

Relationship between Vitality and Characteristics of Coping Strategies in Deviant Adolescents

Marina Chukhrova¹, Elena Shchukina², Olga Lavrinenko³, Ekaterina Efremova⁴, Inna Makarikhina⁵

Abstract

Adolescence is important in the development and formation of a personality, and the family radically influences the development of a teenager; under the family influence, foundations of intentional behavior, ways of responding to stress, level of vitality and defense mechanisms are laid, and a general direction in the formation of moral concepts and relationships emerges. And all this happens against the background of contradictions in physiological and mental development, spiritual formation. The reasons for the use of psychoactive drugs are varied, and most often chemical dependence is determined by the combined action of various factors and conditions. The purpose of the research work was to study the relationship between family structure and characteristics of the adolescents' response to stress in undergoing inpatient treatment due to the use of psychoactive substances. The study was conducted on the basis of the Novosibirsk Regional Clinical Narcological Dispensary (teenage department). The main group included 18 young men, age: from 15 to 18 years, with experience of using psychoactive substances from one year to three or more years - "teenage addicts". The control group, "conditionally healthy", denying the use of psychoactive substances, was represented by high school students of one of the gymnasiums, 15 young men of the same age group. The following methods were used: the Family Adaptation and Cohesion Scale (FACES-3) questionnaire; Plutchik, Kellerman, Conte questionnaire - Life Style Index (LSI) methodology; questionnaire "Methods of coping behavior" by R. Lazarus and S. Folkman and test of vitality (S. Muddy) adapted by D.A. Leontyev. It was revealed that adolescent addicts differ from adolescents without addictive behavior in the following parameters: low level of family adaptation and family cohesion; Adolescents with addictive behavior differ in their style of responding to difficult life situations: they more often use defenses and coping, which serve the function of regulating negative emotional states associated with unmet needs for communication, self-affirmation, etc., while adolescents without addictive behavior use coping and defense, which main function is to resolve the situation; Adolescents with addictive behavior have a lower level of resilience than relatively healthy adolescents. The possibilities of psychotherapeutic influences are discussed.

Keywords: *Deviant Adolescents, Family Structure, Upbringing And Education, Positive Correlation, Critical Thinking.*

Introduction

The relevance of studying adolescents' deviant behavior is due to their special susceptibility to the influence of various unfavorable environmental factors that provoke deviations. Most often, the focus is on the family's relationships, which can be both factors protecting a teenager from adverse influences and risk factors. Family dysfunctions factors, such as parental alcohol abuse, domestic violence, lack of control, conflicts, divorce can provoke various types of deviations: adolescents' risky destructive and delinquent behavior (Giannakopoulos G., 2009; Parker J.S., Benson M.J., 2004; Chukhrova M.G., 2015). According to the study's results conducted in Croatia, maternal rejection is one of the main risk factors for behavioral deviations (Glavak R., 2003). The search for the mother's affection without father's attention caused by the

¹ Doctor, Professor, 630126, Novosibirsk State Pedagogical University, st. Vilyuiskaya, 28, Pedagogy and Law, Novosibirsk State University of Economics and Management, Novosibirsk, Russia, Email: mba3@ngs.ru, <https://orcid.org/0000-0001-5389-5897>.

² Assistant at the Department of Psychiatry and Narcology, I.M. Sechenov First Moscow State Medical University (Sechenov University) Ministry of Health of Russia. Ministry of Health of Russia, 8-2 Trubetskaya str. Moscow, Russian Federation, Email: Serg-orlov@mail.ru, <https://orcid.org/0000-0003-4076-6935>

³ Assistant at the Department of Psychiatry and Narcology, I.M. Sechenov First Moscow State Medical University (Sechenov University) Ministry of Health of Russia. Ministry of Health of Russia, 8-2 Trubetskaya str. Moscow, Russian Federation, Email: Lavrinenko_o_v@staff.sechenov.ru, <https://orcid.org/0000-0001-9194-2965>.

⁴ Assistant at the Department of Psychiatry and Narcology, I.M. Sechenov First Moscow State Medical University (Sechenov University) Ministry of Health of Russia. Ministry of Health of Russia, 8-2 Trubetskaya str. Moscow, Russian Federation, Email: Efremova763@gmail.com, <https://orcid.org/0000-0002-5394-2646>

⁵ Ph. Doctor, Associate Professor of «Foreign languages» Department of SIM of the Russian Presidential Academy of National Economy and Public Administration (RANEPA), Novosibirsk, Russia, Email: michmacha@mail.ru, <https://orcid.org/0000-0003-1405-1696>

separation of a married couple, were discovered as a significant aspect underlying the deviant behavior of adolescents (Korolenko T.s.P., 2013).

At the same time, we should pay attention to some protective factors that determine a teenager's behavior, his coping and protective mechanisms of the psyche without denying the variety of predispositions for the adolescents' deviant behavior development and the special importance of family relationships. The ineffective reaction to stress and a small range of possible behavioral choices characteristic of a teenager can provoke deviations combined with maladaptive coping. For example, drug addiction is often the result of attempts to cope with stress. Despite the fact that a person can indeed get temporary relief from psychological tension with the help of psychoactive substances, such method of dealing with stress is addictive, so the relief will be short-lived, and soon more drugs will be needed, and addiction will form (Chukhrova M.G. et al., 2015). Researches show that deviant teenagers registered with the Ministry of Internal Affairs' list are poorly adapted to society; they usually have poor school performance. They are subject to aggressive reactions, impulsive, emotionally immature, conflict-ridden and prone to negative actions (theft, profanity, deception, use of psychoactive substances) [Schneider, 2005]. Their reactions to life's difficulties are inadequate and unconstructive, and require close attention and correction.

The Purpose of The Research is to study the relationship between vitality and coping behavior of deviant adolescents.

Hypothesis assumes that deviant teenagers are characterized by low vitality and non-constructive, non-adaptive mechanisms of coping behavior.

Materials and Methods

We examined teenagers registered in the Ministry of Internal Affairs' list, who had been repeatedly brought to the police for hooliganism, fights, theft, vandalism, etc., about 100 people in total, aged 14-18 years. Students from one of the secondary schools in Novosibirsk, Siberia of the same age category, were recruited for the survey as a control group.

The choice of the methods for conducting the study was determined by the characteristics of adolescence and the developmental characteristics of teenagers registered in the Ministry of Internal Affairs system. It was necessary to take into account the particular negativism and acute hostile reactions to meetings with a psychologist, negative attitudes towards a large amount of written information, due to the inability to maintain attention for a long time on tests, reading questionnaires, filling out forms, difficulties in concentration, frequent distractions, negligence, working with questionnaires and their damage led to the fact that as a result there were few forms suitable for analysis. The study sample consisted of 35 adolescents registered in the Ministry of Internal Affairs' list, who had repeatedly demonstrated deviant behavior, and 35 normatively developing adolescents of the control group, all male, aged 14-18 years.

We used the following methods in the research: vitality test (S. Maddi) adapted by D.A. Leontyev; Cook-Medley Hostility Scale, Coping Behavior Questionnaire by R. Lazarus and S. Folkman.

Statistical processing of the obtained results was carried out using the statistical software package StatSoft "Statistica 10" with the definition of descriptive statistics (average values, standard deviation). In order to identify the relationship between variables, a correlation analysis was carried out to determine the Spearman correlation coefficient criterion.

Results

The study of the deviant adolescents' vitality level showed that on average, more than half - 54.2%, the level of general vitality had normative values, and in the comparison group it was more than 85% (Fig. 1, 2). In 42.8%, almost half of deviant adolescents had a level of general vitality below the normal (Fig. 1). More than half of the deviants (54.2%) had low involvement, versus 22.8% in the comparison group. 37.1% of

deviants had reduced control, which is 3 times higher than in the comparison group (11.4%). 7 people with deviant behavior (20%) had high levels of risk taking, significantly higher than in the control one (2.8%).

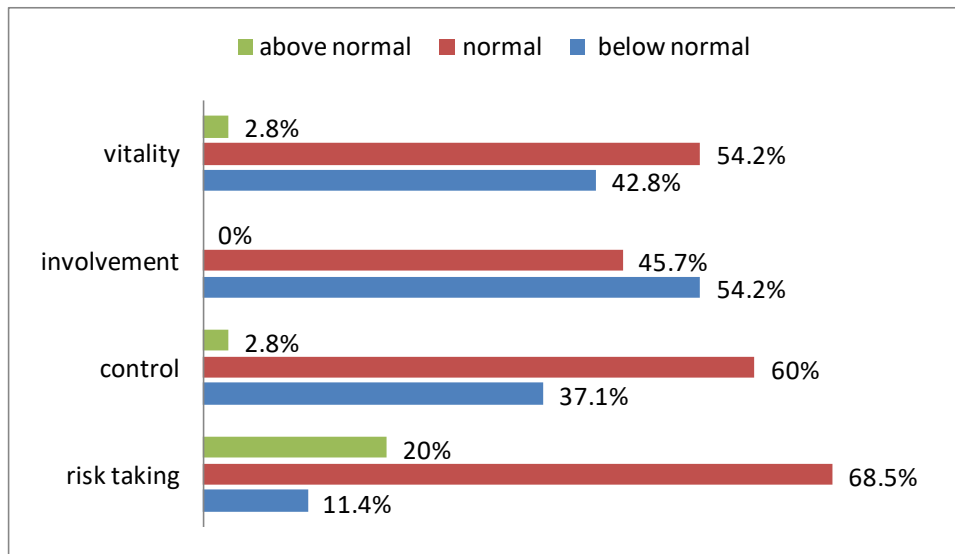


Figure 1. Data On the Vitality Test Scales in The Main Group, %

The scales' indicators of the general vitality, involvement and control for almost half of the respondents in the main group are below the norm. Low involvement indicates an inability to analyze the situation and compare it with one's desires, intentions, and feelings. A person just floats at the will of the waves, without thinking about whether he needs it or not. Low involvement shows a reduced desire or inability to contact people, an insufficiently developed mechanism for receiving social support advice, joint discussion of the situation. A normal level of control (60%), combined with low involvement, may indicate some indifference to the process. According to O.V. Borisenko (2014), vitality is the basis of physical, mental and social well-being, the basis of psychosocial competence, effective functioning. The higher the vitality development, the greater the teenager's ability to adequately experience difficulties is. Deviant adolescents have reduced vitality and a tendency to take risks, which indicates the inability to foresee the consequences of their behavior. The effectiveness of interaction in society of a person with deviant behavior is reduced, as evidenced by the comparison results according to the vitality test. (Table 1).

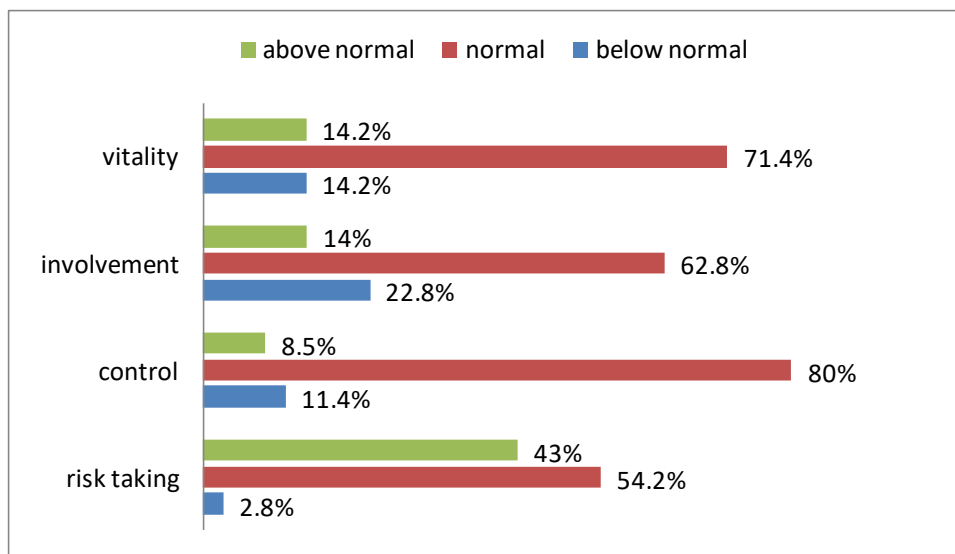


Figure 2. Data On Vitality Test Scales in The Control Group, %.

Table 1. Significance Of Differences in The Vitality Level Between the Study Groups (U - Criterion Mann-Whitney)

	Deviant teenagers	Control group	p-level
vitality	63.4±16.7	85.1±16.2	0,000654*
Engagement	27.3±7.9	37.04±8.6	0,001346*
Control	22.3±5.1	32.41±5.7	0,000421*
Taking risks	15.3±3.9	13.9±5.6	0,018399**

* - reliability of differences at $p < 0.01$

** - reliability of differences at $p < 0.05$

According to the Cook-Medley hostility scale, it was revealed that in the group of deviant adolescents on the cynicism scale, 2 people (5.7%) had a high score, 31 people (88.5%) showed an average result with a tendency to high, and 2 people (5.7%) showed an average result with a tendency to low. The average value on the scale was 57.4 ± 8.7 , which was interpreted as an average level with a tendency to high. In the control group, on the cynicism scale, 2.8% (1 person) had a high score, 88.5% (31 people) had an average result with a tendency to high, and 8.5% (3 people) had an average result with a tendency to low. The average value on the scale is 49.2 ± 8.4 (average with a tendency towards high).

On the aggression scale, 8.5% (3 people) had a high level, 68.5% (24 people) had an average level with a tendency to a high level of aggressiveness, and 22.8% (8 people) had an average level with a tendency to a low level. The average value on this scale was 35.7 ± 5.4 (average level with a tendency to high). In the control group, on the aggressiveness scale, 62.8% (22 people) had an average level of aggression with a tendency to high, 22.8% (8 people) had an average level with a tendency to low. The average value on the aggressiveness scale was 29.3 ± 6.5 (average with a tendency to low), which was significantly less than in the main group.

On the hostility scale, 17.1% (6 people) had a high score in the main group, 60% (21 people) had an average with a tendency to high, 17.1% (6 people) had an average with a tendency to low, and 5.7% (2 people) had low hostility score (Fig. 3). The average value on this scale was 22.6 ± 4.8 (average level with a tendency to high). On the hostility scale in the control group, 40% (14 people) had an average level with a tendency to high, 57.1% (20 people) had an average level with a tendency to low, and 2.8% (1 person) had a low level of hostility. The average value on the scale was 15.8 ± 5.1 (average value with a tendency to low), which was significantly lower than in the main group (Fig. 3, 4).

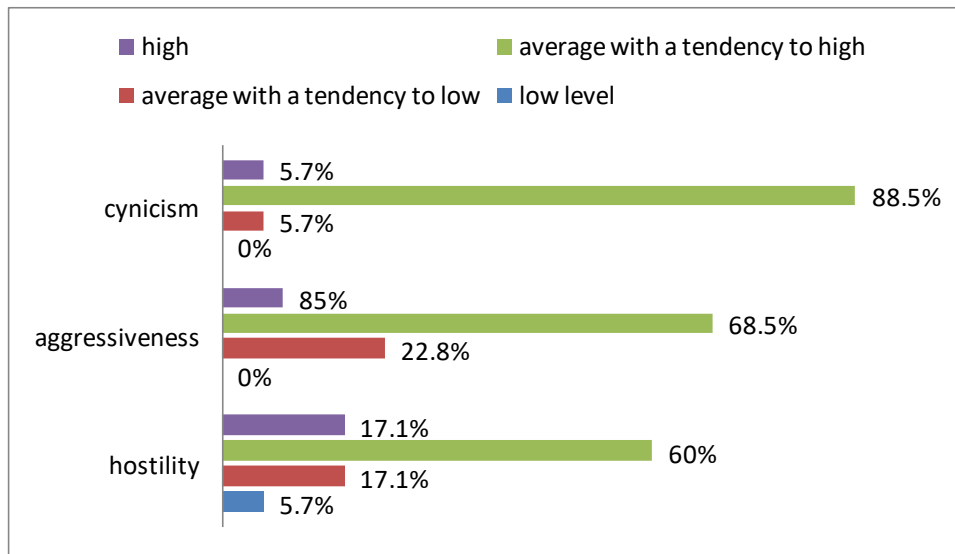


Figure 3. Results On Hostility Test Scales in The Main Group, %

Thus, according to the hostility test, the group of deviant adolescents showed mostly average results with a tendency towards high results on the scales of cynicism, aggressiveness and hostility. Obviously, the combination of increased values of cynicism, aggressiveness and hostility makes deviant teenagers dangerous to society. The difference in the indicators of the control group was confirmed statistically (Table 2).

Table 2. Significance of Differences in Hostility Scales Between The Study Groups (U - Criterion Mann-Whitney)

	Deviant teenagers	Control group	p-level
Cynicism scale	57.4±8.7	49.2±8.4	0.0916
Aggression scale	35.7±5.4	29.3±6.5	0.0365*
Hostility scale	22.6±4.8	15.8±5.1	0.00021**

* - reliability of differences at $p < 0.05$

** - reliability of differences at $p < 0.01$

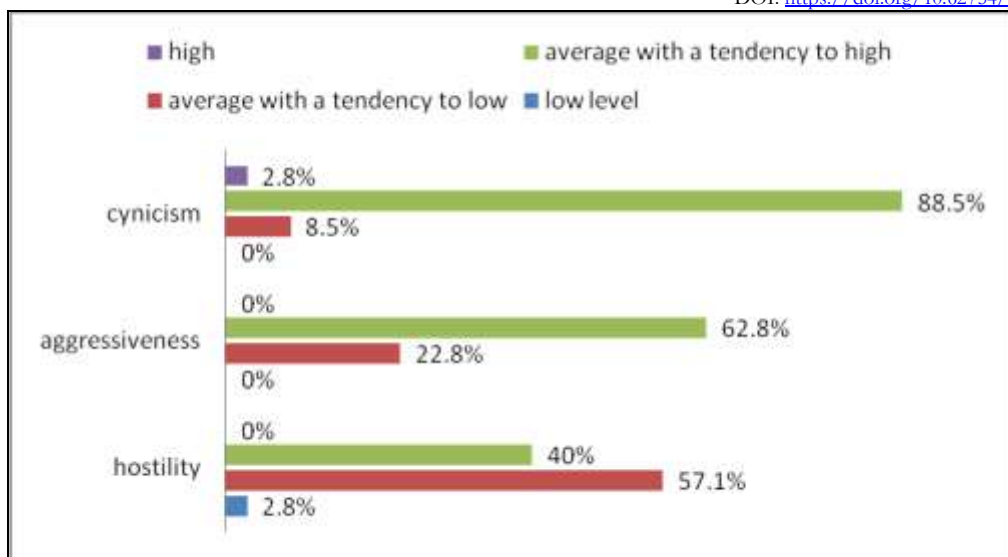


Figure 4. Results On the Hostility Test Scales in The Control Group, %

The study of coping strategies showed that the average value for the “confrontational coping” strategy was 53.6 ± 12.9 , in the control group it was 47.3 ± 13.6 in the group of deviant adolescents. On the “distancing” scale, the average value in the main group was 50.4 ± 12.3 , in the control group it was 53.1 ± 12.3 . The average value on the “self-control” scale in the main group it was 42.8 ± 12.6 , in the comparison group it was 46.3 ± 11.2 . On the “search for social support” scale, the average value in the main group was 45.1 ± 11.6 , in the comparison group it was 46.2 ± 10.5 . On the “taking responsibility” scale, the average value in the main group was 43.3 ± 12.1 and it was 49.6 ± 10 in the comparison group 2. The average value on the “escape-avoidance” scale in the main group was 58.3 ± 10.4 , in the control group it was 50.3 ± 10.4 . The average value on the “problem solving planning” scale in the main group was 42.7 ± 12.2 , in the control group it was 48.3 ± 12.6 . On the “positive reevaluation” scale, the average value in the main group was 46.8 ± 10.1 , in the control group it was 49.6 ± 10.7 . According to the results of statistical processing using the Mann-Whitney U test, significant ($p < 0.01$) differences between the study groups were obtained. The coping strategy “escape-avoidance,” or avoidance of direct contact with internal or external conflict, was preferable for adolescents with deviant behavior. This strategy for overcoming stress was considered non-adaptive (Odintsova M.A., 2016).

The use of ineffective coping strategies can lead to adolescents’ chronic stress, and stress is a risk factor for social maladaptation and various types of deviations (Guillod L., 2016).

The relationship between vitality and defensive coping strategies using the Spearman correlation coefficient revealed the following relationships. The higher the level of vitality is, the less often the coping strategy “self-control” is used ($r = -0.33$). The higher the level of vitality is, the less often the coping strategy “distancing” is used ($r = -0.36$). The higher the level of vitality is, the less often the coping strategy “taking responsibility” is used ($r = -0.41$). The higher the level of vitality is, the less often the coping strategy “escape-avoidance” is used ($r = -0.51$).

Negative relationship between the level of vitality and the coping strategies “taking responsibility”, “distancing” and “escape-avoidance” is confirmed in Ekimova O.A. and Danilenko O.I. research (Ekimova O.A., 2010). This means that adolescents with low levels of hardiness tend to resort to less effective coping strategies, such as distancing and escape-avoidance. The seemingly unusual relationship with the coping strategy “taking responsibility” is also explained by these researchers. They believe that the statements in the questionnaire describing this style of behavior have a certain self-accusatory connotation. And unjustified self-criticism can hinder the willingness to actively overcome difficulties (Ekimova O.A., 2010). Such a coping strategy as self-control is used less frequently due to the fact that the need to constantly control emotions and behavior decreases with a high level of vitality.

It was revealed that the average value on this scale in the subgroup with high vitality was 41.3 ± 11.2 , in the subgroup with average vitality it was 46.5 ± 10.1 , and in the subgroup with low vitality it was 55.3 ± 12.2 ($H=6.6633$ at $p<0.05$), comparing groups with high, medium and low vitality in terms of the “distancing” parameter using the Kruskal-Wallis test. Adolescents with low levels of vitality more often use the “distancing” strategy, which is considered less effective because their own potential for coping with stress remains unused. By moving away from the problem, a person devalues his own experiences, as well as his ability to resolve a stressful situation (Bouchard G., 2004). However, this may be a way of saving energy, or realizing one’s own uncertainty in the positive outcome of the situation, which is also aimed at adaptation.

Discussion

We found out, during collecting anamnesis, that the majority of adolescents in the sample were from single-parent families (63% in the main group and 35% in the control group). This result is remarkable, since for both, a teenager with emotional and behavioral problems, and also for psychologically healthy ones, the climate in the family is rather important. Normal relationships between parents, an adequate attitude of parents to a teenager, the opportunity to receive support and unconditional love – all of these factors can be a prevention of behavioral disorders. Relationships with a same-sex parent are especially important. It is the family that determines a teenager’s vitality and contributes to the formation of constructive ways of coping with troubles. Lack of parental control, conflicts between parents and children, as well as feelings of rejection and parents’ punishment (Eichhorn A., 2017) are often associated with an increased risk for deviant behavior in adolescents. Family predispositions are the roots of adolescent deviance and delinquency [Chukhrova, 2021]. Nevertheless, an analysis of the family structure of deviant adolescents was not part of our study’s objectives, but even the information obtained that the majority of deviants have an incomplete family allows us explaining the reasons for the results. A decrease in deviant adolescents’ vitality, along with an increase in aggressiveness and hostility, as well as a decrease in control, indicate their low adaptation to society, despite the fact that the features of their coping strategies are aimed precisely at adaptation. Considering the fact that adolescence period itself is a “risk factor for deviance,” it makes deviant behavior almost inevitable combined with unconstructive coping strategies. Violation of adaptation in society is inherent in reduced indicators of vitality (involvement, control and risk), possible family problems, and increasing hostility and aggressiveness together with other provoking factors. A vicious circle is formed (Fig. 5). You can break the vicious circle with effective psychocorrectional work.

The results obtained can be used in the development of correctional psychological training programmes, working with deviant teenagers.

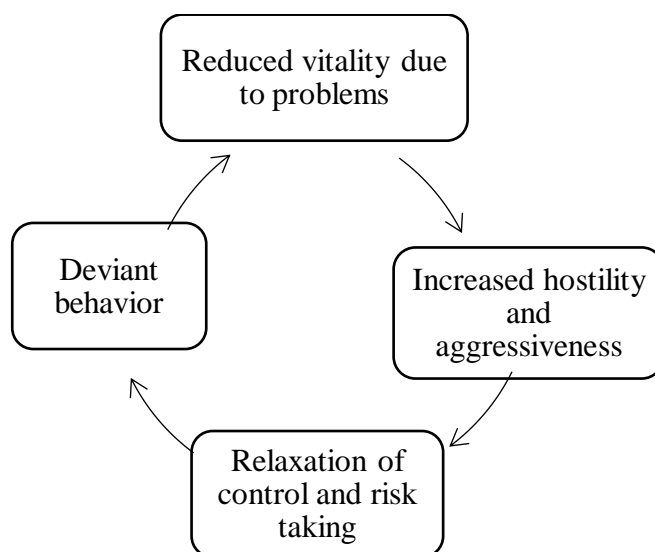


Figure 5. The Vicious Circle of Weakening of Deviant Adolescents’ Vitality

The levels of resilience components were determined: involvement, control and risk taking in deviant adolescents and adolescents from the conditional norm group. It is shown that the level of vitality is generally lower in deviant adolescents, although individual components (risk taking) are significantly higher.

According to the Cook-Medley hostility scale, indicators of aggressiveness and hostility are significantly higher in the group of deviant adolescents, which is associated with a reduced level of vitality.

The activities of defensive-coping strategies in the group of deviant adolescents corresponds to the characteristics of their vitality: with a low level of vitality, the “distancing” strategy predominates and the coping strategy “escape-avoidance” is used more often; the higher the level of vitality is, the less frequently the coping strategy “taking responsibility” is used. .

Deviant teenagers are more often raised in single-parent families, which may be one of the causes of behavioral problems.

Conflicts of Interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

Acknowledgments

This study was not financed. The survey materials were reviewed and approved by the ethical commission at the authors' place of work. Only the study results may be shared.

References

- Aikhorn, A. (2017) *Difficult Teenager*. Moscow Publishing House "EXMO-Press", 201-215.
- Borisenko, O.V. Features of Vitality Formation and Coping with Difficult Life Situations of Minors in Education (2014) *Manual Aid*, 9-20.
- Ekimova, O.A. (2010) Preference for Coping Strategies by Subjects with Different Levels of Vitality *St. Petersburg State University Psychology of the XXI century*, 22-27.
- Korolenko, T.P. (2013) Addictive Behavior. General Characteristics and Patterns of Development *Review of Psychiatry and Medical Psychology*. No. 1., 8-15.
- Odintsova, M.A. (2016) Stress-Overcoming Behavior of High School Students with Different Levels of Vitality, 193-196.
- Chukhrova, M.G., Dresvyannikov, V.L., Markova, E.V. (2015) *Drug Addiction: Modern Research Strategies*, Monograph. - Saint-Louis, Missouri, USA: Publishing House Science and Innovation Center, 218.
- Chukhrova, M.G. (2021) Psychosocial Roots of Adolescent Delinquency *Bulletin on Pedagogy and Psychology of Southern Siberia*, No. 2. ISSN 2303-9744 (Online)
- Schneider, L.B. (2005) *Deviant Behavior of Children and Adolescents*, Moscow Publishing House, 336.
- Bouchard, G. (2004) Situational and Dispositional Coping: Examination of Their Personality, Cognitive Appraisals and Psychological Distress *European Journal of Personality*. Vol. 18, 221-238.
- Giannakopoulos, G., Mihas, C., Dimitrakaki, C., Tountas Y. (2009) Family Correlates of Adolescents' Emotional Behavioral Problems: Evidence from a Greek School-Based Sample *Acta Paediatrica*, 1319-1323.
- Glavak, R., Kuterovac-Jagodic, G., Sakoman, S. (2003) Perceived Parental Acceptance-Rejection, Family-Related Factors, and Socio-Economic Status of Families of Adolescent Heroin Addict *Croat Med J.*, 199-206.
- Guillod, L. (2016) Psychological Processes of Stress Management and Neuroendocrine Regulation in Incarcerated Adolescent Offenders *Urban*, Vol. 8(3), 111-115.
- Parker, J.S., Benson M.J. (2004) Parent-Adolescent Relations and Adolescent Functioning Self-Esteem, Substance Abuse, and Delinquency. *Adolescence*, 519-530..