# THE STRATEGIES OF COPING WITH THE DIFFICULTIES OF YOUNG PEOPLE WITH MENTAL DISORDERS, WHO HAVE LEFT INSTITUTIONAL CARE FOR CHILDREN AND YOUTH
## Jauniešu ar garīgās attīstības traucējumiem, kas atstājuši bērnu un jauniešu aprūpes institūcijas, pielāgošanās stratēģijas

**Ingrida Baranauskienė**
Šiauliai University, Lithuania
E-mail: i.baranauskiene@cr.su.lt

**Alma Lileikienė**
Šiauliai University, Lithuania
alma.lileikiene@gmail.com

**Abstract.** *Coping with the difficulties according to the model of coping process created by Moos and Schaefer (Bagdonas (managing editor), 2007, p. 198) depends on personal features, social resources, ability to evaluate the situation. If there are no resources required, a person cannot employ suitable coping strategies. The more person's mental health is disordered the more his/her coping is directed towards emotions and less adaptive behaviour. It is also reflected in coping with the difficulties among persons with mental disorders who grew up under institutional care.*
*The article generalizes the researches on how persons with mental disorders who have left institutional care for children and youth cope with their difficulties, what coping strategies they use.*
**Keywords:** *institutional care, strategies of coping with the difficulties, young people with mental disorders.*

## Introduction

In social sciences coping and its strategies in broad sense is an "adaptive" defence mechanism, in narrow sense is the techniques of coping with stress (Bagdonas (managing editor), 2007).

Folkman and Lazarus treat coping as cognitive and behavioural attempts that are used to overcome, tolerate or reduce external and internal requirements, needs, and the conflict between them (Suslavičius, 2006; Pikūnas, Palujanskienė, 2005).

Coping and its strategies have been described in the works of Bagdonas (managing editor) (2007), Carver, Connor – Smith (2010), Hajkova (2007), Suslavičius (2006). Kalpokienė, Gudaitė, (2004) investigated the peculiarities of experiencing and overcoming divorce among people suffering from depression, Sullivan (2002) – coping strategies of parents raising children with Down syndrome, Pikūnas, Palujanskienė (2005) – strategies of coping with stress. Similar research with people with mental disorders in scientific literature has not been encountered

Moos and Schaefer created the model of coping process that consists of: social resources (social environment, system of education, social status, etc);

personal features (individual demographical and psychological peculiarities, values and attitudes); peculiarities of stress situation; peculiarities of subjective evaluation of stress situation; coping actions (strategies) that are performed by the individual in order to adapt to an actual situation (Bagdonas (managing editor), 2007, p. 198).

According to Grinienė, Radzevičienė (2002), Čepukienė, Pakrosnis (2008), Pakalniškienė (2001), Žukauskienė, Leiputė (2002) children under institutional care from their infancy to the time they become young people do not have the conditions to develop favourably, they gain emotional and behavioural problems, their individuality cannot sufficiently form, they have to live in a constant routine, according to determined rules, nourishment and housework take place in centralized manner, supervision and care are more accentuated rather than children's education or individual work with them.

The development of social skills is mostly influenced by family. For children under institutional care, the functions of social skills are taken over by care and also educational institutions. Acquisition of the skills of independent life in a care institution is an urgent problem. Children here grow up in a different environment, they not always have the example of values, traditions and life model. Some of them do not manage to become completely mature (Snieškienė, Bumblauskienė, 2005).

*Aim of the research* – to investigate what strategies of coping with the difficulties are used by young people who have left institutional care.

*Objectives:* To analyze scientific literature and generalize it; to perform quantitative analysis of the results; to distinguish the strategies of coping with the difficulties that are used by young people with mental disorders.

*Methods of the research:* theoretical (analysis of scientific literature); empirical (structured questionnaire), quantitative statistical (using SPSS 11.0 programme).

*Sample of the research.* 110 respondents participated in the quantitative research. 99 of them are the employees of social care institution, 8 carers, 3 members of carers' family. The sample of the research is non-random and target. It has been composed according to the criteria selection. Selecting the respondents the criterion has been stated: the group of respondents consists of persons taking care of young people who previously lived in a care institution for children and youth and the members of their families, employees of social care institutions for adults where the young people live now, the employers whose work is directly related to these people. The research was performed in January 2010 in two social care institutions of Šiauliai Region for people with intellectual and mental disability and in the homes of their carers.

**Results of the research**

The respondents assessed the young people's characteristics, abilities (social and independent life), social environment (socializing with others, maintaining relations with close people, quality of a living place, participation in solving matters related to the life of the young people themselves), gave answers to the questions (created according to the abridged COPE questionnaire by Carver (Carver, 1997)) on the actions the young people use coping with the difficulties they face.

**Psychological features.** The respondents assessed the young people's characteristics according to the measure of semantic differential. The assessment of features has been determined calculating the mean. According to the respondents the most expressed feature of the young people is self-assessment – the mean is 4,0. It is quite a high point. Persons with mental disorders often tend to assess themselves inadequately. Often they overestimate their abilities. The attitude of the respondents may reflect inadequate self-assessment of the young people.

Honesty is assessed by the mean of 3,6. Persons with mental disorders are characterized with sincerity, inability to lie, it is also related to honesty.

According to the respondents young people with mental disorders are helping (mean – 3,4). They tend to help the others, especially the people with whom they communicate but with whom they do not live together. That would be employees, carers or good acquaintances. It is also approved in scientific literature (Bagdonas (managing editor), 2007), that persons who grew up under institutional care tend to show interest in adults rather than in their peers.

The mean of the feature of communication is 2,9. It proves that persons with mental disorders have problems communicating. These problems are accentuated by Pakalniškienė (2001), Žukauskienė, Leiputė (2002). Such features as conflictivity, tolerance, openness, ability to comfort, express compassion. Often young people are not able to constructively solve conflicts, physical defence or offence, negative emotions as anger or aggression are employed. Non-conflictivity is assessed by the mean of 2,7. The mean of tolerance is 2,5. Persons with mental disorders are little characterized with this feature. Ability to comfort, express compassion is assessed by the lowest mean – 2,4. Lack of empathy among the persons living in social care institutions is also verified by Leliūgienė (2003).

The mean of optimism – 2,7. This feature is considered as important in solving various problems and difficulties. It is accentuated by Carver, Connor – Smith (2010). The less optimism a person has, the more his/her coping with the difficulties will be directed towards emotions not trying to solve the problems. Consequently, the young people would tend to overcome the difficulties they face more emotionally. The assessment of the features has been presented in Figure 1.

**Abilities.** To assess young people's abilities the statements measured according to the Likert scale have been presented. Factor analysis has been used to identify the relations among the variables. The relations between the following variables have been identified – ability to independently go out, to plan what they

will do next day or week, to count money, to plan purchases, to obtain necessary information, to purposefully and usefully spend their leisure time. The other group of related variables – to communicate with adults, to ask for help, to communicate with peers, to communicate with strangers. The third group – to make food, to wash, to iron, to use appliances. The fourth group – to tidy up one's room, to maintain personal hygiene.

According to the respondents it is the most difficult for the young people to independently go shopping, go to the concert, etc. It is stated by 27,3% (in both cases) of the respondents who say that the young people are completely unable or seem to be completely unable. Consequently, limited mobility is characteristic to them, the assistance from other people is necessary to them in this area.
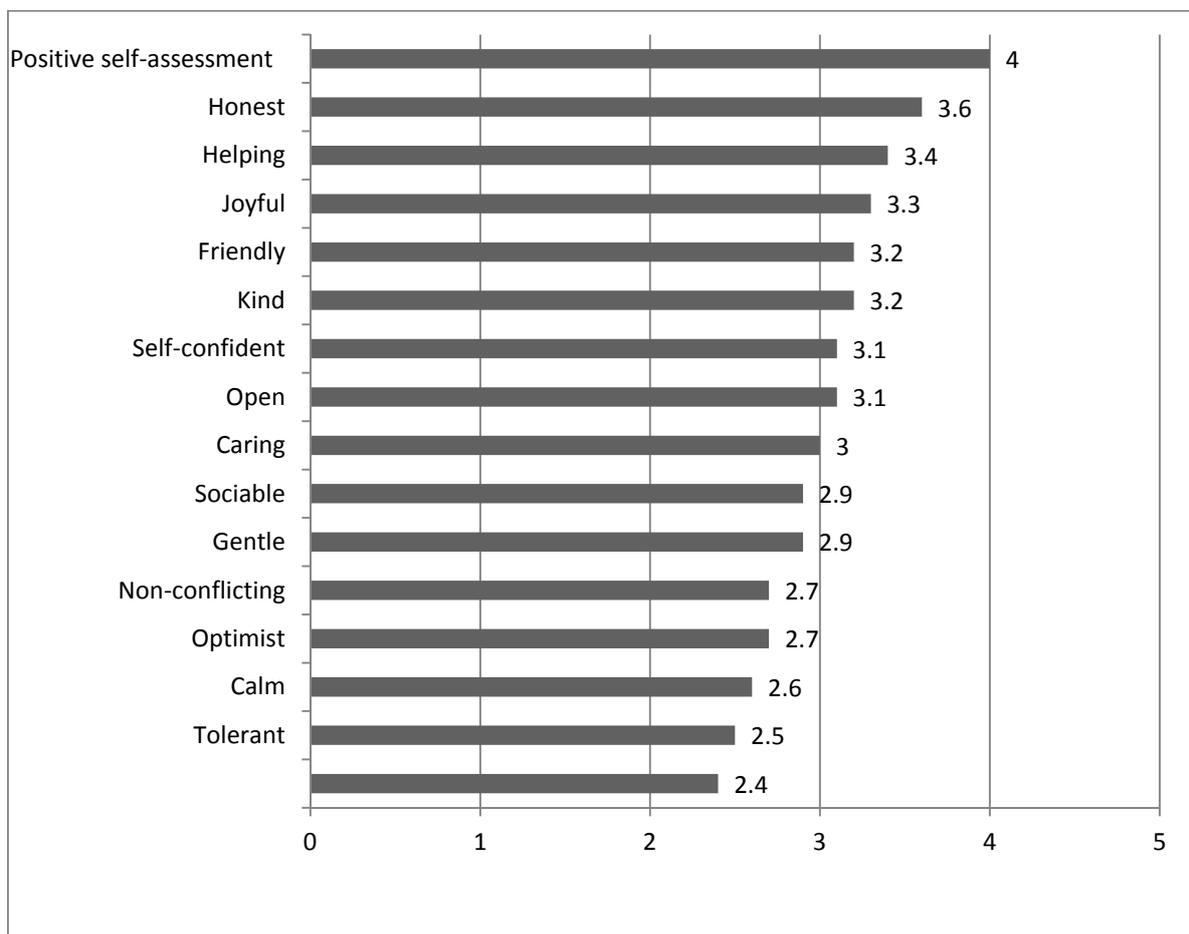


Figure 1. **Opinion of carers, their family members and employees of social care institution about the features of the young people with mental disorders**

It has been also assessed that the young people are completely unable (18,2 %) or seem to be unable (34,5%) to spend their leisure time purposefully and usefully. In social care institutions they cannot learn how to do it from the example of the employees. Those who live with their carers have more favourable situation. In this area the responsibility should be taken by employees and carers who should

help the young people encouraging them to spend their leisure time having some purpose. Employees' and carers' participation in this activity would also be useful.

The abilities to plan purchases are also insufficient (completely unable – 21,8%, seem to be unable – 23,6%). It is also conditioned by the inability to count money. Without knowing the value of money it is difficult to plan wanted purchases. The assistance from other people here is also needed.

The young people are mostly characterized by ability to get necessary information (seem to be able – 41,8%, are completely able – 7,3%). Although in the evaluation of the young people's characteristics the ability to communicate was assessed as average, still they are able to obtain information. On the other hand, it requires minimal communication when it is necessary only to find out something.

Counting money has also been assessed as a sufficient ability (34,5% – seem to be able, 3,6% – are completely able). If the young people are able to count money it also facilitates planning purchases. The data about mobility, leisure and finance planning, ability to obtain information have been presented in Table 1.

Table 1

**Opinion of carers, their family members and employees of social care institution about the young people's abilities of mobility, leisure and finance planning, obtaining information, %**

| | Completely unable | | Seem to be unable | | No idea | | Seem to be able | | Completely able | |
|---|---|---|---|---|---|---|---|---|---|---|
| Statements | number | % | number | % | number | % | number | % | number | % |
| To independently go out | 30 | 27,3 | 30 | 27,3 | 9 | 8,2 | 27 | 24,5 | 13 | 11,8 |
| To plan what they will do the next day or week | 19 | 17,3 | 33 | 30,0 | 21 | 19,1 | 29 | 26,4 | 7 | 6,4 |
| To count money | 17 | 15,5 | 27 | 24,5 | 11 | 10,0 | 38 | 34,5 | 15 | 3,6 |
| To plan purchases | 24 | 21,8 | 26 | 23,6 | 21 | 19,1 | 31 | 28,2 | 8 | 7,3 |
| To obtain necessary information | 17 | 15,5 | 25 | 22,7 | 13 | 11,8 | 46 | 41,8 | 8 | 7,3 |
| To purposefully and usefully spend their leisure time | 20 | 18,2 | 38 | 34,5 | 14 | 12,7 | 27 | 24,5 | 11 | 10,0 |

The respondents have assessed that communicating and asking for assistance the young people are mostly unable to communicate with strangers (completely

unable – 9,1%, seem to be unable – 16,4%). It proves the data of the scientific sources that it is difficult for young people with mental disorders to communicate with strangers and especially in an unknown environment. They were best at communicating with peers (respectively 52,7% and 32,7%) and with adults (65,5% and 17,3%). In this case the abilities of communication with peers are assessed better than with adults, although it is stated that persons with mental disorders under institutional care are better at communicating with adults.

Abilities to perform ordinary household shores have distributed more or less evenly. It is stated that young people are unable to make food (20,9% and 28,2%) and wash and iron (21,8% and 31,8%). 32,7% and 6,4% (make food) and 21,8 and 6,4% (wash, iron) state that they are able to do it. Many respondents state that they do not know (11,8% and 17,3%). Such opinion may be due to the fact that for young people living in social care institutions food is made, washing and ironing are performed in centralized manner and they already get a ready-made product. Making food in a kitchen does not give them enough skills because it is not done every day. They do not have possibility to wash and iron themselves.

The fact that the young people's skills of self-organization and personal hygiene are quite developed is shown by the results of the assessments. Abilities of self-organization – 52,7% (seem to be able) and 17,3% (are completely able), maintain personal hygiene respectively 53,6% and 19,1%.

Generalizing all the results of abilities it is possible to state that the young people's independent living skills are the best developed, except the areas where they do not have enough possibilities to improve (making food, washing laundry, ironing). Social skills are poorer.

**Social environment.** Social environment has been assessed according to the questions measured with the Likert scale. Factor analysis has been used in order to determine the cohesion of statistical relation between variables. Three relations between variables have been determined. The first relation is between having enough space for accommodation and communication, employees' attentiveness and having a person who introduces the new place. The second relation is between satisfaction with living place, having close people to communicate with and a close person who helps and comforts and participation in solving problems related to a young person's life. The third relation is noticed between maintaining relations with family, former employees and friends, participation in community life.

Stable living environment is witnessed by the results that reflect having sufficient place for living, putting their things, communicating with others, being alone. 67,3% of employees, carers and their family members responded that the young people always have enough place. Having lived under institutional conditions they are used to a common space. Actually speaking, there is not much of this place, especially for personal space. Two or three young persons share a room. They have common restrooms where they can spend leisure time, occupational activities. For those young people who live with carers or

independently the space is less restricted. They have more possibilities of being alone (if they wish), they do not need to adapt themselves to many people's wishes.

Employees' attentiveness is assessed by 69,1% (always), having a person who introduces a new place – 48,2% (always). It is possible to state that young people get enough information in a new environment about behavioural norms, social relation, which, according to Šedienė, Leminskienė (2007) is very important in a new place.

Asked whether the young people are satisfied with their living place, 34,5% answered that often, 32,7% – sometimes. It shows that there are certain shortcomings. Maybe they do not like the living place itself, maybe the people round about or other. 40,9% of the persons have close people they often communicate with, sometimes – 40%. Lack of relations is noticed. 43,6% of the young people sometimes have a person who helps and comforts, often– 30%, always – 24,5%. According to the data of the results it is possible to state that the young people receive social emotional and instrumental support. The need fro support is especially important in coping with the difficulties. According to Gudžinskienė (2011) having at least one close person facilitates the adaptation starting to live in a new place to a great extent.

Network of social relations is not strong. 52,7% of the young people sometimes maintain relations with their family,  16,4% - often. 23,6% do not have such relations at all  . 51,8% sometimes maintain relationship with friends and employees, often – 19,1%. In both categories the strength of the relations is similar. There should be more attempts to maintain relationship with the family, and in case of its absence with the community of the care institution for children and youth, that could also be treated as a family because a big part of the young people spent there several years, some of them from their childhood to their youth. The strength of relations may also have influence on the formation of the young people's values, because, according to Bokhan, Galazhinsky, Mescherekova (2005), family in this case has a big importance.

Rather passive participation in the life of the community is noticed. 56,4% of the respondents think that the young people participate sometimes, 29,1% – often. In this case the initiative of employees and carers should also be important involving the young people in the activity of the community. According to Gudžinskienė (2011) the feeling of communal identity for young people living in care institutions depends not only on the communication with other members of the community but also on the activity and participation in the life of this community. Absence of social relations is a big obstacle for person's adaptation in a new environment. The data about social relations has been presented in Table 2.

Table 2

**The opinion of carers, their family members and employees of social care institution about the maintaining of social relations among the young people, %**

| Statements | Never | | Sometimes | | Often | | Always | |
|---|---|---|---|---|---|---|---|---|
| | number | % | number | % | number | % | number | % |
| Maintain relations with their families | 26 | 23,6 | 58 | 52,7 | 18 | 16,4 | 5 | 4,5 |
| Maintain relations with former employees, friends | 30 | 27,3 | 57 | 51,8 | 21 | 19,1 | 2 | 1,8 |
| Participate in the life of the community | 11 | 10,0 | 62 | 56,4 | 32 | 29,1 | 5 | 4,5 |

**Coping actions (strategies) performed by the individual in order to adapt to the situation.** To assess the strategies of coping with the difficulties the Likert scale is used. The statements have been divided into three groups of coping strategies – problem-oriented influence, emotion-oriented influence and less adaptive coping. The more often the use of every strategy is assessed, the more frequently they are used.

The highest mean is related to the expression of negative emotions (concentration on feelings and their expression – 2,79). The second highest mean is of the statement about involving in activity (2,54). Then follows the mean of resignation that nothing can be changed (acceptance) (2,48). The mean of refusing to believe (negation) is high (2,40). Search for comfort and understanding is important (search for social emotional support – 2,39), search for advice from other people (search for social instrumental support – 2,21). Joke, look at the difficulties with humour (humour) – 2,01. The lowest mean is of searching comfort in religion (turning to religion) – 1,58, blaming oneself for the difficulties (blaming oneself) – 1,65. The biggest standard deviation is noticed in less adaptive (drink, smoke – ,917) and emotion-oriented activity (resign that nothing can be changed – ,845). The smallest deviation from the mean is in problem-oriented coping (concentrate on how to solve a problem – ,578).

The most expressed strategies and deviations have been indicated in bold in Table 3.

The results of the researches of various authors (Kalpokienė, Gudaitė (2004), Sullivan (2002), Bokhan, Galazhinsky, Mescherekova (2005) show that persons having emotional and behavioural disorders, having experienced big stress most often choose emotion-oriented strategies and less adaptive coping. The same

coping strategies dominate in the present research, too. Due to the fact that the young people grew up in the institution, family did not influence their choice of strategies.

Table 3

**Means of coping strategies and standard deviations**

|  | Statement | Mean | Standard deviation |
|---|---|---|---|
| **Problem-oriented coping** | take up actions | 1,95 | ,655 |
|  | plan activities how to overcome difficulties | 1,72 | ,608 |
|  | concentrate on how to solve a problem | 1,82 | **,578** |
|  | seek advice from other people | **2,21** | ,705 |
| **Emotion-oriented coping** | joke, look at the difficulties with humour | **2,01** | ,710 |
|  | search for comfort and understanding | **2,39** | ,705 |
|  | try to see something good in the situation | 2,01 | ,642 |
|  | resign that nothing can be changed | **2,48** | **,845** |
|  | look for consolation in religion | 1,58 | ,669 |
|  | refuse to believe | **2,40** | ,732 |
| **Less adaptive coping** | express their negative emotions | **2,79** | ,665 |
|  | involve in some activity | **2,54** | ,686 |
|  | drink, smoke | 1,95 | **,917** |
|  | blame themselves for difficulties | 1,65 | ,696 |

Generalizing it is seen that emotion-oriented strategies – acceptance, negation, search for social emotional support, humour – are the most expressed. Adaptive coping strategies – concentration on feelings and their expression, changing thinking. Problem-oriented coping strategies – search for social instrumental support.

**Conclusions**

1. Choosing coping strategies among young people with mental disorders proves that this process depends on personal features and social resources.
2. From the obtained data it can be presumed that young people lack communication skills, ability to constructively solve conflicts, empathy, expression of positive emotions. There is a need to develop positive personal features.

3. The results of the research show that the network of social relations of young people with mental disorders is variegated. It is quite strong in the present living place of the young people but relations with family and the people from the environment of the institution they lived before are not sufficient.
4. The quality of social and independent life skills of young people with mental disorders is not sufficient. It is conditioned by institutional living conditions.
5. Coping with the difficulties is characterized by emotional expression and the expression of less adaptive actions.
6. The peculiarities of young people's life quality depend on the people's round about attitude towards people with mental disabilities, wish to help them refusing patronage but employing the aspects of active participation.

## Summary

Coping with the difficulties according to the model of coping process created by Moos and Schaefer (Bagdonas (managing editor), 2007, p. 198) depends on personal features, social resources, ability to evaluate the situation. If there are no resources required, a person cannot employ suitable coping strategies. The more person's mental health is disordered the more his/her coping is directed towards emotions and less adaptive behaviour. It is also reflected in coping with the difficulties among persons with mental disorders who grew up under institutional care. The young people's choice of coping strategies is influenced by their living in the institutional environment, influence of already possessed disorders characteristic to a person with developmental disorders, lack of positive social factors – attention, love of close people, warmth, stability. In a care institution a person lacks individual work for the formation of necessary skills.

The article generalizes the researches on how persons with mental disorders who have left institutional care for children and youth cope with their difficulties, what coping strategies they use.

The results have shown that emotion-oriented strategies – acceptance, negation, search for social emotional support, humour – are the most expressed. Adaptive coping strategies – concentration on feelings and their expression, changing thinking. Problem-oriented coping strategies – search for social instrumental support.

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| Ingrida Baranauskienė | Šiauliai University, Faculty of Social Welfare and Disability Studies P. Višinskio str. 25, LT-76351 Šiauliai, Lithuania E-mail: i.baranauskiene@cr.su.lt Phone: + 370 41 595730 |
|---|---|
| Alma Lileikienė | Šiauliai University, Faculty of Social Welfare and Disability Studies P. Višinskio str. 25, LT-76351 Šiauliai, Lithuania E-mail: alma.lileikiene@gmail.com |