

Coping Skills and Self-Esteem among School-going Adolescents in Assam

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ABSTRACT

The present study was undertaken to investigate the self-esteem and coping styles among school-going adolescents in the city of Tezpur of the state of Assam. A random selection of 120 students from a school was chosen for the study. Rosenberg self-esteem scale was used to measure the self-esteem and coping styles were measured by Brief Cope and results were statistically analyzed. The self-esteem scores of nearly the entire population of respondents (99.2%) fell within average range. The mean scores on Brief Cope subscales of Planning and Instrumental Support fell in the high range while those on Active Coping, Acceptance, Self-distraction and Use of Emotional Support fell within the medium range. Mean scores on subscales of Venting, Self-blame, Denial, Behavioral Disengagement, Humour and Substance Abuse fell within low range. Coping strategies of Self-distraction and Religion showed significant positive correlations with Self-esteem while those of Denial, Substance-use and Self-blame showed negative correlation with Self-esteem.

Keywords: *Adolescence, coping, self-esteem*

Assam is a state located in the north-eastern part of India. The population of Assam in the year 2017 as per estimated data is 34.492 million. The people of Assam are a mixture of Mongolian, Indo-Burmese, Indo-Iranian and Aryan origin. This mixture of people constitutes the population of the state and they call themselves as Asomiya or Assamese. Among all the states of the country Assam is said to have the largest number of tribes showing a great difference in the tradition, culture, dresses, and exotic way of life. Their culture and traditions along with their language is very unique and an outsider is not quite able to comprehend its colour and variety. The Assamese are noted for their mixed traditional culture because of the assimilation of various ethno-cultural groups in the past. Correspondingly, scientific innovations and technological evolution brought-forth a revolution in society and in the lives of people. Rapid progress in communication media, fast-changing value systems, impact of cultural exchange, consumeristic value systems etc. have affected many people's traditional

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supportive systems and resulted in causing tension in the day-to-day lives of the people. At the same time, communal violence and clashes among different religious groups and cultures were also on the rise. Divorce and family conflicts cause irreparable harm to all involved, but most especially to children and adolescents. Adolescents are very strongly affected by what they see and hear continuously. It diminishes their future competence in all five of society's major tasks or institutions: family, school, religion, marketplace and government (Fagan & Churchill, 2012).

Researcher now has a greater realization that there is a sizeable proportion of troubled and troublesome adolescents in the schools as well as a greater understanding of the kinds of needs they have. Having worked in a school environment for many years, the researcher was keen to see how our students would score in self-esteem and to know the coping strategies they use in dealing with their daily problems and challenges and to see the relationship with these two sets of variables. The study attempted to answer the following questions: 1. What are the levels of self-esteem possessed by school going adolescents in Assam? 2. What types of coping strategies are utilized by the adolescents in the schools of Assam? 3. What is the relationship between coping strategies and self-esteem among school-going adolescence of Assam.

Adolescents

The term 'adolescence' comes from the Latin word *adolescere* meaning 'to grow' or 'to grow to maturity.' This maturity includes mental, emotional, social and physical (Hurlock, 1980). During this time, young people experience more physiological and psychological changes than they have at any other time in life (Nilsen, 1982; Ingersoll, 1989). Erik Erikson in his theory of personality explains human behavior and growth through eight psychosocial stages. According to him adolescence, between the ages of 12-18, is the stage at which persons form his/her self-image, the integration of ideas about his/her self and what others think of him/her. People who emerge from this stage with a strong sense of self-identity are equipped to face adulthood with certainty and confidence. Those who experience an identity crisis will exhibit confusion roles (Schultz & Schultz, 2005).

Self-esteem

Self-worth or self-esteem refers to how much a person likes himself or herself. Self-esteem is one of the key factors in determining a child's behaviour. Harter, (1990) stated that one third to one half of the adolescents struggle in the early adolescence due to low self-esteem. Low self-esteem in adolescence and young adulthood is a risk-factor for negative outcomes in important life domains (Erol & Orth, 2011). Low self-esteem causes various mental disorders such as depression, anxiety and learning problems, difficulties in dealing with failures, losses and other setbacks. Self-esteem can be defined as a person's evaluation of the discrepancy between their self-image and their ideal self (Lawrence, 2000). Study conducted by Mann, Hosman, Schaalma, & De Vries (2004) illustrated that self-esteem can lead to better health and social behavior and that poor self-esteem is associated with a broad range of mental disorders and social problems. Ross, & Broh, (2000) reported that adolescents who feel good

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about themselves do better in school than do those who have low self-worth. Self-esteem stabilizes and motivates individuals to form and maintain relationships (Cast, & Burke 2002).

Coping

Coping is a cognitive and behavioural effort to master, reduce or tolerate those demands from transactions that exceeds a person's abilities and resources and involves a complex process of thoughts and actions (Dewe, 1999). According to Hurlock (1980), during adolescence, boys and girls find it difficult to cope up with problems, because throughout childhood, the problems were met and resolved by parents and teachers. Therefore, they are inexperienced in coping with problems alone and at times they feel that they are independent and they can cope up with their own problems. In their effort to cope up with the problems of life, some may seek support by discussing the problems with parents, peers or other concerned persons, some may search for possible solutions and others may try to withdraw from stressors of life (Krenke, Aunola, & Nurmi, 2009).

Chapman & Mullis (1999) conducted a study on adolescent coping strategies and self-esteem and the study revealed that adolescents with lower self-esteem utilized more avoidance coping strategies than adolescents with higher self-esteem. Rijavec, & Brdar, (1997) conducted a study on coping with school failure and suggested that high achievers use more positive coping strategies than low or average achievers. Study conducted by Frydenberg, & Lewis, (2000) reported that of the coping strategies, seeking social support, solving the problem, self-blame, keep to self and tension reduction remained stable for adolescents between the ages of 12 and 14 but increased significantly in the next two years. Therefore coping plays a vital role in the developmental process. Lyons, Huebner, & Hills, (2015) conducted a study and results suggests that personality, environmental stressors and coping behaviors may play a role in the development of life satisfaction among early adolescents. Appropriate focuses on an efficient coping with age-related developmental issues are important prerequisites of successful adaptation during adolescence.

Cultural differences in self-esteem and Coping

Culture and tradition play a significant role in all the societies of a particular group and they form the base for the same. The customs and traditions are more of beliefs which have been followed by earlier generations which are widely accepted and strictly followed. Culture is a fundamental context that helps to shape both the individual and the environment. Self-esteem is a feeling of self-worth that is based on group memberships. A person's cultural background represents a powerful and pervasive set of environmental influences that may shape the expression, sources, and perhaps also the development of self-esteem (Bleidorn et al., 2013). Many studies have examined the role that culture plays in shaping people's choice of coping strategies as well as coping effectiveness. According to Markus and Kitayama (1991), people from different cultures have remarkably different construal of the self, of others, and of the interdependence of the two. According to (Cotton, Zebracki, Rosenthal, Tsevat, Drotar, 2006) religion/spirituality is important to adolescents, is usually considered a protective factor against a host of negative health outcomes. Referring to this, Assam is a

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multiethnic society with different cultures and the cultural life of Assam is interwoven with the activities of a number of cultural institutions and religious centres, such as the satra (seat of a religious head known as the satradhikar) and namghar (prayerhall). Satras in Assam have been looking after the religious and social well-being of the people.

METHODOLOGY

Sample

A cross-sectional research design was adopted for the study. The respondents of the study were from one of the English medium high schools under Tezpur municipal area. This was an English medium school with a population of two thousand children. This school caters to students coming from many different strata of the society, namely, economically rich or poor; socially well-placed or ordinary and of many different religious and cultural leanings. This enabled the investigator to have a heterogeneous sample. All adolescents between the ages of 12-18, studying in class VIII and IX, in the four sections of the school were selected for the study. A random selection was done and 60 students from each class, a total number of 120 students were selected with the help of lottery system, who had given consent and who also had parental consent for the study. This included both boys and girls of class VIII and IX. A test was conducted for all of them on self-esteem and coping styles.

Instrumentation

The demographic characteristics measured were age, gender, class, religion, ethnicity, and their socio-economic status. Rosenberg Self-Esteem Scale (Morris Rosenberg 1965) is a 10-item self-report measure of global self-esteem. It consists of 10 statements related to overall feelings of self-worth or self-acceptance. The items are answered on a four-point scale ranging from 1 (strongly agree) to 4 (strongly disagree). A sample item was: "I feel that I have a number of good qualities." Higher scores reflect a higher self-esteem.

Brief COPE (Carver, 1997) was used to assess coping using a 4-point scale ranging from 1 (I have not been doing this at all) to 4 (I have been doing this a lot). Coping types included self-distraction, active coping, denial, substance use, emotional support, instrumental support, behavioural disengagement, venting, positive reframe, planning, humour, acceptance, religion, and self-blame. A sample item was: "I've been turning to work or other activities to take my mind off things." The items of brief COPE are an abbreviated version of the COPE Inventory.

Data Analysis

The SPSS was used to analyse the quantitative data collected. Descriptive statistics were conducted for demographic variables, self-esteem and coping. Pearson r correlation analysis was used to assess the relationship between self-esteem and coping.

FINDINGS**Socio-Demographic characteristics of the respondents***Table 1 Socio –demographic information of the respondents N= 120*

Variables	Categories	N	%	Mean Age	SD
Gender	Male	51	42.5	14	0.75
	Female	69	57.5		
Education	Class VIII	57	47.5		
	Class IX	63	52.5		
Religion	Hindu	114	95.1		
	Muslim	5	4.2		
	Christian	1	0.8		
Ethnicity	Tribal	2	1.7		
	Non-tribal	118	98.3		
Staying with Parents	Yes	118	98.3		
	No	2	1.7		
Socio-economic status	Low	3	2.5		
	Middle	116	96.7		
	High	1	0.8		
Age					

As can be seen in the table given above the respondents' mean age was 14 years and over half of the respondents (57.5%) were females, and fewer than half (42.5%) were males. The large proportion of respondents belongs to Hindu religion (95.1%) and fell in middle class socio-economic status and the vast majority of them were non-tribal (98.3%) who stayed with their parents.

Respondents' perceived self-esteem*Table 2 Self-esteem score of the respondents N=120*

Variables	Categories	N	%
Self-esteem	Low	1	0.8
	Middle	119	99.2
	High	_____	_____

Each respondent was asked 10 questions to measure both positive and negative feelings about the self. Responses were 1 (strongly agree), 2 (Agree), 3 (Disagree), 4 (Strongly disagree). The result showed that nearly the entire population (99%) of the respondents under study fell within the average range of self-esteem.

Respondents' perceived coping*Table 3 Means and standard deviations of subscales of cope N=120*

Variables	Mean	SD
Self Distraction	5.27	1.45
Active Coping	5.61	1.31
Denial	4.14	1.53
Substance Use	2.42	1.31
Use of emotional support	5.10	1.30

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Variables	Mean	SD
Use of instrument support	6.05	1.43
Behavioural disengagement	4.09	1.70
Venting	4.44	1.50
Positive reframing	5.94	1.45
Planning	6.15	1.25
Humour	3.44	1.59
Acceptance	5.50	1.60
Religion	5.11	1.70
Self –blame	4.15	1.30

From the data seen in the table given above showed that the use of planning and instrumental support as coping strategies is high among respondents and those on active coping, acceptance, self-distraction and use of emotional support fell within the medium range. The result also showed that at the respondents' scores fell in the low range in their use of venting, self-blame, denial, behavioural disengagement, humour, and substance use as coping skills.

Correlation between self-esteem and cope

Table 4 Correlation between self-esteem and coping N=120

Coping	Self-esteem
Self Distraction	0.216*
Active Coping	0.205
Denial	-0.217*
Substance Use	-0.21
Use of emotional support	0.173
Use of instrument support	0.151
Behavioural disengagement	0.052
Venting	0.16
Positive reframing	0.174
Planning	0.021
Humour	0.168
Acceptance	0.87
Religion	0.193*
Self –blame	-0.028

Pearson's correlations were used to examine the relationship between self-esteem and coping. The table above presents the findings. The relationship between self-esteem and self-distraction was significant ($r= 0.216^*$, $P= 0.05$). This suggests that respondents with higher self-esteem potentially utilize self-distraction as their coping strategy when confronted with stressful situation. The correlation between self-esteem and religion ($r=0.193^*$, $P=0.05$) was also significant. This proposes that respondents with higher self-esteem also utilize religion as a means to deal with their daily problems. Since $P=0.05$, this correlation appeared to be statistically significant as it can explain 95% of preferences are not being by chance. A significant negative correlation is found between denial ($r=-0.217^*$, $P=0.05$) and self-esteem. This indicates that respondents with higher levels of self-esteem are less likely to use denial as a coping strategy. A negative correlation is found between the domains of substance use

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($r = -0.21$) and self-blame ($r = -0.028$) with self-esteem. This also suggests that respondents with high self-esteem neither depend on substance nor they blame themselves in challenging situation. It is also noticed that other domains like active coping ($r = 0.205$), use of emotional support ($r = 0.173$), use of instrumental support ($r = 0.151$), behavioural disengagement ($r = 0.052$), venting ($r = 0.16$), positive reframing ($r = 0.174$), planning ($r = 0.021$), and acceptance ($r = 0.87$) also have a positive correlation with self-esteem.

DISCUSSION

In this study, the results showed that the respondents under study fell within the average range of self-esteem, irrespective of their genders. The information gathered through socio-demographic data reveals that nearly all the respondents were staying with their parents and the most frequently used coping mechanism was instrumental support and a positive correlation is found between instrumental support and self-esteem in the study. It shows that parental support act as an important coping mechanism which in turn enhanced their self-esteem. This finding is consistent with the study conducted by Felson, & Zielinski, (1989) & Gecas, & Schwalbe, (1986). According to their findings family act as a protective factor for adolescents and parents support affect the self-esteem of their children invites parents to provide proper family environment and support (Felson, & Zielinski, 1989 & Gecas, & Schwalbe, 1986).

The instrumental support may have also come from the school with stated mission statement “to develop a well-balanced personality for the good of the society and for the formation of a better world, where love, fellowship, and service prevail” which recognizes the potentials of each child and respecting the individual needs of children, fosters a caring and creative environment, and emphasizes the social, emotional, physical, intellectual development of each child. Referring to the study conducted by Scott, Murray, Mertens, & Dustin, (1996) highlights that school experience acts as a significant determinant of a student’s sense of self which affects self concept, values and self-esteem.

The most frequently used coping strategies among respondents were planning and instrumental support and the least frequently used coping strategies were venting, self-blame, denial, behavioural disengagement, humour, and substance use. This finding is consistent with the study conducted by Cocorad & Mihalascu, (2012) & Krenke, (1992). Cocorad & Mihalascu, (2012) reported that the students were more likely to use planning, reinterpreting, active coping and seeking instrumental support to deal with problems and less likely to use substance use, behavioural disengagement and denial. In Krenke’s study on the coping styles of Finnish adolescents were most frequently used coping was active coping and denial was used less often.

A significant positive relationship was found between self-distraction and self-esteem. This shows that respondents who have a higher self-esteem are more likely to distract themselves and thus may give the emotion some time to decrease in intensity, making it easier to manage. In the same way a significant relationship is found between religion and self-esteem,

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which may mean that those who have a sense of religion scored higher in religion and higher seems to be their self-esteem. Perhaps the young ones who were brought up in a religious family atmosphere have developed a sense of religion as they face with unfavourable situation in their life. This finding is consistent with the research conducted by Terreri, & Glenwick, 2013. Terreri, & Glenwick found a significant relationship between religious coping and mental health indicators among adolescents.

A significant negative correlation is found between denial and self-esteem and substance use and self-blame is negatively correlated with self-esteem. This shows that adolescents who have a higher self-esteem are less likely to use denial, self-blame and substance use as their coping strategies. It may also mean that instead of blaming themselves or depending on drugs, alcohols, or other intoxicants or instead of denying that there is problem they are able to use more coping strategies to deal with stress and anxieties. It shows that people with high self-esteem seems don't deny or blame themselves that they have a problem but they acknowledge their problem apparently and deal with it through self-distraction and religion. It seems that their sense of religious beliefs, practices and rituals and learning to distract themselves from the current problems helps them to sustain their self-esteem.

CONCLUSION

The results showed that the respondents under study fell within average self-esteem. This can be attributed to school, culture and the parental relationship. Self-esteem depends on the functioning of the whole family in which adolescent is intimately related to the dyadic relationship in a family. The self-esteem scores of the participants were positively correlated with self-distraction and religion and negatively correlated with denial, substance use and self-blame. There is a significant correlation between their self-esteem and some of the other strategies they use. The researcher's particular interest was that they distract themselves rather than deny when a problem exists. In fact, the result showed that they are able to see through religious beliefs, practices and rituals to deal with difficult and challenging situation. Hence happy to note that denial, substance use and self-blame is negatively correlated means they don't try to overcome their sorrows with substance use or they don't deny there is a problem exist or they don't blame themselves for the existing problems. They depend more on self-distraction and religion. Nearly the entire population scored average self-esteem, which partly may be attributed to school and its curriculum and partly to be attributed to the availability of religion as coping strategies. It makes sense in the context of India especially the state of Assam which is known for its reliance on religion at all levels. The presence of religion as a socio-cultural fabric supports them and the tendency to distract themselves with other preoccupations and concerns are effective coping strategies.

Recommendations

1. Conduct psycho-educational program for the students in the school.
2. Organize group sessions to teach coping skills.
3. Provide awareness programme for the teachers on the physical, emotional and spiritual needs of the adolescents.

Limitations of the study

The major limitations of this study involve the sample size which was relatively small and selection of the sample was only from one school and they were exposed to the same environment. Another limitation of the study was that the sample under study was mostly from single religious faith. Furthermore, most of the participants were from a single ethnic group.

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REFERENCE

- Bleidorn, W., Klimstra, T. A., Denissen, J. J., Rentfrow, P. J., Potter, J., & Gosling, S. D. (2013). Personality maturation around the world: A cross-cultural examination of social-investment theory. *Psychological Science, 24*, 2530–2540. <http://dx.doi.org/10.1177/0956797613498396>
- Cast, A. D. & Burke, P. J. (2002). A theory of self-esteem. *Social Forces, 80* (3), 1041-1068
- Chapman, P.I. & Mullis, R.L. (1999). Adolescent coping strategies and self-esteem. *Child Study Journal, 29* (1), 69.
- Cocorad, E & Mihalascu, V (2012). Adolescent coping strategies in secondary school. *Procedia - Social and Behavioral Sciences 33*, 188 – 192, doi:10.1016/j.sbspro.2012.01.109
- Cotton, S., Zebracki, K., Rosenthal, S., Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: a review. *Journal of Adolescent Health, 38* (4), 472–480. DOI: <http://dx.doi.org/10.1016/j.jadohealth.2005.10.005>
- Dewe, P. (1999). Measures of coping with stress at work: a review and critique. In Dewe, p., Leiter, M. & Cox, T. (Eds.), *Coping, health and organisations* (pp 1-29), London and New York: Taylor & Francis.
- Erol, R. Y., & Orth, U. (2011). Self-esteem development from age 14 to 30 years: A longitudinal study. *Journal of Personality and Social Psychology, 101* (3), 607-619.
- Fagan, P.F. & Churchill, A. (2012). *The effects of divorce on children*. Washington, Marriage and religion research institute.
- Felson, R, B. & Zielinski, M. A. (1989). Children's self-esteem and parental support. *Journal of Marriage and Family, 51* (3), 727-735

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- Frydenberg, E. & Lewis, R. (2000). Teaching coping to adolescents: when and to whom? *American Educational Research Journal*, 37 (3), 727-745.
- Gecas, V. and Schwalbe, M. L. (1986). Parental behavior and adolescent self-esteem. *Journal of Marriage and Family*, 48 (1), 37-46
- Harter, S. (1990). Identity and self development. In S. Feldman and G. Elliott (Eds.), *At the threshold: The developing adolescent* (352-387). Cambridge, MA: Harvard University Press.
- Hurlock, E.B. (1980). *Developmental psychology: A life-span approach* (5thEdn). New Delhi: Tata McGraw Hill Education Publication.
- Ingersoll, G.M. (1989). *Adolescence* (2nd ed.). Englewood Cliffs, NJ: Prentice hall.
- Krenke, I. S, (1992). Coping behavior of Finnish adolescents: Remarks on a cross cultural comparison. *Scandinavian Journal of Psychology*, 33 (4), 301–314.
- Krenke, I.S., Aunola, K., & Nurmi, J.E. (2009). Changes in stress perception and coping during adolescence: The role of situational and personal factors. *Child Development*, 80 (1), 259-279.
- Lawrence, D. (2000). *Building self-esteem with adult learners*. London: Sage Publications.
- Lyons, M. D, Huebner, E. S. & Hills, K. J. (2015). Relations among personality characteristics, environmental events, coping behavior and adolescents' life satisfaction. *J Happiness Stud*, DOI 10.1007/s10902-015-9630-z.
- Mann, M , Hosman, C. M. H., Schaalma, H. P, & De Vries N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education*, 19(4), 357-372. doi.org/10.1093/her/cyg041.
- Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98, 224-253.
- Nilsen, J. D. (1982). Adolescence. *The American Journal of Nursing*, 82(3), 436-439
- Rijavec, M. & Brdar, I. (1997). Coping with school failure: Development of the school failure coping scale. *European Journal of Psychology of Education*, 12 (1) 37-49
- Ross, C. E. & Broh, B. A. (2000). The roles of self-esteem and the sense of personal control in the academic achievement. *Sociology of Education*, 73 (4), 270-284
- Schultz, D.P. & Schultz, S.E. (2005). *Theories of personality*, (8thedn.). America: Wadsworth cengage learning.
- Scott, C.G., Murray, G.C., Mertens, C., & Dustin, E.R. (1996). Student self-esteem and the school system. *The University of North Florida, Department of Health Science*, 89 (51).
- Terreri, C. J. & Glenwick, D. S. (2013). The relationship of religious and general coping to psychological adjustment and distress in urban adolescents. *J Relig Health*, 52, 1188–1202, DOI 10.1007/s10943-011-9555-8.

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