Stress, Coping and Resilience among Adolescents of Low Income Families - A Review Article

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Abstract: *Stress is a common problem that affects almost all of us at some point in our lives. It is our body's way of responding to any kind of demand. It can be caused by both good and bad experiences. Stress can affect both our body and our mind. People under large amounts of stress can become tired, sick, and unable to concentrate or think clearly. Sometimes, they even suffer mental breakdowns. Learning to identify when we are under stress, what is stressing us, and different ways of coping with stress can greatly improve both our mental and physical well being.*

Keywords: Adolescents, stress, poverty, coping, resilience, mental and physical well being

1. Introduction

The following account presents literature related to ideas, theories, methods, hypothesis, explanations and other relevant information used in formulating the present problem. Thus an attempt has been made to record the available literature under the following headings:
1. Theoretical considerations in the field of stress
2. Stress
3. Poverty and stress
4. Coping with stress
5. Resilience
6. Coping with stress and resilience

1.1 Theoretical considerations in the field of stress

Cognitive-relational theory defines stress as 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 (Lazarus & Folkman 1984).

1.2 Stress

Stress is a state of threatened homeostasis that requires adaptive processes to restore and sustain this equilibrium (Spear 2000). Lazarus & Folkman (1984) said that stress exists when people confront situations that tax or exceed their ability to manage them. Whenever a person is hard-pressed to deal with some obstacle or impediment or looming threat, the experience is stressful. A somewhat different view of stress uses an economic metaphor (Hobfoll 1989, 1998). Blascovich (2008) and Tomaka et. al. (1993) explained that the characteristics (and consequences) of challenge appear to be different enough from those of threat and loss so as to cast serious doubt on the position that challenge should be viewed as a form of stress.

Selye (1956) says that stress is not that which cause alarm reaction. The stressor does that not stress itself. Stress itself is not a nonspecific reaction. The pattern of stress reaction is very specific. It affects certain organs (e. g., the adrenal, the thymus the, the gastrointestinal tract) in a highly selective

manner. Garrison and Bly (1997) quoted that there are several stages that relate to how an individual perceives the stress and the first step is to determine the nature of the demand whether it is positive or negative. Further Garrison and Bly suggested that the negative effects of stress arise when there is a gap between the challenges perceived to exist in a situation and perceived skills for dealing with the situation.

Bowin and Harvey (2001) stated that stress occurs with the interaction between an individual and the environment, which produces emotional strain affecting a person's mental and physical conditions. Garrison and Bly (1997) reported that the physiology of stress places yet another demand on the body and mind of the person experiencing stress. Johns (1996) stated that physical reaction involved emotions and thought processes, rather than overt behavior, although these reactions were frequently revealed in the individual's speech and actions. Anderson and Kyprianou (1994) suggested that both qualitative and quantitative overload may produce the different psychological and physical strain symptoms.

Data collected in a longitudinal study conducted by Shek (1998) indicate that those who have the ability to demonstrate a high level of coping, report less frequent patterns of substance abuse and psychological disruptions. Typical stress includes changes in mood, risk behavior and an increase in conflict with parents. When this stress is perceived negatively or becomes excessive, students experience physical and psychological impairment (Murphy & Archer, 1996). Psychological stress is perceived as a threat or anticipation of future harm whether that harm is physical or psychological (Mishra 1989). Stressors affecting students can be categorized as academic, financial, time or health related, and self-imposed. It is well recognized that adolescents who experience economic hardship are at increased risk for social and emotional problems (McLoyd 1998). Chronic distress leads to experienced a loss of appetite, disturbed sleep patterns, excessive and disturbed feeling of anxiety, fear, negativity and even deep depression, as well as being subjected to a variety of physical symptoms (nausea, high blood pressure) and complains like irritable bowel syndrome, cardiac problem and flu. An overload

stress reduces effectiveness and is highly immune-suppressive. Further he stated an event is experienced as stressful depends on person's psychological orientation with things. Frost (2003) stated that when the people are hurting, when they are shocked by what happens to them or by what they hear about themselves from others, they become disconnected from hope and form a sense of belonging to supportive community. They may subsequently enter a phase of denial followed by anger and depression. The immediate reactions are likely to be confusion, disbelief and shaken confidence. People burdened by those feelings cannot easily attend to their normal day to day tasks and responsibilities.

Durbin (1996) reported that a state of psychological and physical discomfort is influenced by a threat in a person's environment. Ritche and Martin (1999) stress was described stress in terms of external, usually physical, forces acting on an individual. They viewed stress as a response to external or internal processes which reach levels that strain physical and psychological capacities beyond their limit. According to Steers (1991), severe frustration can also lead to overt hostility in the form of aggression occurred when the individual felt frustrated and could not find acceptable legitimate remedies for the frustration. Gatchel et al (2007) reported that of increasing emphasis on considering the combinations of biological, social, psychological and economic variables provided a better understanding of the stress-pain phenomenon. Mathis et al (2000) stated that emotional resources, which leads to things such as tension, anxiety, physical fatigue and insomnia. Further Dohrenwend and Dohrenwend (1974) added that individuals experiencing stress exhibit financial problems, conflicts with values and life crises.

Compas et al. 2001 describes that adolescents stress appraisals are important correlates of their mental helth. For example the appraisal of a stressful event as more threatening has been associated with self- reported symptoms of anxiety, depression and conduct related problems following parental divorce (Sandler, Kim-bae and Mac kinnon 2000). Cleveland (2003) and Turkheimer et. al. (2003) found that several recent behavior genetics studies have elegantly demonstrated the power of chronic poverty to disrupt developmental processes and affect, for example, the heritability of various personality characteristics such as IQ and aggression. Cicchetti and Rogosch (2002) found that adolescent girls tend to experience inner distress, amplifying their own feeling of self whereas, males may act outwards stress with aggressive anger and display poor inner control.

Skinner and Wellborn 1994 have focoused on how stressful experiences caused distress because they threaten or challenge perceived competence and control, sense of belonging and autonomy. These are important considerations during adolescence, because threats parallel three of the major developments during this time of life: the development of self and identity; involvement in groups and the development of close relationships outside the family and the behavior and autonomy development (Zimmer Gembeck and Collins 2003).

1.3 Poverty and Stress

Well-studied pathway that may underlie childhood poverty and development is elevated chronic stress. One reason poverty is stressful for children is because of the environments in which they grow up. Numerous social and physical stressors are correlated with income, including family conflict and turmoil, family dissolution, maternal depression, exposure to violence, as well as elevated parental harshness and diminished parental responsiveness (Bradley & Corwyn 2002; Conger & Donnellan 2007; Grant et al. 2003). Poor children are also more likely to live in homes that are more chaotic, with greater structural problems, noise, crowding, toxins, and allergens. Poor children live in neighborhoods that have less social capital; are exposed to more toxins and pollutants, crime, and street traffic; and have fewer places to engage in physical activity and less access to healthy foods (Evans 2004). Accumulation of risk exposures throughout childhood mediates the link between social class at birth and middle-age social attainment (Schoon et al. 2002). Similarly, elevated cumulative risk exposure mediates the link between poverty and chronic physiological stress (e.g. resting blood pressure, overnight stress hormones) as well as multiple markers of psychological well being (e.g. symptoms of aggression, anxiety, and depression, self-regulatory ability, learned helplessness) (Evans & English 2002; Evans, Gonnella, Marcynyszyn, Gentile & Salpekar, 2005).

Not only are low-income children themselves more likely to experience a greater array of physical and psychosocial stressors, their parents and peers are more apt to be confronted by many of the same environmental demands. Poverty-related stress affects parents' competencies as well as interpersonal relationships among family members (Conger & Donnellan 2007; Grant load, which is typically assessed by indices of cumulative physiological dysregulation across multiple response systems (e.g. elevated HPA, elevated SAM, poor metabolic control, elevated inflammation), is elevated among poor children (Evans & Schamberg, 2009; Goodman, McEwen, Huang, Dolan, & Adler, 2005.)

1.4 Coping with stress

Spear (2000) in his research explained that the multilayered stress occurring in adolescence can sometimes overwhelm nascent coping skills. Compas et al (2001), Folkman and Moscowitz (2004) said that coping is a very broad concept with a long and complex history. Several distinctions have been made within the broad domain; indeed, it might even be said that a bewildering number of distinctions have been made (Skinner et al. 2003). Steinberg and Morris (2001) discussed the influences of coping strategies on adolescent stress. The literature often distinguishes between negative coping that does not focus on the stressor (e.g., blaming others, withdrawal, resignation, self-criticism, aggression, wishful thinking) and positive coping strategies that focuses on self-change or changing the problem (e.g., social support, problem-solving efforts, seeking information). Dempsey (2002) found that use of negative coping techniques and

exposure to violence was predictive of PTSD, anxiety and depression.

Najmi & Wegner (2008) studied about avoidance and denial methods of coping and found that these methods can promote a paradoxical increase in intrusive thoughts about the stressor and an increase in negative mood and anxiety. Compas, Smith and Jaser (2004) recorded a jump from 2% prevalence of stress in childhood to a 4-7% increase in adolescence. 50% of adolescents who are depressed also show signs of stress and externalizing problems.

Lazarus and Folkman (1984) identified five emotion-focused coping strategies: escape-avoidance accepting responsibility or blame, exercising self-control, positive reappraisal. Compas, Smith, Saltzman, Thomsen and Wadsworth (2001) completed a critical review of coping with specific attention to the coping of children and adolescents.

Taylor & Brown (1994) found that self-confident and optimistic individuals have more social support or they may be more effective in mobilizing it when they experience a lot of stress. Also, individuals who have well developed psychosocial resources, including a sense of personal control, high self-esteem and optimism and they are more likely to cope proactively with respect to health which may minimize the effects of stress (Aspinwall & Taylor 1997). Holahan and Holahan (1987) contended that Perceived self-efficacy reduces vulnerability to depression through the cultivation of socially supportive networks.

Current researches generally agree that most adolescents do not experience stress in a maladaptive way. Instead, they find ways to cope successfully with newly emerging stressors (Cicchetti and Rogosch 2002). Gunthert et al. (2002) gave some evidence to suggest that depressive and anxious symptoms exert deleterious effects on late adolescent's abilities to effectively cope with daily stressors. They also found that use of emotion expression coping with daily stress, a component of primary control coping usually seen as helpful, was associated with reductions in positive affect for late adolescents high in initial depression. Coping strategies are mediators of stress that may aid or inhibit positive adolescent adaption. A variety of coping strategies (both positive and negative) representing elements of all three types of coping introduced above (primary control, secondary control, disengagement) predicted changes in internalizing and externalizing symptoms over a year in Tolan et al. (2003) urban, low-income adolescent sample. (Compas et al. 2001). In a study they showed that disengagement coping is generally found in boys to be related to aggressive symptoms. Compas, Smith and Jaser (2004) also explained active coping as it has mediating effects for impulsivity and internalizing problems. In the earlier study Compas et al. (2001) stated that engagement and problem- focused coping has steadily been linked to better adjustment in childhood and adolescence.

1.5 Resilience

Higgins (1994) described resiliency as the "process of self-righting or growth", while Wolin (1993) defined resiliency as the "capacity to bounce back, to withstand hardship, and to repair oneself. It is characteristic of those people who adjust effectively and proceed to live successful lives after overcoming multiple challenges, tragedies and stressors confronting them in the course of their development (Masten 2007). Luther and Cicchetti (2000) studied resiliency in context of a two-dimensional construct concerning the exposure of adversity and the positive adjustment outcomes of that adversity. Some research indicates that late adolescence and emerging adulthood is a time for improvement in resilience (Masten 2007). Garmezy (1993) asserted that the study of resilience has focused on the characteristics – risk factors – of children, families, and environments that predispose children to maladjustment following exposure to adversity and the characteristics of protective factors that shield them from such major adjustment. Benard (1995) studied that resilient children usually have four attributes in common: Social Competence: Ability to elicit positive responses from others, thus establishing positive relationships with both adults and peers, Problem-solving skills: Planning that facilitates seeing oneself in control and resourcefulness in seeking help from others, Autonomy: A sense of one's own identity and an ability to act independently and exert some control over one's environment and A sense of purpose and future: Goals, educational aspirations, persistence, hopefulness, and a sense of a bright future. According to Werner and Smith (1993), resiliency research suggests that exposure to multiple risk factors increases the likelihood of negative outcomes.

Some studies of resilience suggest that preadolescent and adolescent girls tend to be slightly better adjusted and less prone to problem behavior than boys of similar ages (Hair et al. 2001). The gender differences could also be explained in terms of different parenting styles used for children of different genders. Parental involvement, warm family environments, and interaction with non-family adults tend to predict adjustment and achievement, as well as the development of quality social relationships and strong social skills (Connell et al. 1994, Floyd 1996, Hair et al. 2001). Parenting styles also play a role in shaping competence in adolescents i.e. Lamborn and others (1991) find that authoritative parenting styles are associated with the highest levels of competence and the lowest levels of problem behavior, while authoritarian, permissive, and neglectful parenting styles were all associated with somewhat higher rates of problem behavior. In comparing the impact of effective parenting for children facing differing levels of risk. Luthar (1991), Chung and Elias (1996) identified in their perspective studies that resilient children tend to have strong social skills and personal characteristics that protect them against stress such as an internal locus of control, strong ego development perseverance, optimism and self-efficacy. Werner and Smith (1992) explained how resilience has come to describe a person having a good track record of positive adaptation in the face of stress or disruptive change. Their longitudinal studies found that a high percentage of children from an "at risk" background needing intervention still became healthy, competent adults. They also purported that a resilient child is one "who loves well, works well, plays well, and expects well"

1.6 Coping with stress and resilience

A handful of studies have now shown strong associations between coping and psychological symptoms of stress across time with coping predicting changes in symptoms, and not the reverse (Holahan et al 1997). A variety of coping strategies (both positive and negative) representing elements of all three types of coping introduced above (primary control, secondary control, disengagement) predicted changes in internalizing and externalizing symptoms over a year in Tolan et al (2003) urban, low-income adolescent sample. Similarly, among children of divorce, coping predicted changes in depression and anxiety symptoms over five and a half months (Sandler et al 1994).

Psychological resilience is defined as an individual's ability to properly adapt to stress and adversity. Stress and adversity can come in the shape of family or relationship problems, health problems, or workplace and financial stressors, among others American Psychological Association (2014). Individuals demonstrate resilience when they can face difficult experiences and rise above them with ease. Resilience is not a rare ability; in reality, it is found in the average individual and it can be learned and developed by virtually anyone. Resilience should be considered a process, rather than a trait to be had Rutter (2008). There is a common misconception that people who are resilient experience no negative emotions or thoughts and display optimism in all situations. Contrary to this misconception, the reality remains that resiliency is demonstrated within individuals who can effectively and relatively easily navigate their way around crises and utilize effective methods of coping (Block and Block 1980, Klohnen 1996, Werner and Smith 1992, Wolin and Wolin 1993). In other words, people who demonstrate resilience are people with positive emotionality; they are keen to effectively balance negative emotions with positive ones American Psychological Association (2014).

2. Conclusion

We may conclude that Millions of children and adolescents are exposed to the potent stress of living with chronic poverty yet, adolescents who use positive or adaptive skills to cope with their stress may be perceived more resilient than the others who use negative coping strategies. If adolescent's coping skills can be improved, it is feasible that they may perceive and react to stressors in a different manner yielding more positive health outcomes and resilience.

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