



## Social stressors, coping behaviors, and depressive symptoms: A latent profile analysis of adolescents in military families



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### ABSTRACT

We investigated the relationship between context-specific social stressors, coping behaviors, and depressive symptoms among adolescents in active duty military families across seven installations (three of which were in Europe) ( $N = 1036$ ) using a person-centered approach and a stress process theoretical framework. Results of the exploratory latent profile analysis revealed four distinct coping profiles: Disengaged Copers, Troubled Copers, Humor-intensive Copers, and Active Copers. Multinomial logistic regressions found no relationship between military-related stressors (parental separation, frequent relocations, and parental rank) and profile membership. Analysis of variance results revealed significant and meaningful differences between the coping profiles and depressive symptomatology, specifically somatic symptoms, depressive affect, positive affect, and interpersonal problems. Post-hoc analyses revealed that Active Copers, the largest profile, reported the fewest depressive symptoms. Accordingly, frequent use of diverse, active coping behaviors was associated with enhanced resilience. Discussion is provided regarding the promotion of adaptive coping behaviors within this developmental period and the context of military family life.

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Adolescence is a developmental period filled with physical, emotional, cognitive, and social changes, where both milestones and challenges occur. For adolescents in active duty (AD) military families challenges may be more complex as a function of the inherent changes and transitions that accompany military life (Milburn & Lightfoot, 2013). An estimated 300,000 adolescents between the ages of 11 and 18 are part of an AD military family (DoD, 2012), and the usefulness of studies that explore stressors and effective coping strategies among this population may extend to other adolescents faced with regular environmental transitions.

### Theoretical framework

Pearlin's Stress Process Model provided the framework for exploring stress (Pearlin, Menaghan, Lieberman, & Mullan, 1981). This framework includes three components: sources, mediators, and manifestations of stress. *Sources of stress*

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originate from life events (i.e., discrete stressors) or life strains (i.e., chronic stressors) (Pearlin et al., 1981). *Mediators of stress* are resources that serve as a linking mechanism between sources and manifestations of stress (Pearlin, 1999). Two types are discussed: social supports and coping. Social supports have been conceptualized as “access to and use of individuals, groups, or organizations in dealing” with unplanned or unpleasant events (Pearlin et al., 1981, p. 340) and have been examined at some length with regard to military adolescents. A recent study operationalized social support by examining the impact of relationship provisions on military youth outcomes (Mancini, Bowen, O’Neal, & Arnold, 2015). Relationship provisions (i.e., reliable alliance, sense of attachment, guidance, social integration, reassurance of worth and opportunity for growth) were associated with fewer depressive symptoms and less anxiety. Beyond adequate social support, Pearlin et al. (1981) emphasized the need to understand an individuals’ ability to manage stress through coping behaviors. Coping behaviors can be adaptive or maladaptive during the stress process, and serve as our focal point. The final component of the stress process model concerns the *manifestations of stress*, which are the observed consequences. These include both physical (e.g., frequency of illness) and psychological (e.g., mental health) manifestations (Pearlin, 1999).

## Role of coping

Coping is psychological and behavioral responses that diminish or amplify the effects of stressors (Snyder & Dinoff, 1999 as cited in; Davey, Eaker, & Walters, 2003). Evaluating responses to stress provides a means of identifying effective coping strategies. Effective coping strategies are often correlated with more resilient outcomes. Compas, Connor-Smith, Saltzman, Thomsen, and Wadsworth (2001) explored three coping responses utilized to reduce effects of stressors, including primary control engagement (i.e., working to change one’s reaction or situation through emotional regulation and problem solving), secondary control engagement (i.e., attempting to adapt by regulating one’s cognition and focus, positive thinking, and distracting) and disengagement coping (i.e., withdrawing). Primary and secondary control engagement are associated with reduced negative effects following stressful experiences (Compas et al., 2001). Evidence suggests that youth who demonstrate the ability to overcome adversity in a healthy manner display adaptive behaviors such as use of personal agency and self-regulation, sense of humor, and optimism (Easterbrooks, Ginsburg, & Lerner, 2013).

Researchers have also explored the influence of characteristics such as gender and age on types of coping behaviors. In general, females engage in coping behaviors more often than men (Tamres, Janicki, & Helgeson, 2002). More specifically, evidence suggests that females tend to utilize strategies that involve relationships with others, namely seeking emotional and instrumental support (Horwitz, Hill, & King, 2011; Tamres et al., 2002). Early evidence suggested that males typically use more aggressive coping behaviors that involve ventilating of feelings and physical diversions (Recklitis & Noam, 1999), but that has not been replicated in more recent work (Horwitz et al., 2011). As adolescents age, they continue to learn and use a variety of coping behaviors, both adaptive, such as active strategies, planning, acceptance, and seeking emotional support, and maladaptive, including self-blame and the use of substances (Horwitz et al., 2011).

Fewer studies have examined coping typologies to identify coping-related patterns in relation to adolescent well-being (an exception is Aldridge & Roesch, 2008). Preliminary work suggests that exploring coping patterns or typologies is an important next step in the literature on coping particularly among at-risk youth (Ohannessian et al., 2010). Aldridge and Roesch (2008) discuss three types of coping profiles that emerged among a diverse sample of adolescents (low generic, active, and avoidant copers), and each was associated with differential levels of stress-related growth and mental health symptomatology, such that active copers reported the most adaptive outcomes.

### *Coping among military adolescents*

Coping and managing stress are particularly essential for adolescents in AD military families as they encounter unique stressors as a function of military life (Lucier-Greer, Arnold, et al., 2014; Mmari, Roche, Sudhinaraset, & Blum, 2008). There have been mixed results regarding the use of coping behaviors among military adolescents. Use of maladaptive coping methods emerged within a qualitative study of military adolescents who were asked how they handle the stress and uncertainties associated with deployment separations (Huebner, Mancini, Wilcox, Grass, & Grass, 2007). Notably, lashing out (e.g., frequent arguing) seemed to co-occur in relation to the use of withdrawal, suppressing feelings as a means of protecting family and friends. In another focus group study, withdrawal emerged as a prominent coping behavior utilized to handle the stress associated with parental absence and deployment (Huebner et al., 2010). Withdrawal from their AD parent was reported before the parent left for deployment, and this behavior continued throughout the deployment cycle for a portion of adolescents.

A growing number of studies have pointed to patterns of resilience and resilient coping for adolescents in military families. Resilience, defined as positive adaptation in the face of significant adversity, has become a focus among those working with military families (e.g., Bowen, Martin, & Mancini, 2013; Lucier-Greer, Arnold, Mancini, Ford, & Bryant, 2015; Milburn & Lightfoot, 2013). Service providers are encouraged to take a strengths-based approach and identify potential intervention points when working with these youth (Easterbrooks et al., 2013). One predictor of adolescent resilience was related to the well-being of the at-home caregiver, such that adolescents were more likely to successfully adjust to military-related stressors if the caregiver adjusted well and remained a consistent source of support (Huebner et al., 2007). Additionally, adolescents who cope by taking an active role in managing their stressors and displaying higher levels of maturity (e.g., taking

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