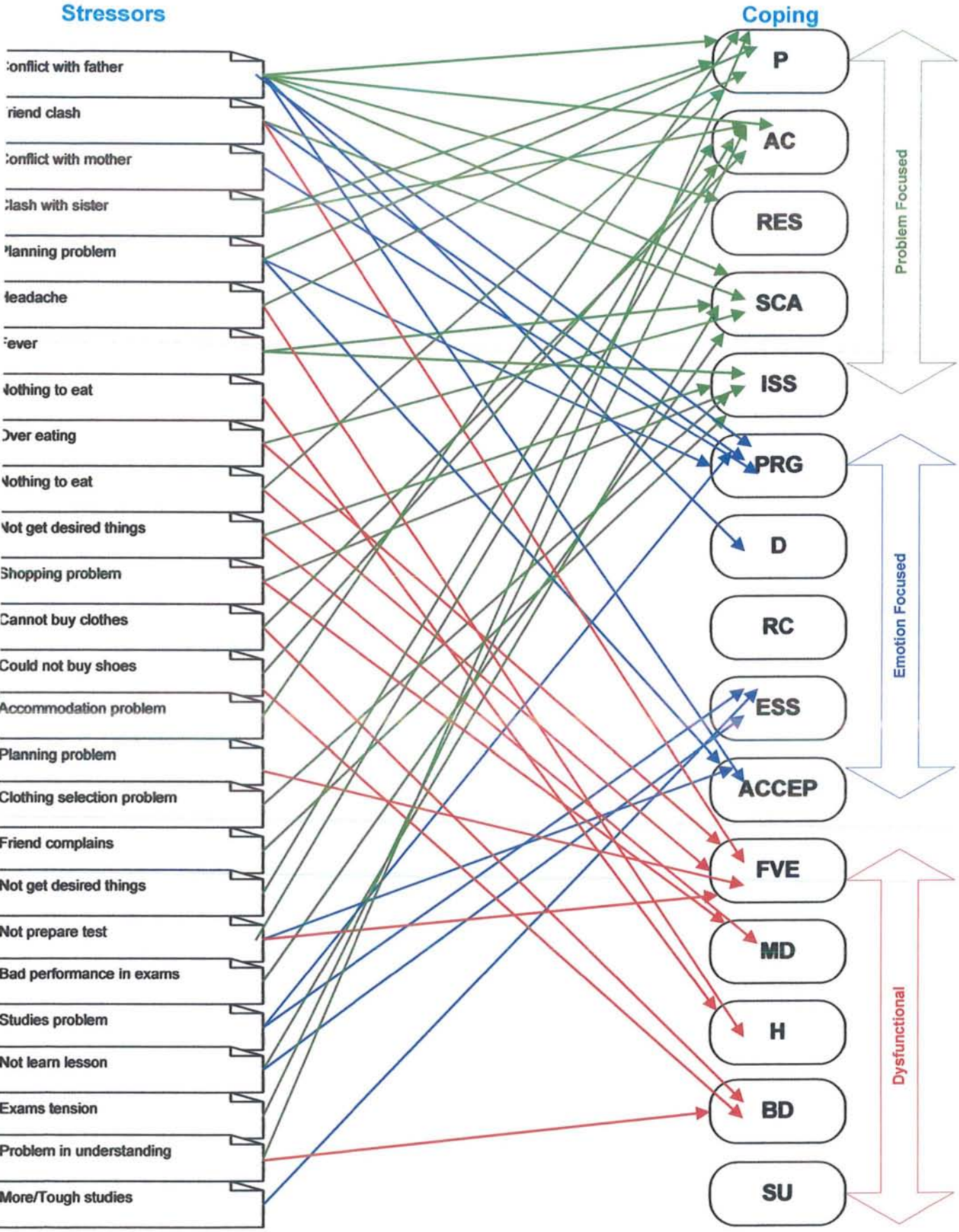
Subject: Muska Amjad Age:



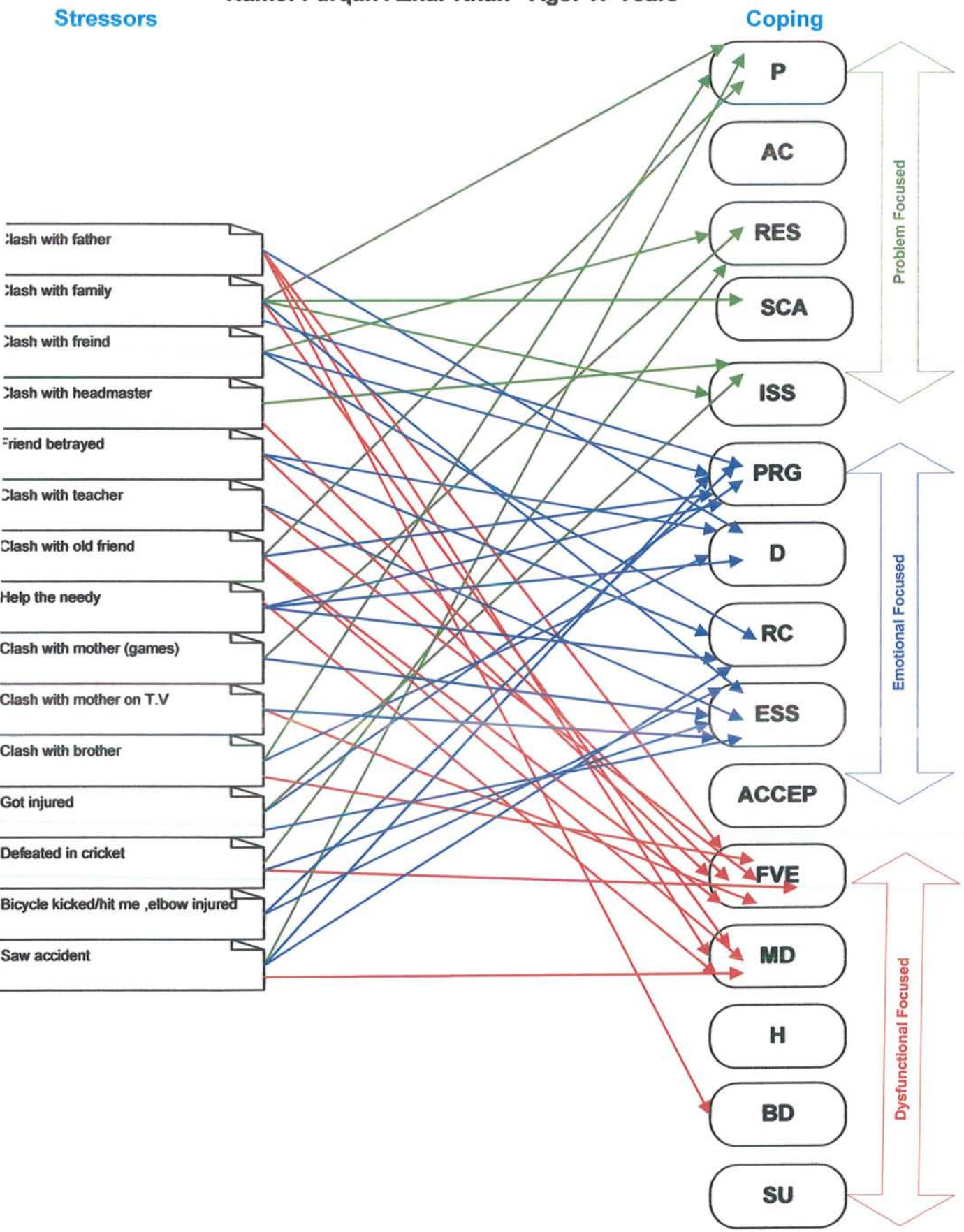
Subject: Bushra Quddus Age:



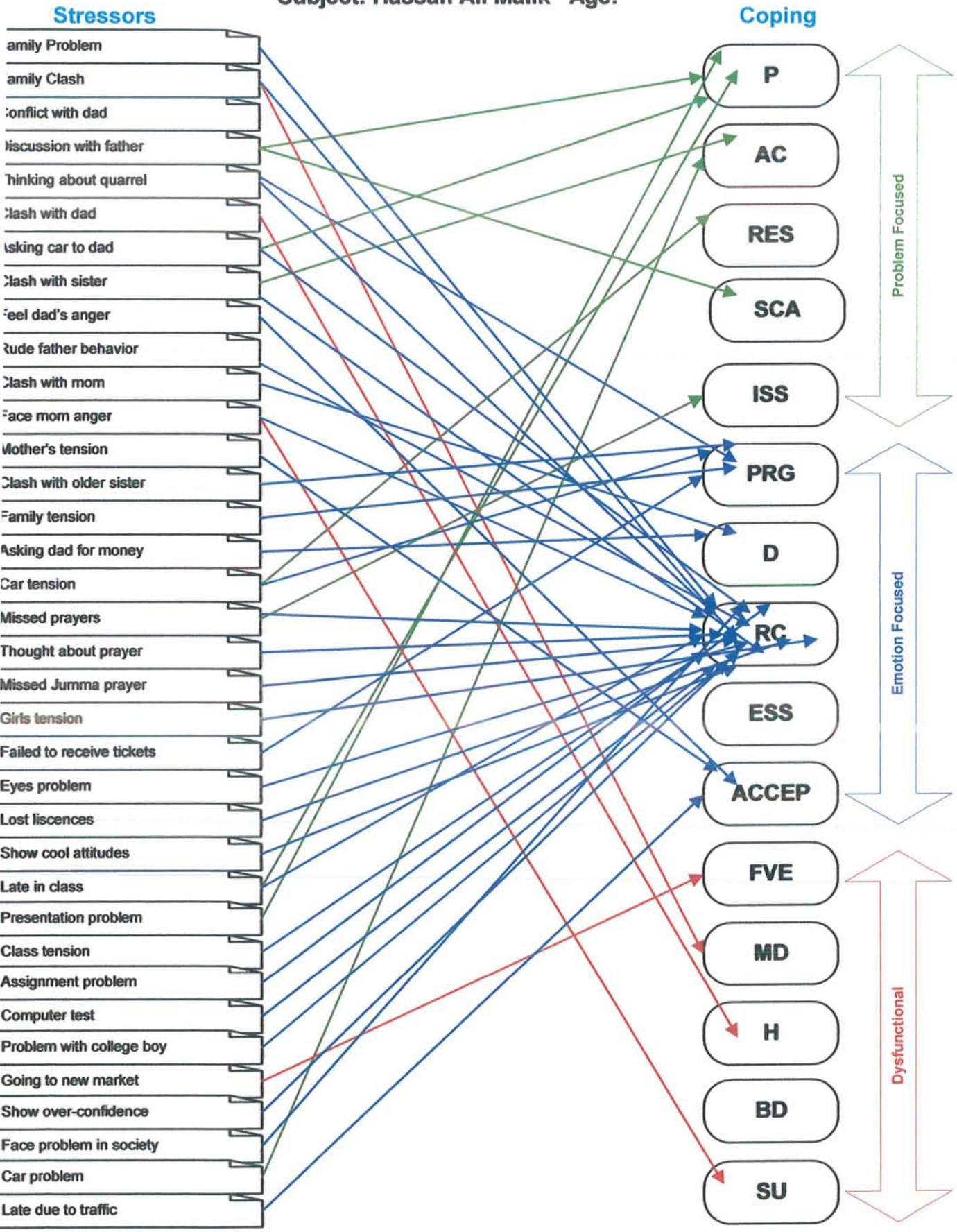
Subject: Ayyaz Ali Qazi Age: 17 Years



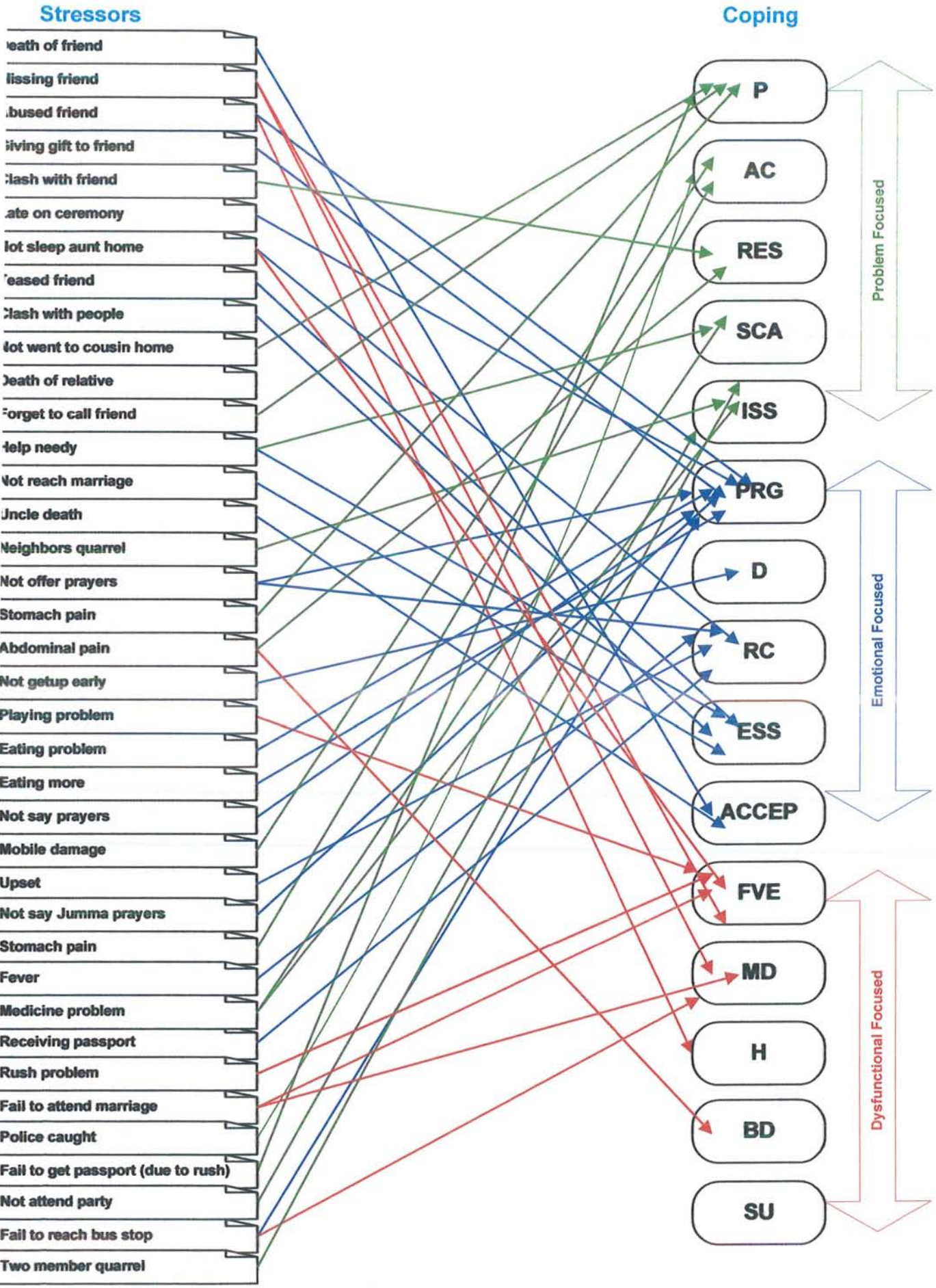
Name: Furqan Azhar Khan Age: 17 Years



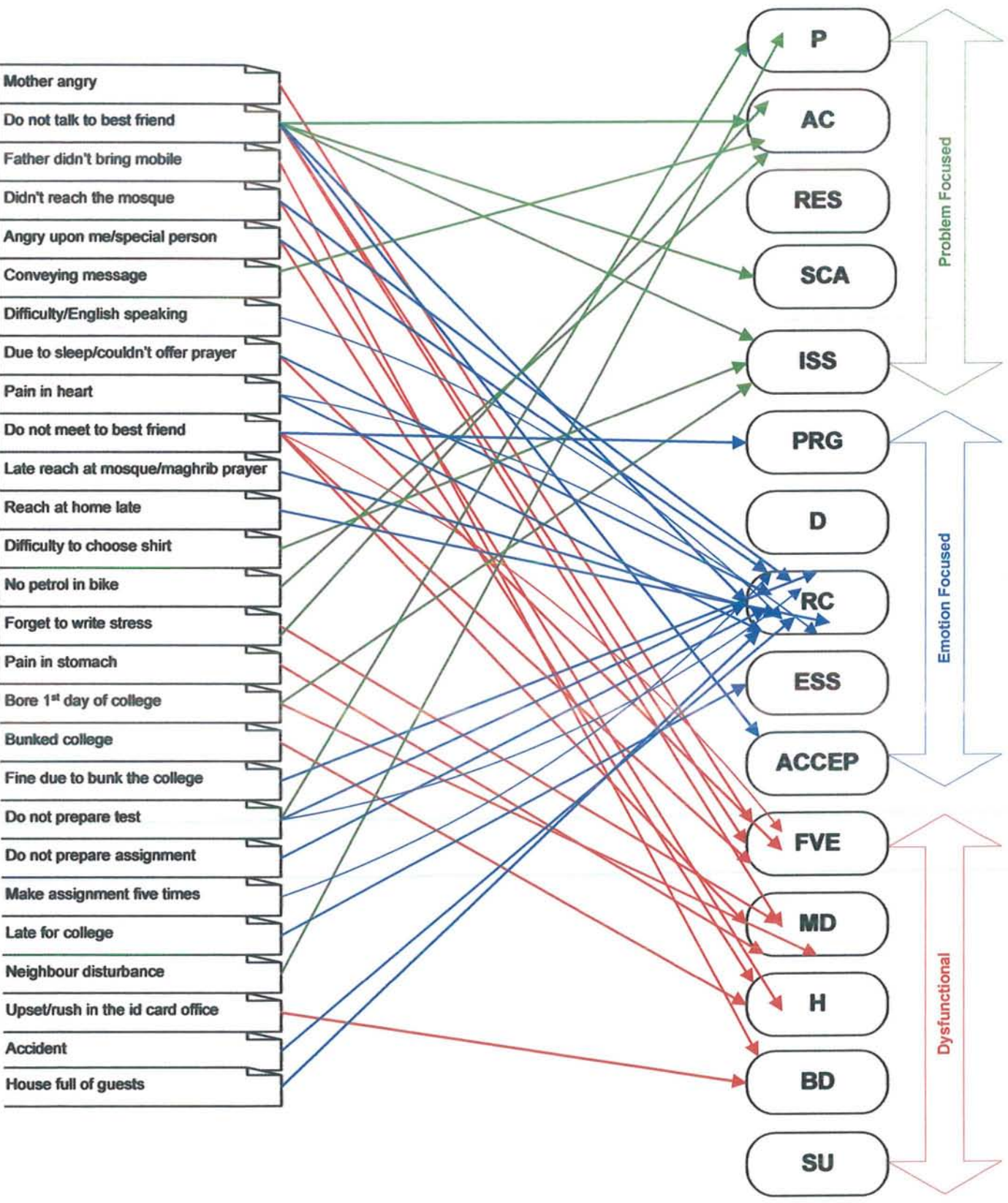
Subject: Hassan Ali Malik Age:

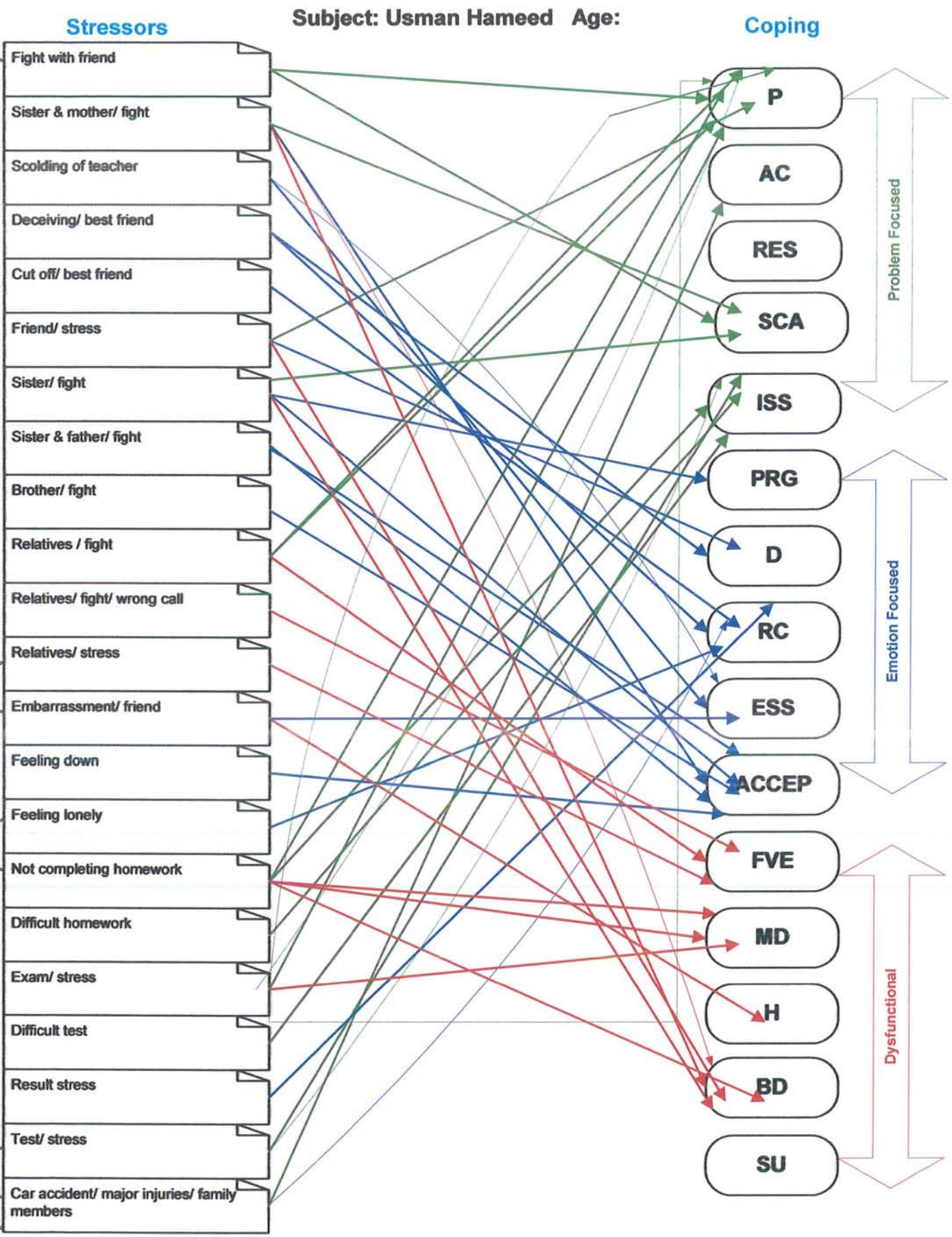


Subject: Raja Mazhar Mahmood Age: 18 Years

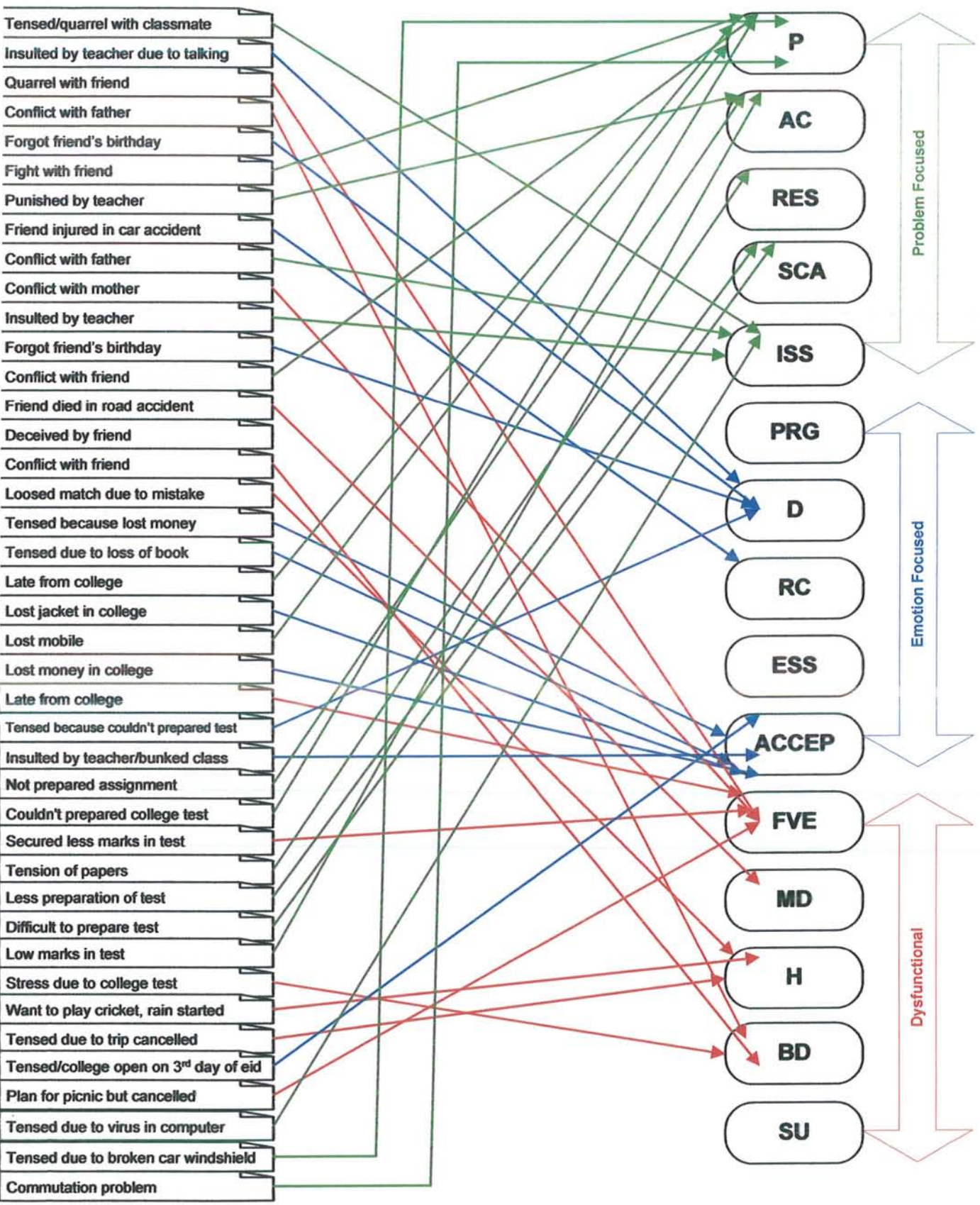


Subject: Sibtain Nawaz Age:

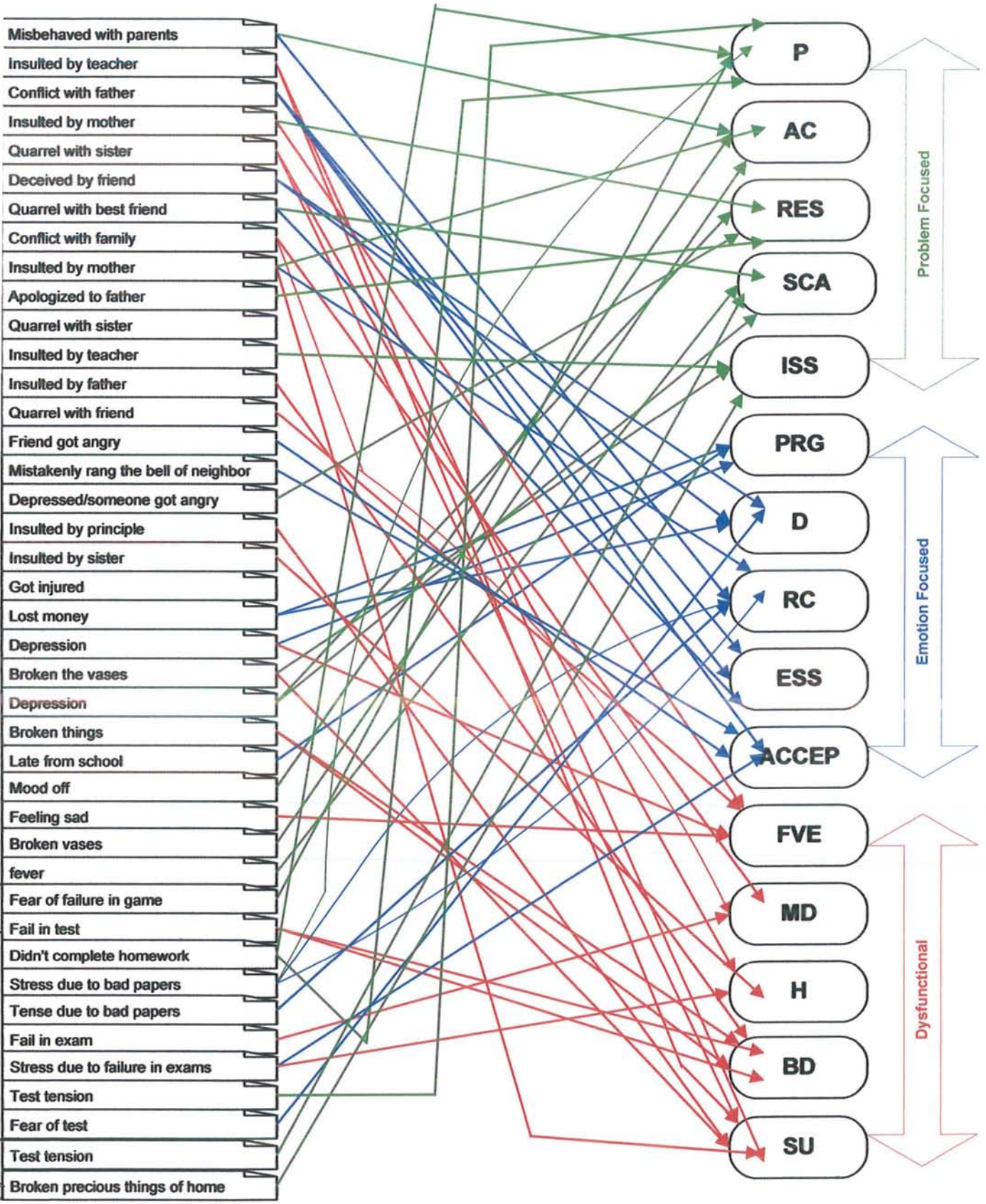



Subject: Usman Hameed Age:
Stressors
Fight with friend
Sister & mother/ fight
Scolding of teacher
Deceiving/ best friend
Cut off/ best friend
Friend/ stress
Sister/ fight
Sister & father/ fight
Brother/ fight
Relatives / fight
Relatives/ fight/ wrong call
Relatives/ stress
Embarrassment/ friend
Feeling down
Feeling lonely
Not completing homework
Difficult homework
Exam/ stress
Difficult test
Result stress
Test/ stress
Car accident/ major injuries/ family members
Coping
P
AC
RES
SCA
ISS
PRG
D
RC
ESS
ACCEP
FVE
MD
H
BD
SU
Problem Focused
Emotion Focused
Dysfunctional

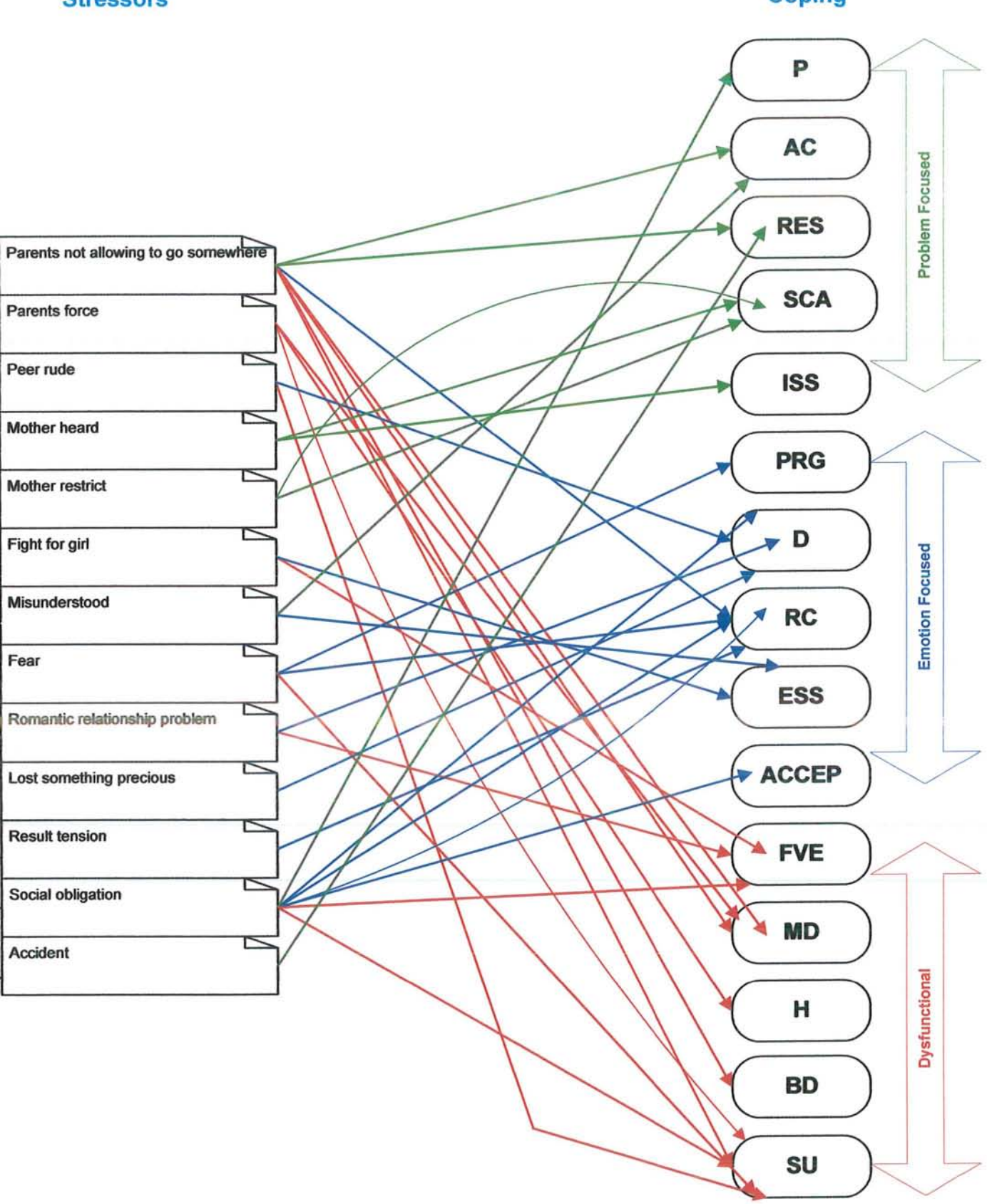
Subject: Haris Zahid Age:



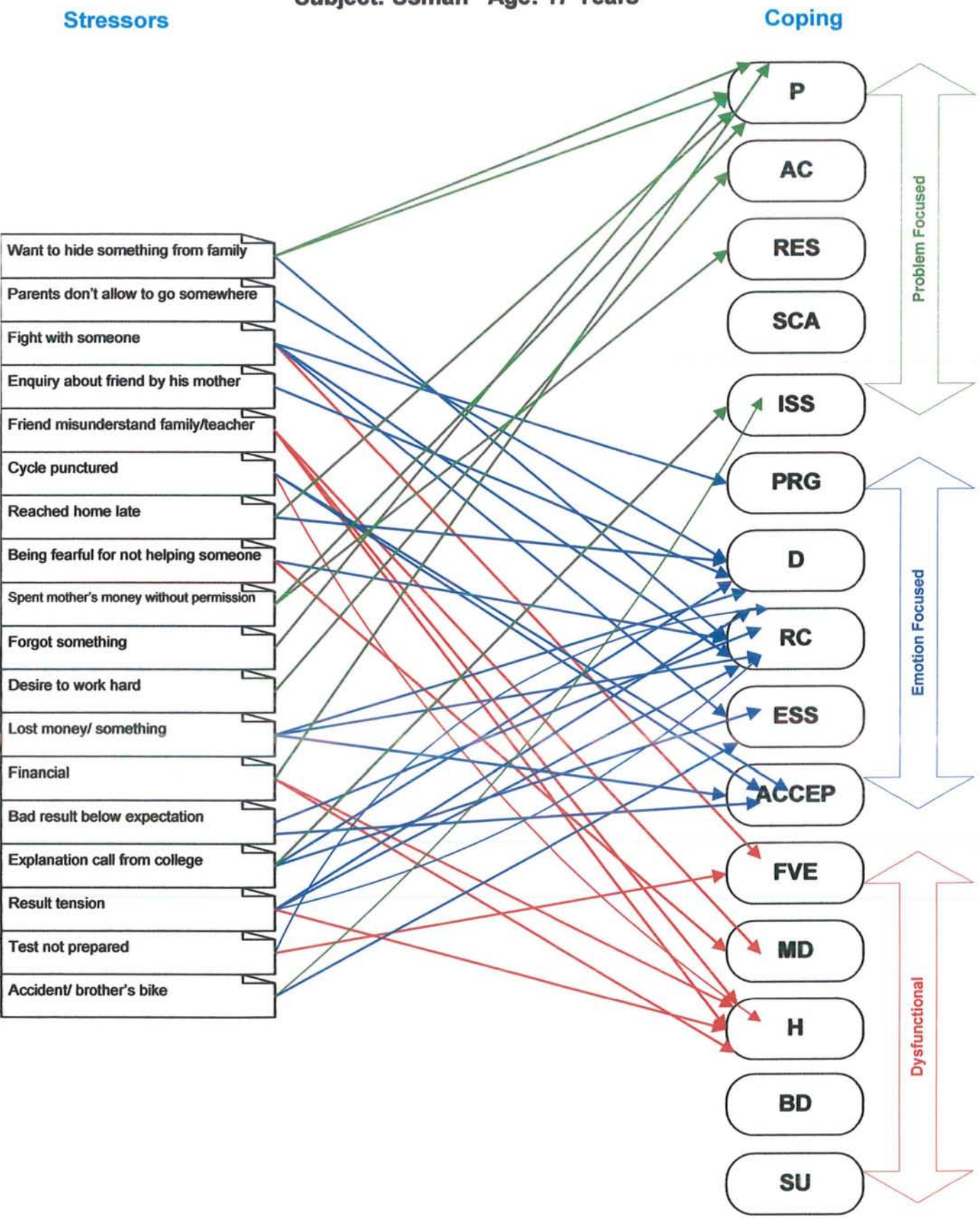
Subject: Hassan Hamid Age:



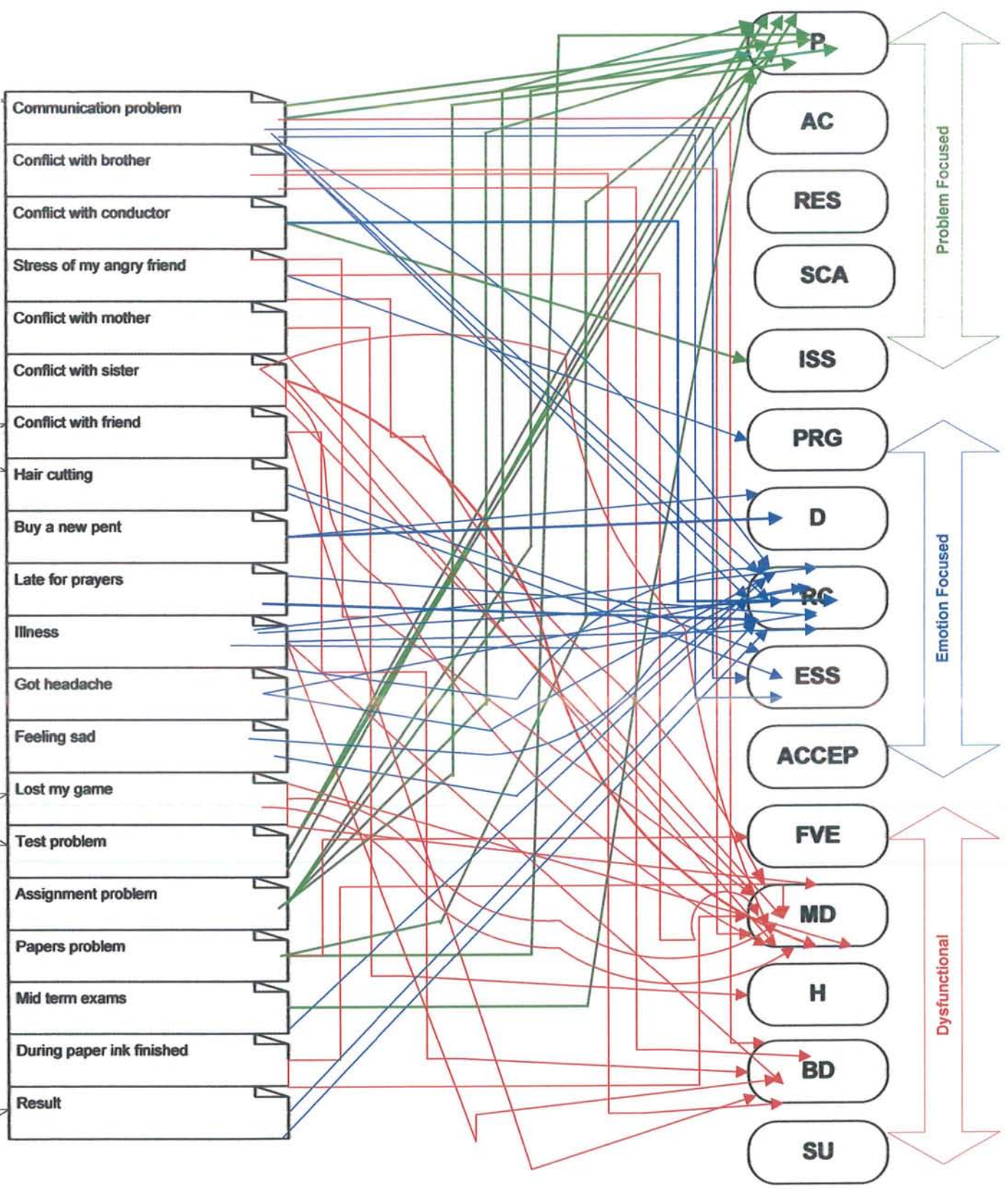
Subject: Miqdad Age: 17 Years



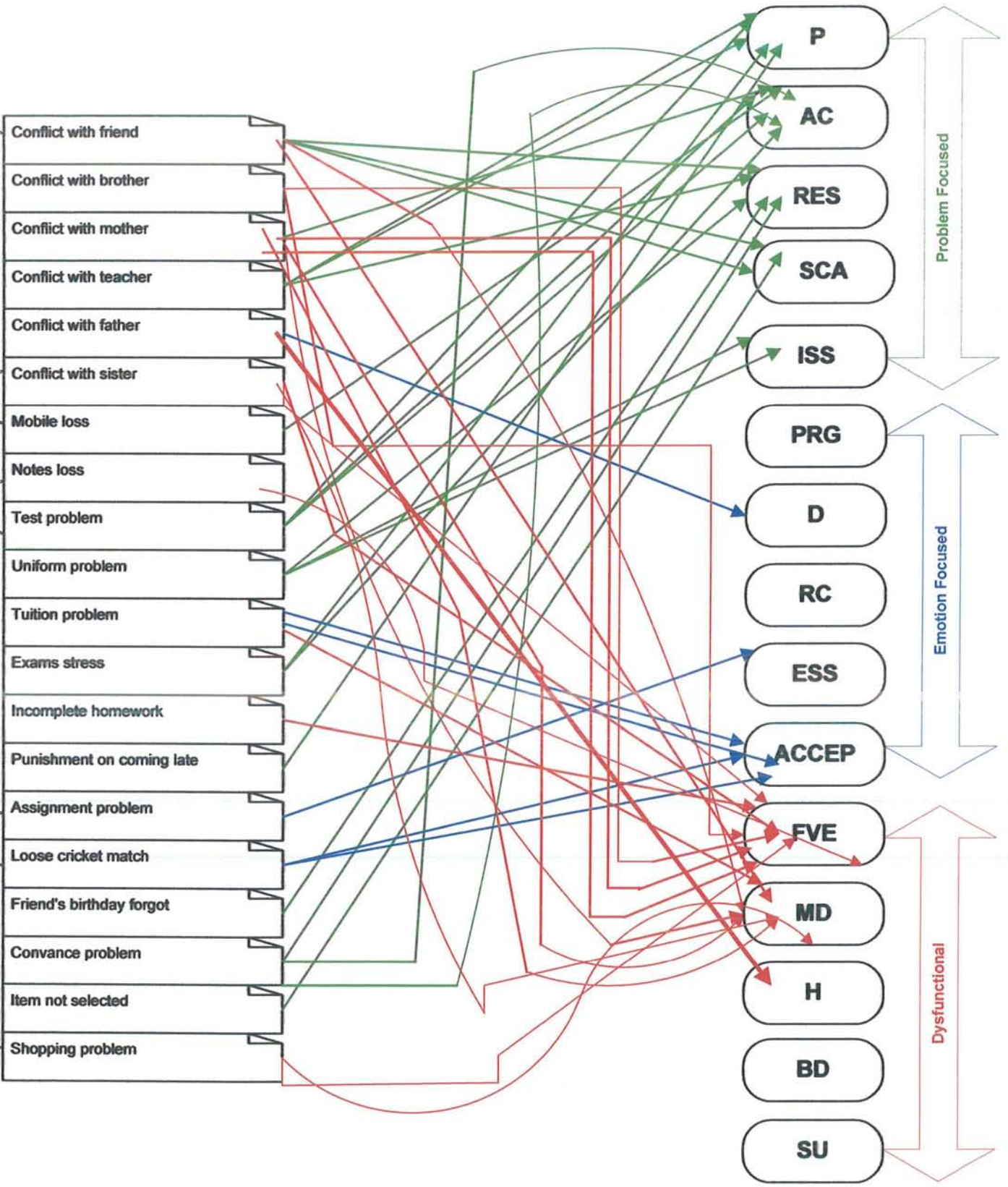
Subject: Usman Age: 17 Years



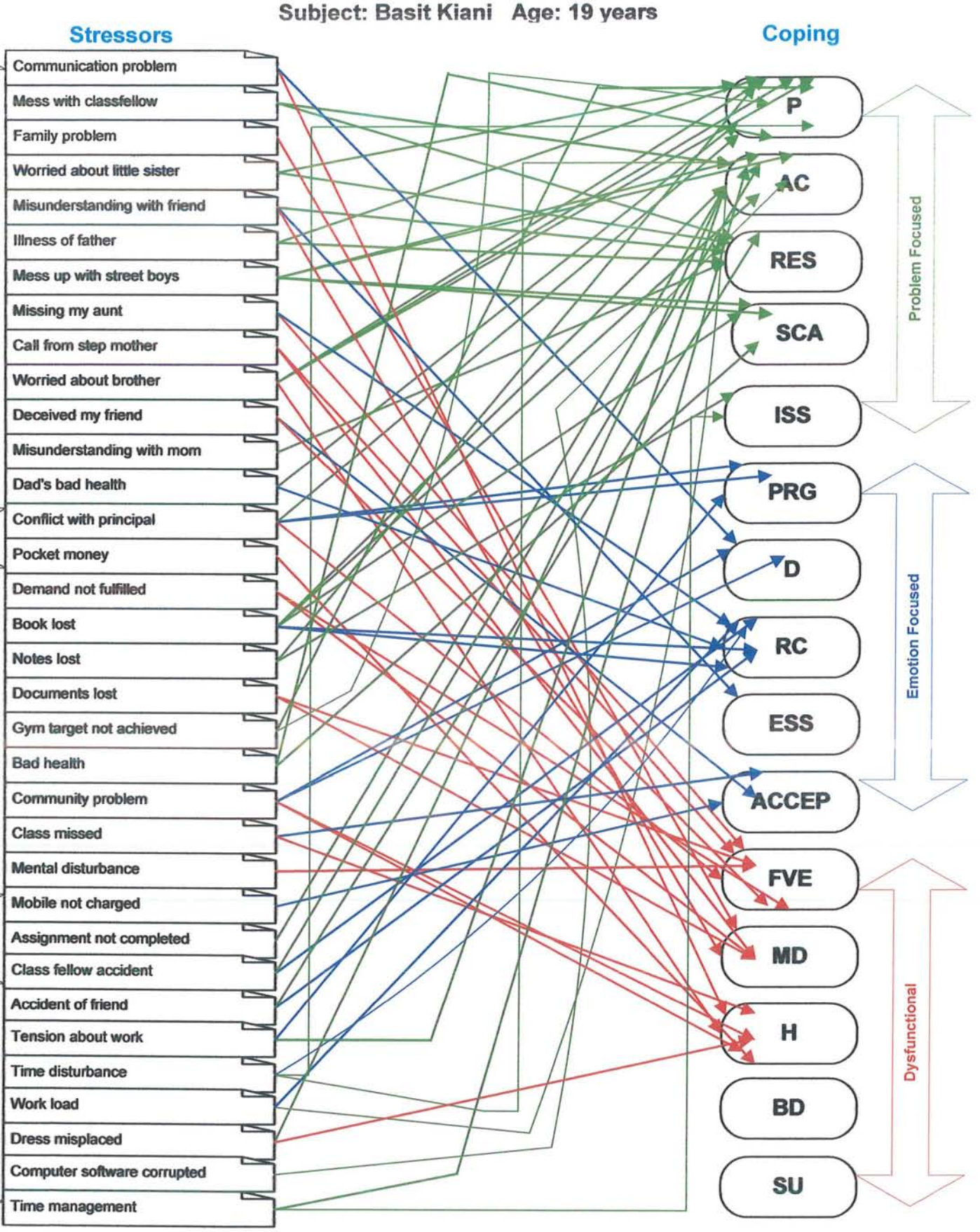
Subject: Taswer Iqbal Age: 18 Years



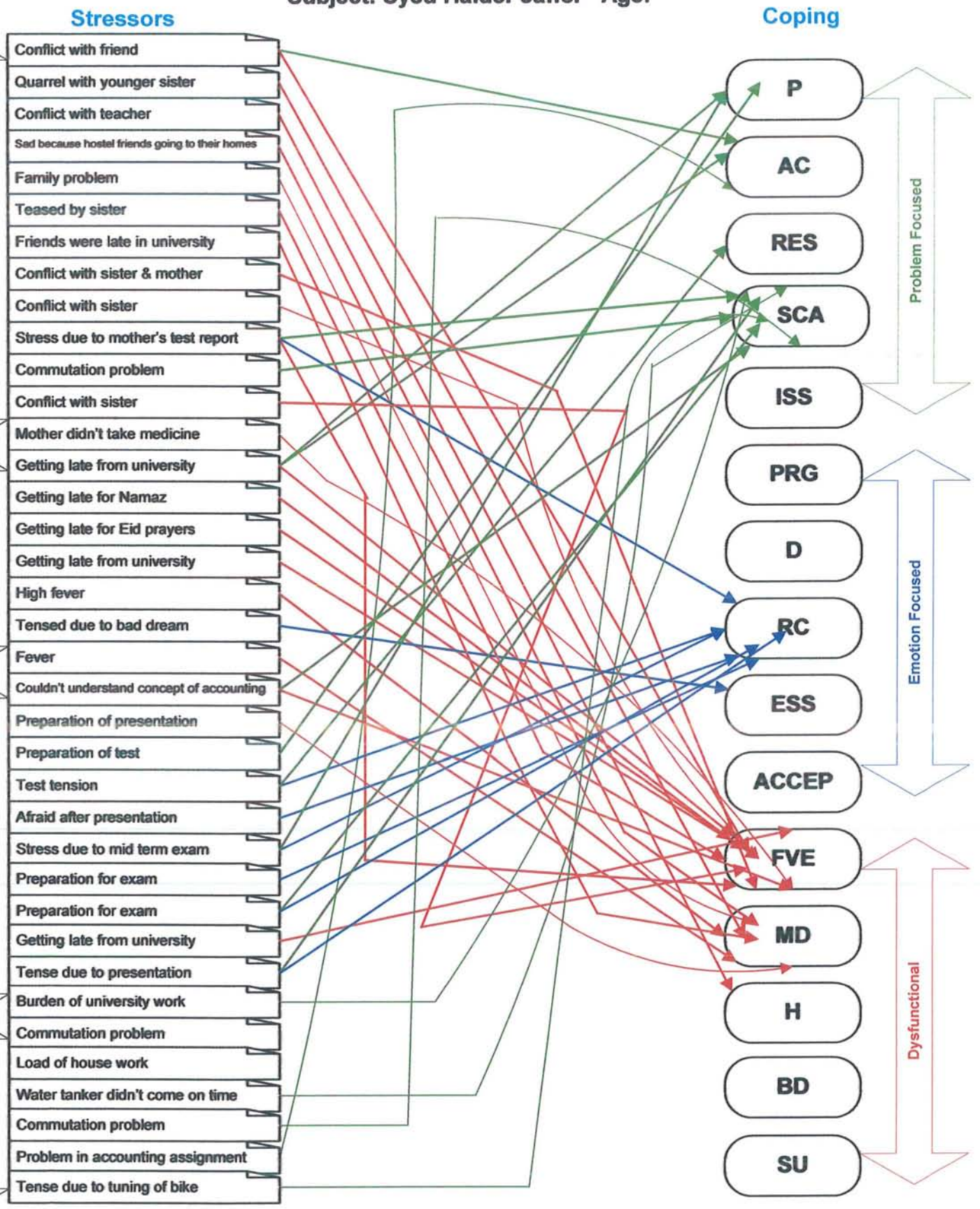
Subject: Bilal Aslam Age: 17 Years



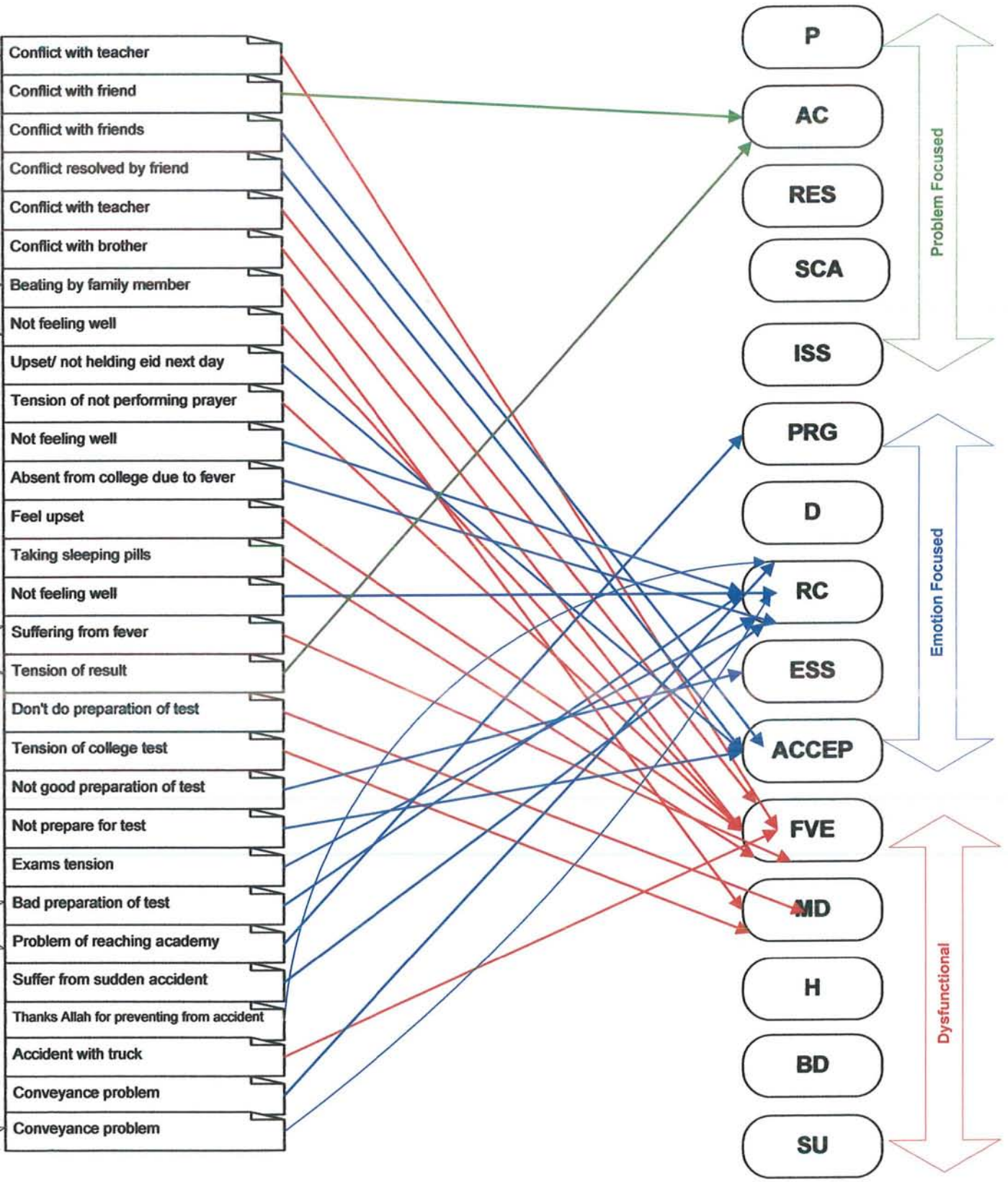
Subject: Basit Kiani Age: 19 years



Subject: Syed Haider Jaffer Age:



Subject: Arslan Butt Age:



Annexure III

Annexure III

137 STRESSFUL EVENTS CATEGORIZED INTO 15 GROUPS

INTRAPERSONAL

1. Loneliness
2. short temper
3. can't manage time
4. no one to share with
5. abuse someone
6. crush
7. bad mood
8. can't control anger
9. concentration problem
10. being embarrassed
11. fear of death
12. fear of losing loved one
13. indecision
14. have to change favorite hair style
15. irresponsibility
16. lack of confidence
17. lack of sleep
18. lost something
19. no time for self
20. neglected feeling
21. sexual problem
22. tiredness

INTERPERSONAL/FAMILIAL

23. conflict with father
24. conflict with mother
25. conflict with brother
26. conflict with sister conflict with cousin
27. anger
28. rudeness
29. argument
30. discriminated
31. scolding
32. left home for good
33. father's cruelty
34. parents interference
35. parents divorce
36. parents don't love
37. parents don't love

38. parents don't trust
39. father leaving for abroad
40. brother leaving for abroad
41. sister getting married
42. fight in family
43. harsh attitude of parents
44. being humiliated
45. irresposiblity of father
46. ignored by parents
47. parents do not fulfill demands
48. overprotection of parents

INTERPERSONAL/FRIENDS

49. angry with friend
50. argue with friend
51. clash with friend
52. conflict with friend
53. fight with friend
54. missing friend
55. friend don't share his heart
56. friend ignore
57. rudeness of friend
58. friend affect studies
59. deceived by friend
60. misunderstanding with friend
61. quarrel with friend
62. parents don't approve friend
63. friendship break

INTERPERTSONAL/OPPOSITE GENDER

64. deceived by boy/girl friend
65. attracted towards girls
66. fiancé left
67. teased by opposite gender
68. involved in someone
69. being insulted by opposite gender
70. love not reciprocated

INTERPERSONAL/SOCIAL

71. abused
72. office procedures
73. not being trusted
74. betrayed by some acquaintances
75. guests make it difficult to study
76. ignored by relatives
77. misbehave with others

78. misjudged by others
79. social anxiety

INTERPERSONAL/TEACHERS

80. teachers wrong attitude
81. favoritism of teachers
82. scolding in class
83. good teachers left the school/college
84. strictness of teachers
85. teachers absent in class
86. teachers changed
87. teachers ignore
88. bad teaching method

ACADEMICS

89. can't manage studies
90. exams tension
91. bad grades
92. load of home work
93. difficult subject
94. bad date sheet
95. composite exam system
96. bad presentation
97. fail in exam
98. can't study
99. learning difficulties
100. less time for studies
101. no help in studies

RECREATIONAL

102. no leisure time
103. only studies nothing else

ADJUSTMENT PROBLEMS

104. change of school
105. change of residence
106. adjustment problem in new class
107. maladjustment in college
108. have to get married

HEALTH

109. illness/self
110. illness/family member
111. illness/relative
112. illness/friend
113. week eyesight

DEATH/ACCIDENT

114. accident/self
115. death of loved one
116. death of one of parents
117. accident/loved one
118. saw an accident

MORAL/RELIGIOUS

119. lack of religious practice

VOCATIONAL/FINANCIAL

120. apply for job
121. no pocket money
122. financial worries
123. fired from job
124. entry test for job
125. rejected from ISSB

ENVIRONMENTAL

126. fight
127. fire
128. child labour
129. earthquake
130. cold classes
131. disability of beggar
132. black magic
133. bomb blast
134. traffic hazards

COMMUTATION

135. commutation problems
136. late from class
137. late for exam due to conveyance