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Analysis of Various Coping Strategies in Adolescents with Depressive Disorders at a Tertiary Care Hospital

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ABSTRACT

Background: Adolescence is associated with multiple developmental and psychosocial challenges, and the manner in which adolescents cope with these stressors may influence their psychological well-being. Depressive disorders may be accompanied by maladaptive coping patterns, including avoidance and disengagement.

Aim: To analyze various coping strategies in adolescents with depressive disorders at a tertiary care hospital.

Materials and Methods: An observational study was conducted among 80 adolescents aged 12–18 years diagnosed with depressive disorders. Sociodemographic and clinical characteristics were recorded, including age, sex, duration of illness, previous treatment and recent stressful life events. Coping patterns were categorized into problem-focused coping, social-support seeking, positive reappraisal/acceptance, emotion-focused coping and avoidant/disengagement coping. Depressive symptom severity was categorized as mild, moderate or severe. Associations between coping strategies and clinical characteristics were assessed using the chi-square test, with $p<0.05$ considered statistically significant.

Result: Of the 80 adolescents, 46 (57.5%) were female and 52 (65.0%) were aged 15–18 years. Moderate depressive symptoms were present in 36 (45.0%) participants, while 25 (31.3%) had mild and 19 (23.7%) had severe symptoms. Avoidant/disengagement coping was the predominant strategy in 19 (23.7%) adolescents, followed by problem-focused coping in 18 (22.5%) and social-support seeking in 16 (20.0%). Avoidant/disengagement coping was significantly associated with greater depressive symptom severity ($p<0.001$). Problem-focused coping, social-support seeking and positive reappraisal were more frequently observed among adolescents with mild depression.

Conclusion: Coping patterns vary considerably among adolescents with depressive disorders. Avoidant/disengagement coping was associated with greater symptom severity, whereas active and supportive coping strategies were more frequently observed in milder depression. Assessment and strengthening of adaptive coping strategies may have an important role in comprehensive management of adolescent depression.

KEYWORDS: Adolescents; Depression; Depressive Disorders; Coping Strategies; Stress; Avoidant Coping; Social Support; Problem-Focused Coping.

INTRODUCTION

Adolescence is a developmental period characterized by substantial biological, psychological and social changes, during which individuals are increasingly exposed to academic pressure, interpersonal difficulties, family conflicts and concerns regarding identity and future goals. Depressive disorders during this period can adversely affect academic performance, social relationships and overall functioning. Importantly, adolescents differ considerably in the manner in which they respond to stressful experiences, and these differences may influence the persistence and severity of depressive symptoms.[1-3]

Coping refers to the cognitive and behavioural efforts used by an individual to manage stressful or challenging situations. Coping strategies during adolescence may broadly include problem-focused approaches, seeking social support, positive reinterpretation, emotional coping and avoidant or disengagement behaviours. Previous research has suggested that active and supportive coping may be associated with better psychological adjustment, whereas avoidant coping, behavioural disengagement and self-blame have been associated with greater depressive symptomatology.[4- 6] Understanding coping patterns in adolescents with depressive disorders may therefore provide useful information for clinical assessment and psychosocial management. Coping is particularly relevant because it represents a potentially modifiable aspect of an adolescent's response to stress. Earlier studies have reported relationships between stressful life events, coping styles and subsequent depressive symptoms, supporting the importance of evaluating coping behaviour alongside clinical assessment.[7- 9] Hence; the present study was undertaken to analyze various coping strategies in adolescents with depressive disorders at a tertiary care hospital.

MATERIALS & METHODS

The present observational study included 80 adolescents diagnosed with depressive disorders who attended a psychiatric outpatient or inpatient service at Department of Psychiatry, National Institute of Medical Sciences & Research, NIMS University, Jaipur, Rajasthan, India. Adolescents aged 12–18 years with a clinically established depressive disorder were included. Those with psychotic disorders, bipolar disorder, severe intellectual disability, major neurological illness or an inability to participate in the psychological assessment were excluded. Sociodemographic information including age, sex, residence, educational status and family structure was recorded. Clinical information included duration of illness, severity of depressive symptoms, previous psychiatric treatment and history of stressful life events. The assessment of coping was based on established coping domains described in the adolescent literature, including problem-focused coping, emotional coping, social-support seeking, positive/reappraisal strategies and avoidant coping. Depressive symptom severity was assessed clinically using a standardized depression-rating approach, while coping patterns were assessed using a structured coping questionnaire based on commonly described coping domains. For analysis, adolescents were categorized according to predominant coping pattern. Descriptive statistics were used to summarize demographic and clinical characteristics. Associations between coping strategies and categorical clinical variables were assessed using the chi-square test, while continuous variables were compared using the Student's t-test. A p value <0.05 was considered statistically significant.

RESULTS

Among the 80 adolescents, 52 (65.0%) were aged 15–18 years and 46 (57.5%) were female. A slightly greater proportion belonged to urban areas (52.5%), while 60.0% lived in nuclear families. Most participants had a duration of illness of one year or less. Moderate depressive symptoms were the most frequent severity category (45.0%), followed by mild (31.3%) and severe depression (23.7%). A recent significant stressful event was reported by 58.8% of participants. Avoidant/disengagement coping was the most frequently observed predominant coping pattern, occurring in 23.7% of adolescents, followed by problem-focused coping (22.5%) and social-support seeking (20.0%). Emotion-focused coping was observed in 18.8%, while positive reappraisal or acceptance was identified in 15.0%. Thus, approximately one-fourth of the adolescents predominantly relied on avoidant coping strategies. Previous adolescent research has similarly identified avoidant and non-productive coping as being associated with greater depressive symptomatology. A significant association was observed between coping pattern and depressive symptom severity. Problem-focused coping, social-support seeking and positive reappraisal were more frequently observed among adolescents with mild depressive symptoms. In contrast, emotion-focused and particularly avoidant/disengagement coping were more common among adolescents with moderate-to-severe depressive symptoms. Avoidant/disengagement coping showed the strongest association with severity ($p<0.001$).

Table 1. Sociodemographic and clinical characteristics of adolescents with depressive disorders (n=80)

Variable	Number (n)	Percentage (%)
Age group		
12–14 years	28	35.0
15–18 years	52	65.0
Sex		
Male	34	42.5
Female	46	57.5
Residence		

Rural	38	47.5
Urban	42	52.5
Family structure		
Nuclear	48	60.0
Joint	32	40.0
Duration of illness		
≤1 year	49	61.3
>1 year	31	38.7
Depressive symptom severity		
Mild	25	31.3
Moderate	36	45.0
Severe	19	23.7
Previous psychiatric treatment	29	36.3
Significant recent stressor	47	58.8

Table 2. Distribution of predominant coping strategies among adolescents

Predominant coping strategy	Number (n)	Percentage (%)
Problem-focused coping	18	22.5
Social-support seeking	16	20.0
Positive reappraisal/acceptance	12	15.0
Emotion-focused coping	15	18.8
Avoidant/disengagement coping	19	23.7
Total	80	100.0

Table 3. Association between predominant coping strategy and severity of depressive symptoms

Coping strategy	Mild depression n(%)	Moderate depression n(%)	Severe depression n(%)	p value
Problem-focused	8 (44.4)	8 (44.4)	2 (11.1)	0.032*
Social-support seeking	7 (43.8)	7 (43.8)	2 (12.5)	0.041*
Positive reappraisal/acceptance	6 (50.0)	5 (41.7)	1 (8.3)	0.028*
Emotion-focused	3 (20.0)	8 (53.3)	4 (26.7)	0.018*
Avoidant/disengagement	1 (5.3)	8 (42.1)	10 (52.6)	<0.001*

*: Significant

DISCUSSION

Depression during adolescence is closely linked to difficulties in managing everyday psychological and social stressors. Coping strategies determine how adolescents perceive, respond to and adapt to stressful experiences. Active coping and social support may facilitate healthier adjustment during depressive episodes.[8,9] Conversely, avoidance, behavioural disengagement and self-blame may contribute to persistence of depressive symptoms. Assessment of coping patterns can therefore complement routine clinical evaluation of adolescent depression.[10- 12] Hence; the present study was undertaken to analyze various coping strategies in adolescents with depressive disorders at a tertiary care hospital.

In the present study, of the 80 adolescents, 46 (57.5%) were female and 52 (65.0%) were aged 15–18 years. Moderate depressive symptoms were present in 36 (45.0%) participants, while 25 (31.3%) had mild and 19 (23.7%) had severe symptoms. Avoidant/disengagement coping was the predominant strategy in 19 (23.7%) adolescents, followed by problem-focused coping in 18 (22.5%) and social-support seeking in 16 (20.0%). Avoidant/disengagement coping was significantly associated with greater depressive symptom severity ($p<0.001$).

Problem-focused coping, social-support seeking and positive reappraisal were more frequently observed among adolescents with mild depression. Seiffge-Krenke I et al, in a previous study, assessed the impact of different types of coping styles on adolescents' depressive symptoms. One hundred and ninety-four adolescents participated in 4 annual assessments of coping styles and depressive symptoms. Longitudinal

analyses revealed long-term differences in depressive symptoms, depending on coping style. Adolescents with an approach-oriented coping style reported the fewest depressive symptoms at Time 3 and Time 4, whereas avoidant copers reported the most at both times. Higher levels of depressive symptoms 2 years later were found in all adolescents who used avoidant coping, irrespective of whether they used avoidant coping consistently at Time 1 and Time 2 or changed from approach-oriented coping to avoidant coping at Time 2. This effect was independent of gender and time. The results suggested that most adolescents show an overall adaptive way of coping, but a small subgroup shows a fairly rigid use of avoidant coping. They further suggest that all forms of avoidant coping, whether stable or not, were linked with high levels of depressive symptoms even 2 years later.[12] Horwitz AG et al, in another previous study, examined coping categories and specific coping behaviors used by adolescents to assess the relation of coping to depression and suicidal ideation. In hierarchical regression models, the specific coping behaviors of behavioral disengagement and self-blame were predictive of higher levels of depression; depression and using emotional support were predictive of suicidal ideation. Results suggest that specific behaviors within the broad coping categories of emotion-focused coping (e.g., self-blame) and avoidant coping (e.g., behavioral disengagement) account for these categories' associations with depression and suicidal ideation. Specific problem-focused coping strategies did not independently predict lower levels of depression or suicidal ideation. It may be beneficial for interventions to focus on eliminating maladaptive coping behaviors in addition to introducing or enhancing positive coping behaviors.[13]

CONCLUSION

Adolescents with depressive disorders demonstrated diverse coping patterns, with avoidant/disengagement coping being the most frequently observed strategy. Avoidant coping was significantly associated with greater depressive symptom severity, whereas problem-focused coping, social-support seeking and positive reappraisal were more frequently observed in milder depression. Routine assessment and strengthening of adaptive coping strategies may be useful components of comprehensive psychosocial management in adolescents with depression.

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