

## **Constructive Conflict Management and Coping in Homeless Children and Adolescents**

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*In this largely exploratory study of the conflict management and coping behavior of homeless adolescents, the authors interviewed 176 families (mother-adolescent dyads) living in New York City welfare hotels. Results indicated that peer conflict was the "worst" problem of the previous month as reported by approximately 50% of these youth. Homeless adolescents demonstrated conflict management and coping patterns that differed in certain respects from adolescent patterns previously described in the literature. The implications of these differences as well as directions for future research are discussed.*

Constructive conflict resolution skills are particularly important during childhood and adolescence when peer relationships are a critical element in development (Coie & Cillessen, 1993). Not only is this a developmental age when the maintenance of ongoing peer relationships is an important social goal, but it is a time when conflict resolution skills and the ability to positively resolve

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disagreements between friends is critical for healthy development (Hartup et al., 1993). Children without adequate peer relationships are seriously at risk not only for future social maladjustment (Coie, Lochman, Terry, & Hyman, 1992) but also delinquency, school dropout, and psychopathology (Coie & Cillessen, 1993).

It is often the case that children in poorly functioning or highly stressed families learn to be aggressive and develop destructive conflict resolution patterns through interactions with their parents (Coie, Underwood, & Lochman, 1991; Dodge, 1991; Patterson, DeBaryshe, & Ramsey, 1989). Since children's extrafamilial relationships are usually patterned after parent-child interactions, destructive patterns of problem solving and conflict resolution that begin in the home are maintained in other relationships (Cauce, Reid, Landesman, & Gonzales, 1990). The greater the environmental stress level (Dumas, 1990), the more families appear to suffer from dysfunction and to be involved in conflict and violence. This appears to be true for homeless families whose lives are characterized by extremely stressful circumstances, such as constant change, confusion, and loss of control. As a consequence of homelessness, children are frequently rejected by school classmates because of their status and lack of clothing and other personal possessions (Gewirtzman & Fodor, 1987; Horowitz, Springer, & Kose, 1988). Since rejection may lead to aggression and hostility on the part of the rejected child (Asher & Coie, 1990), it is not surprising that children living under conditions of homelessness are involved in more conflict and aggressive behavior than are comparably housed poor, inner-city children (Molnar et al., 1991).

Although conflict management skills are related to greater social competence, little is known about the different conflict resolution strategies used by economically disadvantaged adolescents, or their perceptions concerning successful outcomes. As conceptualized in adult models of conflict resolution, negotiation and third-party intervention, which allow both parties to have their preferences in the situation considered, are examples of constructive conflict management (Rubin, this issue); however, power assertion and disengagement would not be constructive strategies. Studies conducted with middle-class adolescents show that they typically use what are considered to be *less* constructive ways of handling conflict: half or more of adolescents' conflicts are handled by disengagement (changing the subject/activity or one person refusing to continue the interaction); the second most likely strategy involves assertion (a unilateral attempt to get what one wants) with negotiation trailing behind (Hartup, Laursen, Stewart, & Eastenson, 1988; Vuchinich, 1990). These conflicts involve, in descending order of importance, mothers, siblings, and peers (Collins & Laursen, 1992; Hartup et al., 1993). Since adolescents are more likely to use disengagement than negotiation to resolve their conflicts, we questioned the extent to which adult prescriptions for conflict behavior should be applied to adolescents and children. Considering the limited repertoire of conflict management strategies used by adolescents, we felt it likely that further clarification of this issue

might occur through an examination of the specific coping approaches used to handle a variety of problems.

An assessment of coping in this context is important in that effective coping skills may help children to overcome the adversity of homelessness, to achieve in school, and to salvage other personal triumphs despite a lack of study space, resources, and a supportive environment (Deutsch, 1992; Horowitz, Redlener, Sowder, & Redlener, 1993). Investigators exploring children's ability to withstand environmental stress have identified several factors that appear to be important: for example, dispositional attributes such as activity level and sociability, competence in communication skills, and positive relations in school (Garnezy & Rutter, 1983; Werner, 1989). Children who achieve in sports or music, who are given a position of responsibility, or who enjoy a good relationship with a teacher can function well despite experiencing such adversity as being raised in an institution (Berndt, 1989).

In general, coping is believed to have two major functions: emotion-focused coping regulates distressing emotions whereas problem-focused coping concentrates on activities designed to resolve or improve the problem itself (Folkman et al., 1986; Parker, Endler, & Bagby, 1993). In particular, problem-focused coping and an emotion-focused strategy, "positive appraisal," are most frequently associated with measures of better outcomes, e.g., greater social competence, fewer emotional or behavioral problems (Compas, Malcarne, & Fondacaro, 1988).

Findings relating to coping approaches and outcomes are frequently influenced by gender (Stark, Spirito, Williams, & Guevremont, 1989). Since girls typically use more emotion-focused coping strategies than do boys (Compas et al., 1988), it has been concluded that they are more expressive and seek more emotional support than their male counterparts. Conversely, boys are more likely to use distancing strategies (Patterson & McCubbin, 1987).

Thus, in the current exploratory study, we focused on the following: (1) an identification of the problems, conflicts, and conflict management strategies most commonly used by homeless adolescents; (2) an assessment of the coping ability of homeless adolescents to handle the problems they see as most troubling in their daily lives and the relation between coping and conflict management; (3) an explication of differences that might exist between homeless children who were competent or managed to "cope academically" and those who reported achievement scores that were below median for this group; and (4) differences between boys and girls in terms of their coping strategies.

## Method

### Subjects

The initial interview occurred in 1989 when welfare hotels were being used to house homeless mothers and children. It involved 176 homeless families,

specifically a mother-child dyad from each, in 11 different New York City welfare hotels. Based on the current monthly census provided by New York City's Human Resources Administration, there were 232 homeless families in these 11 hotels who met the criterion of having a child between the ages of 9 and 14 who would participate; of these, 76% agreed to be interviewed for our study of the "problems" experienced by homeless families, providing us with written informed consent. A follow-up interview was conducted one year later when 88% of the families were living in permanent housing and 11% remained in the welfare hotels. At this point, the median length of time families had lived in their new quarters was seven months.

Initially, if multiple children in the family were in the target age range, one child was randomly selected for the interviews. Graduate and undergraduate students from the psychology departments of several universities in the city conducted the interviews. Several of these interviewers spoke fluent Spanish and were available for those families who were more comfortable being interviewed in this language (4 adults). Interviews were conducted at the hotels and scheduled at times convenient for each mother-child dyad. Payment for the interview was \$20 per family.

Forty-nine percent of the children in the hotel sample were male. Sixty percent were African-American, 31% Hispanic, 3% Euro-American, and 5% were "Other."

### Measures

Mothers and children were administered the same questions and measures for both the initial and follow-up interviews. Following an established protocol for studying stress and coping behavior (Folkman et al., 1986), we asked children to describe their "worst problem of the previous month." They were then asked to describe in their own words what, if anything, they did to handle the problem. The following categories were established for the content analysis of this material: (1) type of problem; (2) coping strategies used to handle the problem; and (3) the basic form of conflict management used, when applicable. The four categories for type of problem were (1) *conflict* with peers; (2) problems with family members, including adolescent's conflict with parents and siblings as well as family members fighting with other people; (3) poor school performance and behavior problems; and (4) fears and concerns about the environment, such as being afraid of people in the hotel and embarrassed by living there. The interrater agreement for the type of problem was 92% (number of agreements divided by the number of agreements plus the number of disagreements).

*Conflict management strategies.* Well-defined, similar categories of conflict resolution exist for both adults (Kolb & Putnam, 1992) and adolescents (Collins

& Laursen, 1992; Smetana, 1991). Accordingly, we used the following categories: assertion (e.g., force, vengeance), negotiation, third-party intervention (disputants accept a solution proposed by a previously uninvolved person), and disengagement. Interrater agreement in the current study was 82% for these categories.

*Ways of Coping Questionnaire.* To assess how children "coped" with conflicts and problems in general, children were given a modified version<sup>1</sup> (35 items) of the Ways of Coping Questionnaire (Folkman et al., 1986), which asked how frequently (1 = Never; 4 = Many Times) they responded in various ways to the described problem. The first subscale, which we labeled "Social Support/Ventilating Feelings," was similar to McCrae's (1989) "Active-behavioral" scale in a study of community adults. Cronbach's alpha for this subscale was .78. The second subscale was a composite of Folkman et al.'s (1986) positive reappraisal and playful problem solving. For this group of items, we felt the label "Optimistic Appraisal and Change" most clearly reflected a conceptual integration of both elements (alpha = .75). Finally, the "Distancing" subscale (alpha = .72) for the homeless most closely resembles the scale with this same label reported by Folkman et al. (1986).

*Math Achievement Test score.* We selected academic achievement test scores to measure competence, in keeping with Garnezy's (1993) definition of a competence indicator as an event or activity that can be used to show expected accomplishment at a specific age. Accordingly, parents provided written permission for their children's Math Achievement Test (MAT) and Degrees of Reading Power (DRP) scores to be released to the investigators by the New York City Board of Education. Due to the high absentee rate and frequent school transfers that occurred with homeless children, only 76 adolescents had scores for the MAT and 70 for the DRP. Since the MAT is less dependent upon language facility and there were more children having these scores as well, we used this test as our indicator of achievement. Children were placed into low-achieving vs. high-achieving groupings based on a median split of these achievement data. In addition, an analysis of differences between those children with scores and those without did not reveal any significant differences between the three groups. (The group without achievement test results usually had mean scores on the personality measures that fell midway between the means of the other two groups.)

Finally, children and adolescents were asked six questions presented on

<sup>1</sup>The scale was shortened from the original 67-item instrument and wording was changed to be more suitable for adolescent inner-city respondents. Information concerning the modification and reliability of this instrument is available from the authors upon request.

5-point scales about the size and severity of the problem, and how confident they were about handling it. Demographic information included age, gender, and grade in school.

### Procedure

Two interviewers met with each mother-child dyad. Mothers were interviewed separately from the target child, who was selected randomly when more than one child meeting the age criterion was present in the family. Frequently, mothers were interviewed in their rooms at the hotels while the children were interviewed elsewhere, e.g., in the hotel lobby or in a nearby coffee shop. For the follow-up interviews a year later, two-member teams interviewed the mothers and children in separate rooms in their own apartments, except for those few still remaining in shelters or welfare hotels, where children were again taken to a nearby coffee shop. The adult interview took approximately one and a half hours and the child's interview was usually completed in an hour.

### Data Analysis

Two-sample *t* tests were computed to test group differences. Conservatively, despite the hypotheses-testing nature of the study, all *t* tests were corrected with the Bonferroni inequality to minimize the risk of experimentwise error. Due to the categorical nature of variables such as the type of problem and type of conflict management, we used one-sample chi-squares for type of conflict, Pearson's chi-squares for independent samples as well as factorial analyses of variance (ANOVAs), whenever appropriate, with the coping strategies and other similar scales.

As suggested by Parker et al. (1993), we conducted our own principal-factor analysis on the adolescents' version of the Ways of Coping Questionnaire to extract the coping dimensions for the homeless group, and the subsequent three-factor solution was rotated to an orthogonal position using the varimax method. The alpha coefficients for each scale are presented in the measures section and the scale items are listed in Table 1.

## Results

### Welfare Hotel vs. Permanent Housing

*Type and frequency of conflict.* The "worst problem of the previous month" for children living in the welfare hotels was peer conflict: a significantly larger percentage (48%) of respondents reported this problem than those reporting issues that fell into family, environmental, or school performance/behavioral

Table 1. Coping Subscales

Social support/ventilating feelings
I asked someone in my family (or a good friend) what to do.
Talked to someone about how I was feeling.
Talked to someone who could do something real about the problem.
I thought about how someone I look up to would handle things.
Got angry and took it out on the person who caused the problem.
Apologized or did something to make things better.
Really tried to get what I wanted.
Screamed or yelled to let my feelings out.
Came up with a couple of ways to fix things.
Optimistic appraisal and change
Changed something so things would turn out all right.
I became a better person because of it.
After it was over, I felt better about myself.
I did something I didn't think would work, but at least I was doing something.
Changed something about myself.
Knew what had to be done, so worked harder to make things work.
I planned what to do and then did it.
Something like that happened before and that helped me deal with it.
Distancing
Refused to let it get to me.
Tried to keep my feelings from getting in the way.
Went on with life as if nothing had happened.
Tried to forget the whole thing.
Thought about other things which are more important than this.
Tried not to act too quickly.

problems categories,  $\chi^2(3, N = 151) = 43.32, p < .0001$  (Table 2). The nature of children's problems did not change after the move to permanent housing. Again, peer conflict was still twice as likely to be considered the "worst" problem of the previous month,  $\chi^2(3, N = 91) = 32.74, p < .0001$ . As do other adolescent children (Laursen, 1990), homeless adolescents felt the disputes they reported were initiated by the other person. The majority of these conflicts were described as the respondent's being physically attacked, threatened, picked on, or harassed by other children at school or elsewhere.

### Conflict Management Strategies

Homeless children handled the episodes of conflict they described through third-party intervention (40%,  $N = 44$ ), assertion (22%,  $N = 25$ ), disengagement (20%,  $N = 22$ ), and negotiation (18%,  $N = 20$ ). Third-party intervention was used significantly more frequently than the other modes of conflict management,  $\chi^2(3, N = 109) = 14.63, p < .001$ . These interventions were primarily made by the children's mothers, and to a lesser extent by their teachers.

**Table 2.** "Worst" Problem Experienced by Homeless Adolescents and Children During the Past Month

	Welfare hotel		Permanent housing	
	<i>N</i>	%	<i>N</i>	%
	Peer conflict	73	48	45
Family problems <sup>a</sup>	32	21	15	16
Environmental concerns	23	15	9	10
School performance/delinquency	23	15	22	24

<sup>a</sup>In the welfare hotel, 10 of the "family" problems involved conflicts with parents and another 10 were with siblings. In permanent housing, 6 of the "family" problems were conflicts with parents and an equal number represented sibling conflicts.

### Relationship between Constructive Conflict Management and Coping

**Optimistic appraisal and change.** Three one-way ANOVAs with conflict management (whose categories included third-party intervention, assertion, disengagement, and negotiation) as the independent variable were performed on the coping strategy subscales. Optimistic appraisal and change had a significant relationship with conflict management strategies,  $F(1,58) = 6.84, p < .01$ . Adolescents who used assertion as a conflict management strategy ( $M = 2.64$ ) had higher scores on optimistic appraisal and change than did those who relied on negotiation ( $M = 2.26$ ) for their conflict resolution. The same was true for children who handled conflicts through third-party intervention. They ( $M = 2.64$ ) made more optimistic appraisals/changes in their attempts to cope with the situation than did those who used disengagement as a conflict management strategy ( $M = 2.26$ ),  $t(61) = 2.55, p < .02$ . Optimistic appraisal and change was also used far more frequently for other problems ( $M = 2.69$ ) than it was for peer conflict episodes ( $M = 2.28$ ),  $t(93) = 2.49, p < .01$ .

**Distancing.** The use of distancing was related to peer conflict,  $t(56) = 2.90, p < .005$ . Those reporting peer conflict ( $M = 2.80$ ) as their biggest problem used this strategy to a greater extent to manage their emotions than did those having other types of problems ( $M = 2.31$ ; Table 3).

### Relationship Between Coping Strategy and Academic Achievement

**Social support/ventilating feelings.** A 2 (type of problem: conflict vs. other)  $\times$  2 (achievement: low vs. high) ANOVA was performed on the coping strategy of social support/ventilating feelings. A main effect for achievement resulted.

**Table 3.** Means for Use of Coping Strategies by Homeless Adolescents in Response to Conflict

	Strategy		
	Support	Optimism	Distancing
Low achievers	2.75 <sup>d</sup>	2.61 <sup>b</sup>	—
High achievers	2.20	2.18	—
Females	2.29 <sup>c</sup>	2.25 ns	2.37 <sup>a</sup>
Males	2.74	2.55	2.74
Peer conflict	—	2.28 <sup>b</sup>	2.80 <sup>c</sup>
Other problems	—	2.69	2.31
High confidence	—	2.26 <sup>b</sup>	—
Low confidence	—	2.60	—

<sup>a</sup> $p < .02$ . <sup>b</sup> $p < .01$ . <sup>c</sup> $p < .005$ . <sup>d</sup> $p < .001$ .

Low achievers were significantly more likely to rely on this coping strategy to handle peer conflict ( $M = 2.69$ ) than were achievers ( $M = 2.14$ ),  $F(1,48) = 7.60, p < .008$ .

**Optimistic appraisal and change.** When the use of this scale was measured in a 2 (confidence in ability to handle situation: low vs. high)  $\times$  2 (achievement: low vs. high) ANOVA, main effect results showed low achievers were more likely to use this strategy ( $M = 2.63$ ) than high achievers ( $M = 2.19$ ),  $F(1,52) = 6.56, p < .01$ . A main effect also resulted for the confidence variable,  $F(1,58) = 6.86, p < .01$ . Optimistic appraisal and change was used to a greater extent by those who rated themselves as being less confident of their ability to handle the situation than those who reported a high level of confidence.

### Differences between Boys and Girls in Coping

Males ( $M = 2.74$ ) used distancing as a coping strategy more frequently than did females ( $M = 2.37$ ),  $t(74) = 2.32, p < .02$ . Males also used social support/ventilating feelings to a greater extent than did females ( $M = 2.74$  vs.  $2.29$ ),  $t(74) = 3.17, p < .01$ .

There was a 2 (gender)  $\times$  2 (type of problem: conflict vs. other) interaction on the optimistic appraisal and change scale,  $F(1,85) = 5.52, p < .02$ . Simple effects analysis revealed that males ( $M = 2.52$ ) were more likely to make optimistic appraisals and changes than were females ( $M = 2.27$ ) when handling peer conflict,  $t(81) = 1.96, p < .05$ . The difference between males ( $M = 2.33$ ) and females ( $M = 2.57$ ) for other types of problems was nonsignificant.

## Discussion

Since autonomy is a major developmental issue for children of our age group, we expected to find a large number of reported conflicts to be associated with parents and, to a lesser extent, siblings and other family members (Collins & Laursen, 1992). However, the percentage of homeless youth reporting peer conflict was substantially larger than that for any other types of conflict. One plausible explanation involves the development of physical and psychological security needed for subsequent independence. By definition, homeless children are subjected to deprivation and the neglect of basic needs. Parents of homeless children often find their emotional resources depleted not only by the physical difficulties of the situation but also by anxiety and stress. In as high as two-thirds of these families, the parent may also suffer some degree of social dysfunction (Bassuk, 1992). As a consequence, homeless children and adolescents may lack the support and parental monitoring needed for the development of self and social competence (Forehand, 1990; Garbarino, Guttman, & Seeley, 1986). This lack of individuation may also account for the failure to engage in typical teenage behavior: some amount of conflict with parents that reflects the natural process of becoming an independent adult. Lacking the security needed to achieve autonomy, homeless adolescents may find conflict with a parent too threatening.

In terms of conflict management, research indicates that it is not the frequency of conflict that creates social problems for the adolescent disputant, but the way in which these disputes are handled (Collins & Laursen, 1992; Hartup, 1989). Although "successful" coping is ultimately determined by the viable coping options within each situation, research has identified specific strategies that usually result in more positive outcomes (Compas et al., 1988; Folkman et al., 1986). While adolescents in general do not appear to use constructive conflict management skills (Smetana, 1991; Vuchinich, 1990), the homeless were more likely to use third-party intervention, normally a constructive strategy. It would appear that viable coping options are perceived quite differently by homeless youth than by other groups studied in coping research. For instance, those who coped to a greater extent through optimistic appraisal and change were also more likely to use assertion and third-party intervention as conflict management strategies than they were to use negotiation or disengagement. Optimistic appraisal and change, usually associated with better outcomes in nonhomeless groups, was used to a greater extent by children who had low achievement scores as well as low confidence in their own problem-solving ability. We suspect that one of the problems with this counterintuitive finding lies in imposing research measures developed for middle-class populations on inner-city respondents as well as the lack of culturally appropriate models of conflict management and coping. Considerably more research is required to define adaptable coping strate-

gies across diverse groups. Given one has fewer resources, trying harder to resolve the problem may simply create more difficulties for the adolescent.

On the other hand, the use of distancing as a coping strategy was greater for those describing peer conflict, a strategy likely to increase conflict rather than assist in its resolution under ordinary circumstances (Johnson & Tjosvold, 1983). For some problems, the best way to succeed may be to not get involved at all (D. Pruitt, personal communication, September, 1993). In an inner-city street environment, distancing (a lack of confrontation) may be the wisest and safest course.

Concerning gender, we found that homeless boys and girls differed somewhat in their use of coping strategies. Boys engaged in all three coping strategies to a greater extent than did girls, including the use of social support and ventilation of feelings. Specifically in relation to problems involving peer conflict, boys also used higher levels of optimistic appraisal and change than did girls. These gender differences may reflect the more typically male pattern of using distracting behaviors when distressed (Nolen-Hoeksema, 1987) as well as the finding that boys appear to be more vulnerable to psychosocial stress than are girls (Rutter, 1979).

There are two limitations that should be mentioned in relation to this study. We relied on one type of indicator to measure competence or resiliency in these children: achievement test scores. Had we studied other measures of well-being in relation to conflict management and coping strategies (e.g., obedience to law, expectations for appropriate social behavior with adults and peers, signs of developing romantic relationships, etc.), we may have obtained different results. We also share the methodological concern expressed by Carver, Scheier, and Weintraub (1989) regarding this approach to studying coping behavior. Subjects were free to select problem situations; the resulting variation may be washing out differences that would be apparent if subjects focused on the same stressors.

## Conclusion

These findings lead us to believe that culturally diverse and/or different age groups require new theoretical models and instruments to measure the psychological processes involved in coping with conflict and other problems, and in resolving conflict. The homeless youth we interviewed had vastly different life circumstances and used different conflict management and coping techniques than the middle-class youth comprising many of the previous studies in this area. Since homeless adolescents as well as adolescents in general do not use negotiation, training in constructive negotiation skills would appear warranted. Enabling children and adolescents to competently manage their lives and social experience is the most effective way of promoting achievement and preventing a range of problems, including destructive conflict management.

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