



Empathy and coping strategies in youths subject to protection measures

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ABSTRACT

This research analyses the cognitive and affective empathy, as well as the coping styles and strategies in youths in residential care between the ages of 12 and 17 years. The youths are subject to protection measures due to experiences of abuse and/or neglect. It analyses the relation between the dimensions of empathy and the coping styles and strategies, as well as the contribution of empathy in predicting how the youths cope with problems. The results show that both the affective and cognitive dimensions of empathy are affected. The youths have difficulties to adopt different perspectives and emotional understanding, and they manifest low levels of empathic stress and empathic joy. Their scarce cognitive and affective empathy is connected with and predicts an unproductive coping style which is oriented towards the self. This research provides highly useful information for the design of programmes based on empathy and coping for youths suffering neglect.

1. Introduction

With maturity, the adolescent's associative possibilities multiply and a need is generated for lasting relationships based on confidence, intimacy, communication, affection and knowing each other. Adolescents want to share, be understood and enjoy their relationships, and they expect to find empathy from those around them. Maturity means a greater sensitivity with respect to the needs and demands of others. Empathy is fundamental for an individual's moral development and prosocial behaviour (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996; Eisenberg & Fabes, 1990; Eisenberg, Miller, Shell, Mcnalley, & Shea, 1991; Mayberry & Espelage, 2007).

Baron-Cohen (2011) defines empathy as the ability to identify what other people feel or think and to respond with an adequate emotion to others' feelings and thoughts. Empathy is a multidimensional construct that has received much attention and has been analysed in several spheres of research. Eisenberg (2000) considers it to be a competence that facilitates living in groups and helps to understand and respect others. It sets in motion processes that facilitate an individual's social adaptation to the context in which he/she moves, and inhibits anti-social and asocial behaviour (Desmond, 2002; Eisenberg et al., 2002; Eisenberg, Morris, McDaniel, & Spinrad, 2009; Jolliffe & Farrington, 2004; Mestre, Samper, & Frías, 2002). Through reading the needs of others, we can readjust our own behaviour and this will benefit our interpersonal relations.

Currently, from an integrating position, researchers coincide in

thinking that empathy is made up of affective and cognitive dimensions (Cohen & Strayer, 1996; Davis, 1980, 1996; Hofelich & Preston, 2012; Kerem, Fishman, & Josselson, 2001; Lawrence, Shaw, Baker, Baron-Cohen, & David, 2004).

The *affective* dimension refers to the affective response to the emotions of others, in other words, the capacity to *experience* the emotions of others (Bryant, 1982; Eisenberg & Strayer, 1987; Hoffman, 1982, 1987, 1990; Mehrabian & Epstein, 1972); while the *cognitive* dimension refers to the capacity to *understand* and *infer* the affections and emotional experiences of others, in other words, to know how other people feel, what they are thinking, and to understand their motivation (Eisenberg, Fabes, Guthrie, & Reiser, 2000).

Similarly, coping styles and strategies are essential in adolescence which is characterised by continuous changes. This stage represents the period of greatest vulnerability for initiating behaviour patterns that put a person's mental health or social adaptation at risk. The manner in which youths cope with the psychosocial demands, that are part and parcel of this period of change, affects their development and influences their adaptation to the social context, which can be either negative or positive (Cicognani, 2011; Frydenberg & Lewis, 2009; Krattenmacher et al., 2013; Vera et al., 2012). Coping strategies are specific, concrete actions aimed at coping with each situation, the result of previous experiences and related with a stable coping style (Frydenberg & Lewis, 1994). Coping is a fundamental component that must be taken into account when trying to understand youths' reactions to certain negative life events (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth,

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2001; García, 2010). Vilariño, Amado, and Alves (2013) point out that young offenders present socialisation problems, deficits in their emotional competences and a tendency to use unproductive strategies for coping with problems.

For Frydenberg and Lewis (1996a), coping strategies can be grouped into three basic styles: the coping style aimed at solving the problem (what they call 'productive'); the coping style aimed at looking for professional help, social or even spiritual support; and the unproductive coping style, characterised by blaming, social isolation and denial of the problem, avoiding having to face difficulties.

Some studies show that many youths who have had such negative vital experiences as living in a family lacking in care and who have suffered abuse as children, have difficulties in using cognitive and emotional strategies for resolving social problems, and in the capacity to express and value their own emotions and those of others (Bierman, Torres, & Schofield, 2010; Fernández-Molina, Del Valle, Fuentes, Bernedo, & Bravo, 2011; Martín, Torbay, & Rodríguez, 2008; Moreno-Manso et al., 2016).

The regulation of one's emotions during adolescence is fundamental as a mechanism for inhibiting behaviour that can lead to social exclusion, empathy being one of the competences that is most closely related to youths' prosocial disposition (Eisenberg et al., 2000; Olthof, 2012; Thompson & Gullone, 2008). Garaigordobil et al. (2013) point out that youths of both sexes with high scores in antisocial behaviour have significantly lower capacities for empathy. Kemp, Overbeek, Wied, Engels, and Scholte (2007), as well as Baumeister and Lobbstaël (2011), suggest that youths with high levels of affective empathy present few antisocial behaviour patterns; stating that affective empathy may act as a predictor variable of prosocial conduct.

In this context, the aims of the present study were: to analyse empathy (the emotional and cognitive dimensions) and coping styles and strategies (productive, unproductive and oriented towards others) in a sample of Spanish youths in residential care, with protective measures due to abuse and/or neglect, taking into account such variables as sex and age; to examine the relation between empathy and the coping styles and strategies that youths use to cope with their problems; and also to determine the predictive value of empathy as far as coping is concerned. On the basis of the theoretical review carried out, we expected that the adolescents who were victims of abuse would manifest difficulties in the dimensions of cognitive and affective empathy and coping styles and strategies (hypothesis 1). In this sense, we also expected that, as far as sex and age were concerned, that the youngest adolescents and the males would present the greatest difficulties (hypothesis 2). In addition, we expected that the empathy would be related with the adolescents' coping styles and strategies (hypothesis 3). We also anticipated that the scarce cognitive and affective empathy would be predictors of the subjects' difficulties in coping styles and strategies (hypothesis 4).

2. Method

2.1. Participants

The cognitive and affective empathy and the coping style and strategies of a total of 66 youths in residential care with protective measures are analysed. The subjects were 37 males (56.1%) and 29 females (43.9%), between 12 and 17 years of age. They were divided into two age ranges (12–14 and 15–17). There were 32 youths aged 12–14 and 34 aged 15–17. The research was carried out in the residential care centres for minors in the Region of Extremadura (Spain).

As for the sample selection, the participants are the total number of institutionalised youths aged from 12 to 17 years in public minors' homes during 2017, excluding those homes that are privately managed. The mean period of institutionalisation is three years. All of the youths had been in care for over two years. Similarly, in order to limit the sample in line with the aims of the research, immigrant children were

not included, as this would have created an important bias due to their lack of knowledge of the language. Those minors diagnosed as "intellectual disabilities" or "autism spectrum disorders" were also excluded.

The residential centres are situated in different geographical points of the Region of Extremadura. The management of all the centres is the responsibility of the Region's competent institution in matters involving minors. The characteristics of the centres are similar on an organisational level, with respect to the number of resident children, and the child/staff ratio which permits better individualised attention.

The characteristics of the youths in residential care are those established as situations of *neglect* in the Law 4/1994 of November 10th concerning the Protection of and Attention to minors in the Region of Extremadura (Spain). The sample is made up of youths in residential care because of renunciation and/or neglect by the parents; minors who have suffered physical and/or psychological maltreatment, sexual abuse or serious, physical neglect; also children separated from their families because of their carers' inability to carry out their protective duties (serious mental disorder, drug consumption and/or prostitution).

2.2. Procedure

First of all, authorisation was requested from the institution (Region of Extremadura, Spain) responsible for the minors *in loco parentis*, as legal caregiver, to carry out the research. The instruments were applied after obtaining the consent and approval of the said institution.

The exploration was carried out by four evaluators in the respective residential care centres where the youths were resident. The application of the instruments (TECA and ACS) was carried out in a group session of 45 to 50 min' duration. The two measures were applied to the youths at one-time point. The youths participated voluntarily in the research.

In order to guarantee the maximum validity, reliability and objectivity in the data collection, the evaluators were previously instructed in the application of the instruments. During the application of the measures no difficulties were perceived on the part of the youths to read or respond to the questionnaires.

2.3. Measures

In order to evaluate the empathy, the Test of Cognitive & Affective Empathy (TECA) of López-Pérez, Fernández-Pinto, and Abad (2008) was used. The TECA is a self-reporting scale made up of 33 items, designed to measure the empathic capacity from a cognitive and affective point of view. It is coded in a Likert-type scale of five points from 1 (totally disagree) to 5 (totally agree). It gives information concerning five subscales: adoption of perspective, emotional understanding, empathic stress, empathic joy and a global empathy index. The cognitive dimension of empathy is measured by the adoption of perspective and emotional understanding; while the affective dimension is measured by empathic stress and empathic joy.

The adoption of perspective is the intellectual or imaginative capacity to put oneself in the place of another («I try to understand my friends better by looking at situations from their perspective»). Emotional understanding refers to the capacity to recognise and understand the emotional states, intentions and impressions of others («I realise when someone tries to hide their real feelings»). Empathic stress is the capacity to share another person's negative emotions, that is, to emotionally tune in to that person («I cannot avoid crying on hearing the testimonies of people I do not know»). Empathic joy is the capacity to share another person's positive emotions. It is the positive side of the previous subscale («I feel happy when something good happens to someone»).

The reliability has adequate indices, since Cronbach's alphas for all the subscales fluctuate between $\alpha = 0.70$ and $\alpha = 0.86$. In the present sample, the internal consistency of the five subscales of empathy fluctuate between $\alpha = 0.76$ and $\alpha = 0.87$.

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