Transactional stress and anxiety control beliefs among low-income early adolescents

Kristine E. Hickle *, Elizabeth K. Anthony

School of Social Work, Arizona State University, Phoenix, AZ, USA

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A B S T R A C T

The current study examined perceptions of control over anxiety-related circumstances among early adolescents living in low-income housing from a dynamic perspective of multiple ecological influences. We hypothesized that, while relational and environmental factors would influence anxiety control beliefs, beliefs about the self would explain most of the variance. Individual interviews were conducted with 162 ethnically diverse early adolescents in grades 6–8 (M_age = 12, 52% female) from five urban public housing sites located in a large southwestern state. Linear regression models suggest a significant positive relationship with anxiety control beliefs and coping skills and social support. An inverse relationship with anxiety control beliefs was found for level of reported hassles, family conflict, low self-esteem, and school commitment. Recommendations for the development of preventive interventions are discussed.

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1. Introduction

Adolescents living in low-income and poverty neighborhoods are exposed to a range of environmental stressors that increase their vulnerability for problematic health and behavioral outcomes and may negatively impact well-being (Leventhal & Brooks-Gunn, 2000; Mcloyd, 1998; Sampson, 2001). In addition to stressors impacting adolescents at the community and neighborhood level, early adolescence in particular is associated with socialization processes among peers and family members that can be stressful to navigate (Pristin et al, 2008). Folkman and Lazarus (1991) define stress as a relationship between the person and environment that is perceived by the person to exceed her/his resources at the time. Coping, on the other hand, is characterized by a person’s cognitive and behavioral efforts to manage (minimize, tolerate, etc.) the internal and external demands.

One important and understudied aspect of an adolescent’s ability to cope and respond effectively to stressful and anxiety-related circumstances is her/his perception of control in the situation (Weems, Silverman, Rapee, & Pina, 2003). Specifically, anxiety control beliefs are negatively associated with an increased sensitivity to anxiety and childhood anxiety symptoms (Weems, Costa, Watts, Taylor, & Cannon, 2007; Weems et al., 2003). Understanding early life stressors and control beliefs and processes is important since poor coping responses to early life stressors can lead to increasingly maladjusted coping responses later in life (Anthony, 1991).

1.1. Influences on anxiety control beliefs and anxiety responses

Research tends to focus on individual factors in response to stress and anxiety among children and adolescents; however, studies suggest a number of factors including family genetics, environmental factors, peer interactions, self-esteem and other beliefs about the self, and gender are influential. Regarding the impact of family and environmental context, Spence, Najman, Bor, O’Callaghan, and Williams (2002) found that maternal depression and anxiety, conflict between parents including divorce or separation during early childhood, and poverty are associated with increased risk for symptoms of anxiety and depression in adolescents. There are some specific features of being raised in low income or poverty circumstances that are related to environmental and economic stressors on parents such as concerns regarding safety and lack of resources (Anthony & Nicotera, 2008). These stressors can trickle down to the adolescent’s experience of stress and coping. For example, Wadsworth and Compas (2002) found that family economic hardship was related to both aggression and anxiety and depression among adolescents through two related stressors: the perception of economic strain and conflict within the family. In a study of 877 adolescents, those who lived in impoverished neighborhoods were more likely to perceive the area as hazardous; this perception of a hazardous living environment was associated with symptoms of anxiety, depression, conduct disorder, and oppositional defiant disorder (Aneshensel & Succoff, 1996).

Circumstances of poverty and limited economic resources place a great deal of pressure on parents to provide for the basic needs of early adolescents. Rates of single parent head of household are elevated among low-income families, increasing the stress on one parent to provide for basic needs and social/emotional support (Koball
1.2. Stress and Coping Theory

Lazarus’ (1966) transactional theory of stress and coping emphasizes the dynamic, reciprocal relationship an individual has with her/his environment, and provides a useful framework for understanding the experiences of adolescents coping with anxiety related to multiple stressors. Folkman and Lazarus (1991) explain that stress is a relationship between a person and her/his environment that is perceived to exceed her/his resources at a given time, and they define coping as a process of engaging cognitive and behavioral efforts to effectively minimize and tolerate internal and external demands. Both personal and environmental factors influence how stressful a situation is for any individual. Factors may include income/resources, social skills, or health and environmental factors such as the availability of social support as well as the type of danger one is in, the duration, and how imminent that danger is (Folkman & Lazarus, 1991).

When a situation is perceived as stressful, individuals draw upon two types of coping: problem-focused coping, aimed at changing a distressing situation, and emotion-focused coping, used to regulate distress (Folkman & Lazarus, 1991). While people generally utilize a variety of coping skills across a lifetime, coping responses often build upon each other (Jerusalem & Schwarzer, 1989); consequently, poor coping responses to early life stressors can lead to increasingly maladjusted coping responses later in life. When children are exposed to stressful events early in life, they become increasingly vulnerable to stressors later in life (Anthony, 1991), and may continue to rely upon poor coping techniques. For example, if an adolescent perceives that she is unable to change or alter a particular stressor in her environment, she is more likely to draw upon negative emotion-focused coping techniques to manage her distress. Folkman and Lazarus (1991) call one such emotion-focused coping technique escape-avoidance; it involves wishful thinking, sleeping, eating, or substance use, and is associated with anxiety symptoms.

A recent review of the research on stress and coping in adolescence emphasizes the role that such negative emotion-focused coping techniques have on mental health. Across 63 studies on adolescent coping as it relates to psychopathology and social and academic competence, a majority of the research identified an association between emotion-focused coping (e.g. disengagement/avoidance of stressor, negative cognitions, withdrawal, and self-blame) and poor psychological adjustment (Comas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Jerusalem and Schwarzer (1989) also found an association between emotion-focused coping behaviors and anxiety; among a sample of German adolescents, those who demonstrated high anxiety (on measures of test anxiety and social anxiety) were more likely to select emotion-focused coping behaviors when faced with managing stress. Gender differences are also present; among early adolescents, girls are more likely than boys to describe rumination, an emotion-focused coping technique (i.e. directing one’s attention inward, focusing on negative feelings and thoughts) (Broderick, 1998).

On the other hand, if an adolescent believes s/he has some control over the anxiety-related or stressful situation, the response might be more adaptive. Indeed, Weems et al. (2003) found that perceptions of anxiety control were significantly negatively correlated with anxiety levels among adolescents. If an adolescent believed she had the skills or resources to manage a range of external threats and negative internal emotional and bodily reactions, she reported less anxiety. Importantly, cognitive beliefs such as anxiety control may be particularly malleable in childhood and early adolescence due to the plasticity of the brain and the development of other cognitive and emotional abilities (Steinberg, 2010). There is considerable evidence that adolescents can be taught skills to manage stressors effectively even in the context of biological determinants (Friedberg & McClure, 2002; Kazdin & Weisz, 2003).

We still have much to learn regarding the relationship between the role of stressors in children and adolescents’ mental health (Grant et al., 2003). Compas et al. (2001) found that research on stress and coping in adolescence has been primarily conducted on White children of median socioeconomic status, thus limiting generalization of findings to adolescents in other racial and economic groups. The social/environmental context in which adolescents experience and cope with stress remains largely unexplored, and interactions between individual differences and “social context represent an important and exciting avenue for future research” (Comas et al., 2001, p. 122). While current research has identified influences on anxiety, less is known about what contributes to anxiety control beliefs, especially among low-income adolescents exposed to complex stressors.

1.3. The current study

The current study sought to better understand the factors associated with anxiety control beliefs among early adolescents in low-income situations from a transactional stress and coping perspective. We examined beliefs about the self (self-esteem and coping skills), relational influences (social support, peer relations, and family conflict) and environmental influences (school commitment and daily microsystem hassles) on early adolescents’ anxiety control beliefs. Based on prior research, we hypothesized that positive beliefs about the self would be most predictive of anxiety control beliefs. We also
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