

ADOLESCENTS' PERCEPTION OF COPING STRATEGIES WITHIN FAMILIES

SUMMARY

The research presented in this paper studies adolescents' perception of coping strategies within families in Serbia. As a basis for understanding the way in which a family faces problems, we have taken the ABC-X model of family stress. The evaluation of family coping strategies was performed by 421 adolescents aged 16-17. In addition to the Questionnaire on socio-demographic characteristics of respondents and their families, in this research we have used the revised version of the Family Crisis Oriented Personal Evaluation Scales (F-COPES/r) which operationalized internal and external coping strategies. The results obtained have shown that active internal and external coping strategies are not sufficiently present in families, especially when it comes to the strategy of using institutional support. In addition, the existence of statistically significant differences was determined in the evaluation of coping strategies having in mind the majority of measured socio-demographic characteristics. Based on the obtained findings, we have drawn the conclusion that potentially insufficient functional coping strategies are present in families, so the necessity of strengthening the family in order to face problems more efficiently is emphasized.

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INTRODUCTION

Reality shows that each family faces problems and that it is exposed to different and frequently rather stressful events on daily basis. Therefore, within studying the family as a psychosocial entity, special interest needs to be paid to the way in which a family as a system faces problems and stressful situations. This theme becomes particularly popular at the time of intensive social transformations that can destabilize a family system and in which family strengths and its ability of adaptation or adaptive behaviour are stressed (Patterson, 2002.; Mitić, 1997). Such is the case with Serbian families that found themselves caught in the whirlwind of transitional changes, which undoubtedly had consequences on their functioning and ability to adequately cope with numerous problems and challenges. In that context, the research presented in this paper aims to examine and describe prevailing coping strategies that Serbian families use in dealing with problems and stressful situations. Specifically, the research included families with adolescents because this phase of a family's life cycle, due to specific developmental characteristics, puts family functioning on a special test, which can have explicit or implicit impact on the way in which a family faces problems. The family coping strategies are evaluated by adolescents, even though it would be desirable, in order to make more precise inferences, to investigate how each family member perceives the problem, particularly taking into consideration that adolescents and their parents often tend to perceive family processes in different ways (Olson & Goral, 2003.). On the other hand, the justification for this kind of sampling can be found in the fact that adolescents, as it is pointed out in literature (Zuković & Mihić, 2010.; Karavasilis, Doyle & Mariewitz., 2003.; Lozović et al., 1992.), appear to be rather strict and realistic evaluators of the situation within family.

ABC-X MODEL OF FAMILY STRESS

As a reference theoretical framework, i.e. basis for understanding the way in which a family faces problems and difficulties, we have taken Hill's ABC-X model of family stress, as a model that represents a pioneer work in this field. The model is established in psychological theories of stress and developmental theories of families and identifies the factors (stressful event - A, family resources – B, and family perception of an event - C) which have an impact on a family's reaction to stress (Perry, 2004., Feher-Prout, 1996.; McCubbin, Olson & Patterson, 1983.). In addition, this model explains the flow of family regulation, from the period of reorganization, through recovery, up to the new level of organization after the crisis which can result in a higher, the same or a lower level of functioning in relation to the period prior to crisis (Zotović & Vereš, 2009.; McCubbin, Olson & Patterson, 1983.). In the 1970s, this model was modified because the concept of family's »vulnerability« is introduced, as well as the concept »regenerative power« which is a beginning of the concept of coping (Zotović & Vereš, 2009.; Mitić, 1997.). At the beginning of the 1980s, McCubbin and Patterson

(1983.) perform the expansion of the basic model into the *Double ABC-X model*. In addition to variables that are prior to a crisis, this model stresses the variables that follow the crisis: a) additional life stressors and changes that can make family adaptation more difficult; b) critical psychological and social factors that a family uses in handling a crisis; c) processes through which a family reaches a satisfactory solution; d) results of these family efforts (Price, Price & McKenry, 2010.; Perry, 2004.; McCubbin, Olson & Patterson, 1983.).

The model expanded in this way attempts to determine under which circumstances, with which resources and coping strategies, families manage to positively adapt to different life events. Further modifications of the basic ABC-X model have referred to the introduction of the concept of **family resilience** (Berc, 2012.; McCubbin et. al., 1997.; Patterson, 2002.; Price, Price & McKenry, 2010.; Zotović, 2002.; Walsh, 2011.) which implies resistance and capacity of a family to cope with unfavourable life circumstances, to maintain the balance in spite of stressful situations and to reorient its patterns of functioning in order to face the crisis and acquire adequate family adaptation and coping.

REACTIONS OF A FAMILY TO PROBLEMS AND STRESSFUL SITUATIONS

When observing the way in which a family reacts to problems and stressful situations, we should keep in mind the patterns of functioning that are taken from previous generations, interactions within a family, the family belief system, as well as the developmental aspect, i.e. characteristics of a family life cycle (Price, Price & McKenry, 2010.). We shouldn't neglect the fact that all life events and problems that affect a family are not equal in seriousness and consequences. For that reason, life events that can potentially lead to family stress are divided into: 1) non-normative or accident events of stressful character (disease, death, disability, severe material losses, etc.); 2) normative or developmental crises (occur in almost all families, but they can shake the family due to new requirements that are set before it – getting married, having children, becoming independent, children's departure, etc.); 3) difficulties within a family (changes in family interactions and performing of the roles caused by conflicts, difficulties in children's education and performing daily family obligations, etc.) (Lavee & Olson, 1991.; Lavee, McCubbin & Olson, 1987.).

In addition, in literature (Zotović, 2002.), the importance of distinguishing categories of stress having in mind the intensity of a threat or danger is stressed. In that sense, we can distinguish: traumas – stress of the highest intensity, i.e. events that are not included in the domain of the usual human experience (wars, natural and technological catastrophes, traffic accidents, rape and other types of assaults etc.); life events – situations that have a lower intensity than traumatic situations (death of a close person, divorce, severe illnesses etc.); chronic stress – situations whose intensity of threat is lower than in the previous two

categories, but whose duration is, as a rule, longer (marital problems, problems at work, problems in parenting etc.); daily micro stressors – events that have a small intensity of threat, but they are rather frequent which provides them with a stressful potential (traffic jams, waiting in lines, etc.). Regardless of different categorizations of stressful events, it is important to point out that such events initiate the change in a family or its environment, i.e. such a situation encourages a family to a certain reaction. What kind of reaction it will be depends on a series of factors, but a decisive factor is the state of functionality of a family system, i.e. internal ability, defence mechanisms and the value system of all its members and the family as a whole (Price, Price & McKenry, 2010.). In short, families react differently to a particular stressful situation or a certain problem, but most frequently, as a factor in considering a reaction we take the fact whether it leads to facing with a problem or avoiding a direct dealing with a problem (Ebata & Moos, 1991.).

FAMILY COPING: RESOURCES AND STRATEGIES

In addition to the abovementioned, we should stress that a family is a complex system that consists of subsystems and family members who can experience the same life event in different ways, which also conditions the diversity of resources that are used in the process of family coping with certain life problems. Most frequently, resources are divided into internal and external.

Internal resources can be related to individual and family capacities. Individual imply all characteristics or personality traits of family members which can contribute to efficient and non-efficient coping for the whole family (Price, Price & McKenry, 2010.; Perry, 2004.; Dyk & Schvaneveldt, 1987). Family resources are all the characteristics of family functioning, as well as general standpoints on the family of its individuals who provide better coping with life problems. These resources include the effects of various dimensions of family life: satisfactory communication and family organization, promotion of members' autonomy and self-respect, existence of family borders, coherence and communion, existence of the impact of social support and ability to control that impact (Price, Price & McKenry, 2010., Perry, 2004.; Olson & Gorall, 2003.). Although the interaction of different family characteristics certainly has the best effects on a family's coping with a problem, still two dimensions of family functionality are most frequently mentioned – cohesion and flexibility (adaptability) of a family system manifested through strong emotional connection, flexibility and readiness of family members to assume the responsibility for solving certain problems (Walsh, 2011.; Price, Price & McKenry, 2010.; Olson & Gorall, 2003.; Lavee & Olson, 1991.).

External resources are an expression for the fact that both an individual and a family are a part of a wider social system which is very important for their everyday lives, particularly for coping with serious life difficulties (Price, Price & McKenry, 2010.; Perry, 2004.; Dyk & Schvaneveldt, 1987.). The systemic theory, which observes a family as a system that is related to

other social systems, clearly points to the significance of external family resources in coping with difficulties that a family faces. Those are: family of origin and cousins in general, friends, neighbours, colleagues, different social institutions and organizations among which there are those institutions which directly or indirectly provide the help of different kind. How long a family will use this kind of help depends on the type of a family, its strength and the quality of boundaries that it has towards external environment. In addition, we should stress that external family resources, i.e. presence of social support does not always have positive effects on family coping (Jones & Passey, 2004.; Mitić, 1997.). Namely, it happens that family members have different relationships towards external resources, so we can come to the situation that, unless there is a consensus between family members, the use of social support has negative effects on family functioning. On the other hand, some research (Polovina, 2009.) shows that external institutional resources available to families are sometimes not efficient enough. Therefore, there are situations in which some families, regardless of the fact that they do have access to institutional support, do not use it.

When it comes to strategies, i.e. manners of family coping, in relevant literature (Price, Price & McKenry, 2010.; McCubbin & Patterson, 1983.) there are two most frequently mentioned strategies: 1) coping through a resistance that is a collective family effort to minimize and reduce the impact of problems and difficulties; 2) adaptive coping that represents significant efforts to reorganize a family, to consolidate it and return to the state in which it was before a certain problem or situation has disturbed the family community and its functioning. In addition, a big difference between internal and external strategies of family coping is also stressed (McCubbin & Patterson, 1983.). **Internal strategies** of family coping are **redefining** (which refers to family ability to redefine the given situation in a rational and acceptable manner, i.e. it reflects the ability of a family to actively face the problem) and **passive evaluation** (which implies avoidance of reaction and inability of a family to face the problem). **External strategies** of family coping refer to looking for **social support** (non-formal support through empathy from cousins, friends, neighbours), **mobilisation of institutional support** (formal providing of support) and turning towards **religion** (support that can be found in faith in God) (Dyk & Schvaneveldt, 1987.; McCubbin & Patterson, 1983.).

Particularly complex is the consideration of the outcome of family coping with problem situations (Mitić, 1997.; Dyk & Schvaneveldt, 1987.), because a study of a family is performed only at one particular moment, which disables the tracking of a series of relevant factors (possibility of ventilating the feelings, ability of finding a sense in the outcome of a particular stressful situation, previous experience with the given situation, etc.) that can have an effect on the outcome.

EFFICIENCY OF COPING AS A DIMENSION OF FAMILY FUNCTIONALITY

Studies have shown that a way in which families solve their problems is particularly indicative in illustrating general functionality of a family and that functionality of a family can be observed both as a source and an outcome of the strategies of family coping (Kouneski, 2000.). By examining relevant dimensions of family functionality (McCubbin et. al., 1997.; Lavee & Olson, 1991.; Lavee, McCubbin & Olson, 1987.), strategies of family coping are presented as mitigating dimensions of functionality that provide easier adaptation of a family as a whole to developmental problems and external stresses. These studies have shown that efficiency of family coping is reflected in adaptation, adequate definition of the problem, looking for external support and looking for new resources. In the studies of functionality of families with specific problems (Altiere & Von Kluge, 2009.; Kouneski, 2000.), it was determined that families in which the estimated balanced level of flexibility and cohesion is evaluated use more efficient strategies to cope with problems and stress. Furthermore, studies (Jones & Passey, 2004.; Patterson, 2002.) have shown that, in addition to the quality of family relations, the efficiency of family coping depends on the ability of a family to fit into a wider social community and obtain support. Protection mechanisms that help the family to sustain in such conditions are a belief of a family that it can cope with the problems, maintenance of family identity and boundaries, as well as a positive attitude towards the world that is based in certain culture or religion.

Based on the analysis of research results on successful families (DeFrain, 1999.; Krysan, Moore & Zill, 1990.), a conclusion was drawn that the ability of a family to adequately face problems represents one of the relevant characteristics of successful family functioning. Namely, it is determined that the so-called strong families are not immune to stress and problems, but they efficiently fight the problems, creatively influence the prevention of a problem, minimize consequences and find different possibilities to solve the problem. Many of them have the experience of health problems, financial and other difficulties, but they are able to cope with those problems in a constructive manner. In addition, it is observed that social connectedness, as one of the dimensions of successful family functioning, creates favourable conditions for the families to have several different sources from which they could expect the support in the process of coping with the crisis and problems. Shortly, these families are characterized by a high level of family resilience whose key components (family values system, family organization model and communication processes) enable the family to successfully adapt to developmental and non-developmental changes (Walsh, 2011.).

Having in mind these conclusions, experts recommend that further studies in this field be focused on successful families, because such a problem orientation enables us to understand how negative patterns of behaviour can be appropriately avoided, i.e. what should be done regarding their prevention. Namely, studies of successful families can provide the knowledge about the way in which a family transfers positive values and encourages the

development of functional behaviour patterns, which provides the identification of special skills that should be developed in cases of families that experience certain problems. In those cases, it is important to pay attention to the specificities of the cultural climate in which a family lives and the value system, particularly when it comes to values that are related to family life, as well as specificities of mutual effect of family conditions and conditions of a wider social context (Berc, 2012.; Zuković, 2012.; Matulić, 2002.; Janković, 1998.).

METHOD

GOAL, TASKS AND HIPOTHESIS OF THE RESEARCH

The research presented here aims to examine family coping strategies evaluated by adolescents. The research goal is operationalized through the following research tasks: 1) determine what the prevailing coping strategies are and to what extent active external and internal coping strategies are present; 2) examine whether there are differences in evaluation of the use of coping strategies depending on the measured socio-demographic characteristics of respondents and their families. It is expected for the results to show the prevalent use of internal as opposed to external coping strategies. Also, it is expected that some of the measured socio-demographic variables in a statistically significant extent determine the differences in evaluations of using family coping strategies.

VARIABLES AND INSTRUMENTS OF RESEARCH

The research includes variables used to investigate the evaluation of incidence of internal (redefining problems within family and a passive attitude to problems) and external (informal social support, institutional support and religious support) use of family coping strategies. In addition, the research also includes socio-demographic variables (gender, residence, parents' level of education, family structure, number of children in the family, and financial situation of the family).

In order to examine the family coping strategies, we have used the revised version of the *Family Crisis Oriented Personal Evaluation Scales - F-COPES/r* (Mitić, 1997.) which finds its basis in the Double ABC-X model of the family stress and which operationalizes internal and external family coping strategies. It is suggested that adaptation to problems and difficulties is more efficient within families that use coping strategies at both levels. The original version of the instrument (McCubbin, Olson & Larsen, 1982.) consists of 29 items divided into 5 subscales: 1. Looking for informal social support – ability of a family to be actively engaged on providing the support from cousins, friends and neighbours (e.g., sharing difficulties with a relative); 2. Redefinition – ability of a family to redefine the problem with an intention to make it more meaningful (e.g., knowing that we have the strength within our family to solve our problems);

3. Looking for a spiritual (religious) support – religious beliefs and inclusion in church activities (e.g., participating in religious or spiritual activities); 4. Looking for institutional support – ability of a family to find social resources of an institutional type and accept help from them (e.g., seeking assistance from community agencies and programs designed to help families in a certain situation); 5. Passive attitude towards the problem – avoiding the reactions to the problem (e.g., believing that if we wait long enough, the problem will go away). In earlier applications on samples from Serbia (Mitić, 1997), the instrument is revised by adding another 5 items (3 items for the subscale of redefinition and 2 items for the subscale of passive attitude). A five-degree scale of the Likert type is offered with each item (from 1 – almost never to 5 – almost always). The theoretical average score for the entire F – COPES scale is 102, and theoretical average scores for the subscales are as follows: redefining problems – 24, social support – 21, institutional support – 18, passive attitude to problems – 27, religious or spiritual support – 12.

The application of this revised version of instruments on a sample of our research has shown satisfactory metric characteristics. The value of Cronbach's alpha coefficient for the whole scale is .81, while the coefficient of internal consistency is the highest for the subscale of redefinition and it is .80. Latent structure of the instrument is examined by the application of factor analysis with Promax rotation. Based on characteristic values, five factors are isolated which explain the total of 42.65% of variance and which have the identical structure to the one that is obtained in the application of this scale in the previously mentioned research (Mitić 1997).

In order to investigate socio-demographic variables, we have used the *Questionnaire on socio-demographic characteristics* that is constructed for the needs of this research with the goal of collecting the next data: gender of respondents; place of residence (rural; urban); parents' level of education (lower level of education – primary and secondary school; higher level of education – higher school, BA, MA and PhD); family structure (complete – two-parents family; incomplete – one-parent family; extended family); number of children in the family (one; two; three and more); the evaluation of the family's financial situation (good – always able to afford all the necessities; medium – mostly able to afford what they need; bad – almost never able to afford the necessities).

SAMPLE, COURSE OF RESEARCH AND STATISTICAL PROCEDURES

The research used convenience sampling. The sample included 421 adolescents aged 16-17. Gender structure of the sample is uniform (48.2% male adolescents and 51.8% female adolescents). Of the total number of adolescents examined, 32% respondents are from the families from the rural areas, while 68% of respondents come from the urban families. The majority of both fathers (61%) and mothers (55.9%) of the examined adolescents belongs to the category of lower education level (elementary and secondary school), while the category of the higher education level (higher education) includes 39% of fathers and 44.1% of mothers. The greatest number of respondents lives in an intact family that consists of both parents

(66.8%), while approximately equal number of respondents lives in an extended (16.4%) or an incomplete family (16.8%). According to the number of children in a family, 71.2% of the sample are families with two children, 19.5% families with one child and 9.3% families with three and more children. The majority of adolescents (53.9%) evaluates the financial situation of their family as medium, 43.9% evaluate it as good, while only 2.1% evaluate it as bad.

The research is performed in four secondary schools on the territory of Novi Sad. For statistical data processing the software package SPSS 12,0 is applied. Within descriptive statistics, average values (arithmetic mean) and measures of dispersion of results (range, min., max., standard deviations) are recorded. Determining the significance of differences between the groups of respondents was done using a t-test and ANOVA. In order to determine the connections between the observed variables, a correlation and a regression analysis were applied.

RESEARCH RESULTS

Findings on prevailing coping strategies evaluated by adolescents are considered through the analysis of the average score at the level of the total scale, as well as at the level of individual subscales. Results obtained are shown in Table 1.

Table 1.
Descriptive measures for the scale F-COPES and its subscales

Family coping strategies	Min.	Max.	M	SD
Overall coping strategies	58	140	93.27	14.43
Redefinition	12	40	30.17	5.33
Looking for informal support	7	33	18.16	5.29
Looking for institutional support	6	26	10.54	4.03
Looking for spiritual support	4	20	8.81	3.71
Passive attitude	11	42	25.61	5.42

It is possible to observe that the average score on the total scale of evaluated family coping strategies is 93.27, which means that the obtained score is somewhat lower than the average of theoretical values of the accepted model. Therefore it can be concluded that the use of different coping strategies is not present sufficiently in the families. When it comes to individual subscales, results of the average score show that only the use of redefinition of the problem within the family as an active family coping strategy is evaluated as higher than the theoretical average (30.17). The strategies of looking for institutional support (10.54), the strategy of looking for informal support (18.16), the strategy of turning towards religion (8,81), as well as the strategy of passive attitude of a family towards a problem (25.61) are lower than the average of theoretical values of the accepted model. Considering the obtained

average scores in relation to the average of theoretical values of the accepted model for each individual scale, it is possible to discern that in addition to the redefining of the problems within family, adolescents evaluated that a passive attitude towards the problems and seeking informal support are also frequent. Seeking spiritual (religious) support is somewhat less frequent, while using institutional support is reported as the least frequent.

When it comes to the analysis of differences in evaluation of the prevailing family coping strategies having in mind the measured socio-demographic characteristics of respondents and their families, the statistically significant differences related to the gender of respondents, the place of residence, parents' level of education and the evaluated financial situation were found. A statistically significant difference is not determined only in case of variables that refer to the structure of a family ($p=0.424$) and the number of children in it ($p=0.257$).

Gender of respondents. The analysis of the t-test for independent samples, measured on the total scale of family coping strategies has shown that there is no statistically significant difference in evaluation of male and female respondents ($p=0.353$). However, the analysis of the t-test on individual subscales of the applied instrument has shown that in cases of the subscale of the problem redefinition within a family and the subscale of looking for institutional support there are statistically significant differences in evaluation depending on adolescents' gender (Table 2).

Table 2.

Significance of differences in evaluation of family coping strategies having in mind respondents' gender

Family coping strategies - respondents' gender	N	M	SD	t-test value (df)	p
Redefinition – male	203	29.42	5.20	-2.81 (418)	<0.01
Redefinition – female	218	30.87	5.36		
Institutional support – male	203	11.49	4.45	4.79 (419)	<0.01
Institutional support – female	218	9.66	3.37		

The results obtained lead to the conclusion that female respondents to a higher extent, in comparison to male respondents, perceive that their families use an active strategy of redefining a problem. On the other hand, male respondents evaluate that their families in problem situations use the strategy of looking for institutional help to a greater extent in comparison to female respondents. For other subscales, a statistically significant difference by gender is not determined.

Place of residence. A statistically significant difference in respondents' answers depending on the place of residence is determined at the level assessment of the overall scale of coping strategies ($p<0.01$) (Table 3). Results show that the average score of adolescents who live in a village is 96.66, and in case of adolescents who live in a town the average score

is 91,94, which leads to the conclusion that rural families use more efficient coping strategies than it is done by the urban families.

Table 3.

Significance of differences in evaluation of family coping strategies having in mind the place of residence

Family coping strategies- place of residence	N	M	SD	t-test value (df)	p
Overall coping strategies – rural	118	96.66	13.36	3.03 (416)	<0.01
Overall coping strategies – urban	303	91.94	14.61		

The analysis of the t-test in individual subscales indicates that there is no statistically significant difference between the respondents from rural and respondents from urban families when it comes to their evaluation of the strategy of family redefinition of a problem and the strategy of looking for informal social support in problem situations. A statistically significant difference is determined in case of subscales that describe the strategy of looking for institutional help ($p < 0.01$), the strategy of looking for spiritual help, i.e. turning towards religion ($p < 0.01$), and the strategy of passive attitude towards the problem in a family ($p < 0.05$). The obtained values are shown in Table 4.

Table 4.

Significance of differences in evaluation of particular family coping strategies having in mind the place of residence

Family coping strategies – place of residence	N	M	SD	t-test value (df)	p
Institutional support – rural	118	10.12	3.72	3.45 (416)	<0.01
Institutional support – urban	303	11.62	4.58		
Turning towards religion – rural	118	9.79	3.60	3.43 (416)	<0.01
Turning towards religion –urban	303	8.42	3.70		
Passive attitude – rural	118	26.51	6.16	2.17 (414)	<0.05
Passive attitude – urban	303	25.33	6.81		

Based on the obtained results, it is possible to determine that rural families, in comparison to urban families, use the strategy of turning towards religion and the strategy of passive attitude towards a problem to a greater extent. On the other hand, urban families, to a greater extent than rural families, use the strategy of looking for institutional support.

Parents' level of education. The analysis of the significance of differences according to this variable is separately done for the fathers' education level and separately for mothers'

education level. A statistically significant difference in evaluation of the family coping strategies by adolescents depending on their fathers' education level is determined only on the basis of a subscale that describes the strategy of turning towards religion ($p < 0.05$) (Table 5). Namely, it appears that adolescents whose fathers have a lower education level more often evaluate that in problem situations their families use turning towards religion as a coping strategy.

Table 5.

Significance of differences in evaluation of particular family coping strategies having in mind the fathers' education level

Family coping strategies - fathers' education level	N	M	SD	t-test value (df)	p
Turning towards religion – lower education	235	9.17	3.58	2.41 (409)	<0.05
Turning towards religion – higher education	186	8.29	3.80		

A statistically significant difference depending on mothers' education level is determined in case of a subscale that describes the strategy of turning towards religion ($p < 0.05$) and in case of a subscale that describes the strategy of a passive relationship towards a problem ($p = 0.07$). Average scores and significance of the t-test for mothers' education level are shown in Table 6.

Table 6.

Significance of differences in evaluation of particular family coping strategies having in mind mothers' education level

Family coping strategies - mothers' education level	N	M	SD	t-test value (df)	p
Turning towards religion – lower education	257	9.12	3.67	2.13 (416)	<0.05
Turning towards religion – higher education	164	8.33	3.77		
Passive evaluation – lower education	257	25.98	5.54	1.81 (414)	0.07
Passive evaluation – higher education	164	25.00	5.19		

The results presented indicate that adolescents whose mothers have a lower education level, in comparison to adolescents whose mothers have a higher level of education, report higher scores on a subscale of the strategy of passive relationship towards a problem and on a subscale of looking for spiritual support.

Evaluated financial situation of a family. In order to observe the differences in evaluation of family coping strategies depending on the financial situation, a one-way analysis of variance (ANOVA) was carried out. The difference has appeared to be statistically significant in case of a subscale of redefining the problem within the family ($F= 6.94, p<0.01$) (Table 7) and in case of a subscale of looking for spiritual (religious) support in problem situations ($F= 3.34, p<0.05$) (Table 8).

Table 7.

Significance of differences in the evaluation of family coping strategies having in mind the financial situation of a family - strategy of redefinition

Family coping strategies - financial situation of a family	N	M	SD	F-test value (df)	p
Redefinition – good financial situation	185	31.26	5.03	6.94 (2.415)	<0.01
Redefinition – medium financial situation	227	29.42	5.25		
Redefinition – bad financial situation	9	28.11	8.82		

The results shown in Table 7 indicate that the highest scores on the subscale of redefinition are reported by adolescents who live in a family with a good financial situation and the lowest scores are achieved by adolescents whose families face difficulties in the financial situation. More precisely, families with a good financial situation most frequently use the active strategy of redefining a problem within the family, and it is used the least by families with a bad financial situation. The application of an additional Post hoc analysis (LSD) determined that the difference is statistically significant between adolescents from the families with a good financial status and adolescents from the families with a medium financial status ($p=0.00$).

Table 8.

Significance of differences in the evaluation of family coping strategies having in mind financial situation of a family - looking for spiritual support

Family coping strategies - financial situation of a family	N	M	SD	F-test value (df)	p
Turning towards religion – good financial situation	185	10.79	4.56	3.34 (2.415)	<0.05
Turning towards religion – medium financial situation	227	11.84	4.54		
Turning towards religion – bad financial situation	9	13.11	4.34		

The results shown in Table 8 indicate that the highest scores on the subscale of turning towards religion are reported by adolescents from families with a bad financial situation, and the lowest scores are reported by adolescents from the families with a good financial situation. Considering the small number of respondents in the third category, in order to obtain a more precise statistical analysis that would describe the nature of relations of the financial situation and the subscale of looking for a spiritual (religious) support, a correlation analysis was performed, i.e. Pearson's r coefficient. Even though the value of the coefficient of reliability was significant ($p=0.05$), the correlation that was found is very low ($r=-0.13$) and therefore it can be concluded that there is a potential tendency towards using spiritual support in the declining financial circumstances.

In order to examine the predictive power of the measured socio-demographic characteristics on using coping strategies, the multiple regression analysis was applied. Models were examined, in which the coping strategies (redefinition, a passive attitude, looking for social support, looking for institutional support, turning to religion) were included as criterion variables, and some of the measured socio-demographic variables (fathers' educational level, mothers' educational level, the financial situation of a family) were included as predictor variables.

Of all the tested models, the only model that showed a statistical significance ($R=0.179$, $R^2=0.032$, $F=3.335$, $p<0.05$) was the model related to the strategy of redefining the problem within the family (Table 9).

Table 9.

Data on the significance of tested models

Models	R	R²	F	p
1. Redefinition	0.179	0.032	3.335	0.011
2. Passive attitude	0.066	0.004	0.439	0.781
3. Looking for social support	0.034	0.001	0.119	0.976
4. Looking for institutional support	0.045	0.002	0.207	0.934
5. Turning to religion	0.141	0.020	2.034	0.089

In the case of the mentioned strategy, the model described about 3% of variance. Of the measured socio-demographic variables which have been included in this model (Table 10), a statistical significance of the individual contributions was established only in case of the variable describing the financial situation of families ($\beta=-0.172$, $p<0.01$).

Table 10

Redefinition – data on the significance of the individual contributions of the measured predictor variables

Predictor variables	β	p
Fathers' educational level	-0.067	0.536
Mothers' educational level	0.036	0.248
Financial situation of a family	-0.172	0.001

It provides the basis for the claim that the financial circumstances of a family can be a significant predictor of the use of the strategy of redefining problems within the family, and that is likely that a decrease in financial situation causes a decline in the use of this coping strategy. Other socio-demographic variables from the model possibly interact with each other, but their individual contribution was not recognized as significant.

DISCUSSION

Based on the results obtained by the adolescents' evaluation of family coping, it is possible to claim that the expectation of the prevalence of using internal as opposed to external coping strategies has been confirmed. Namely, based on the analysis of average scores on individual subscales it is observed that the strategy of redefining the problems within a family is frequently used as an active internal coping strategy. Also, we should not neglect the result on the high average score on the subscale that describes a passive attitude of a family towards problems, as an internal coping strategy. Using a passive attitude towards problems is largely present in rural families as well as in families in which mothers have a lower education level. When it comes to external coping strategies, the obtained average scores indicate that families more frequently use the strategy of looking for an informal support than a strategy of looking for a formal (institutional) support. This finding is in accordance with the results of previous studies which have dealt with examining the coping strategies on a sample of families from Serbia (Mitić, 1997.) showing that the majority of families, when they face significant life events, look for an informal type of help, in an indirect way, by talking about the problem and difficulties. Mobilization of institutional support is much rarer and most frequently its use depends on the strength of a negative life event, social comparison (evaluation of own symptoms and problems in relation to problems and symptoms of the others) and the level of accessible informal help. When it comes to the strategy of turning to religion, the relevant literature (Berc, 2012.; Walsh, 2011.; Hackney & Sanders, 2003.; Pargament, 2001.; Kryan, Moore & Zill, 1990.) points out that certain aspects of religiousness (faith) or spirituality represent a significant dimension of family functionality,

i.e. that religion has a very significant impact on coping because it provides families with hope, peace and life optimism. However, the results of our research, obtained on the whole sample, show that this strategy is not frequently present as a way of coping with problems. Adolescents from poorer families and families with a lower education level of parents have been perceived as using this strategy to a higher extent, which can be interpreted in the way that families that have been exposed to intensively stressful situations tend to use this strategy more because religion offers them a sense of security and guidelines to how to lead their lives (Pergament, 2001.).

The results also confirm the expectation that some of the measured socio-demographic variables in statistically significant extent determine the differences in the assessment of using family coping strategies. Statistically significant differences have not been determined only in two measured variables – the family structure and the number of children. Although the studies have shown that the family structure significantly influences the attitude of a family towards the use of formal and informal support (Pećnik & Raboteg-Šarić, 2005.), no statistically significant differences in reported family coping strategies were found due to family structure in our research. Differences in reported family coping strategies have appeared to be statistically significant in case of a variable that refers to respondents' gender, which can be interpreted through the specificities of developmental characteristics of adolescents (Zuković & Mihić, 2010.). Also, differences are significant in case of variables that refer to adolescents' place of residence and their parents' education level, which can be interpreted through the aspect of the information level and the family support network availability level in the process of facing problems (Polovina, 2009.), which is at the expense of rural families and families in which parents have lower education levels. It is particularly important to look back at the obtained results having in mind the perceived financial situation of a family based on which it is possible to conclude that better financial conditions in a family significantly determine the provision of efficient capacities of a family in facing daily life problems. The obtained results are in accordance with findings of similar studies that are carried out on the samples of families from Serbia (Zuković, 2012.; Zotović, 2007.) and in which the assumption that better financial conditions provide better conditions for everyday family functioning, less tensions and less conflicts in a family, good capacities of a family for facing with daily life problems is confirmed.

In short, based on the obtained findings we get the impression that families from the sample have potentially underdeveloped or insufficient functional coping strategies, which can certainly have explicit or implicit consequences on other aspects of their functionality as well. Therefore, having in mind that the way in which families face problem situations is one of key indicators of the quality of family life (Zabriskie & McCormick, 2001.; Carver, Jones, 1992.), it is necessary to consider this question, both from the aspect of specificity of intrafamilial conditions and from the aspect of the context out of the family which can significantly affect the family coping strategies. In that sense, it is important to point out that,

although the attention is increasingly paid to legal regulation of different aspects of family life (protection of victims of domestic violence, children's rights, gender equality, availability of social and health protection services etc.), the analysis of the situation in Serbia indicates that the family is institutionally becoming weaker and weaker (Milić, 2007.) and that families do not have sufficient confidence in institutional services which leads them to use sources of support within the private social network (Polovina, 2009.). Such a situation can be observed as a consequence of the fact that different social actions, efforts and regulations are aimed towards individuals who are isolated from a family context, whereas little attention is aimed at the family system in whole.

LIMITATIONS OF THE RESEARCH

Although we expected that results obtained by evaluating the situation in families with adolescent children could be a good basis for the generalization of the situation in coping strategies of the general population of families in Serbia, it is important to point to limitations of the presented research that can also be guidelines for further studies of this theme. First of all, one of the limiting factors is the representativeness of the sample, which needs to encompass a higher number of respondents as well as to be more uniform in terms of socio-demographic variables. Another limitation is the fact that, in addition to the measured socio-demographic variables, some other variables should have been included, such as the quality of family relations, the level of cohesiveness, flexibility and other aspects of family functionality, which are significant in using certain family coping strategies. Also, this research included only the reports of coping strategies by adolescents. Therefore, in order to get a more precise indicator, it would be desirable if further research on this subject included parents and other family members. Furthermore, it would be significant to examine the family coping strategies in different phases of a family's life cycle. In addition, further attention should be paid to examining prevailing coping strategies in families with specific problems (chronic diseases, disability, addiction diseases, being displaced) especially having in mind that coping strategies in such families are often determined by effects of prolonged or frequent stressful experiences.

CONCLUSION

The results of the presented research point to the conclusion that the investigated families do not use active internal and external coping strategies to a satisfactory extent. In addition, the results obtained lead to the conclusion that a bad financial situation of a family can be recognized as a risk factor, while a better financial situation can be recognized as a protective factor in dealing with problematic situations. The potential risk or protective factors in dealing with family problems could also be considered through

the variables referring to the level of parents' education and place of residence (rural-urban), which has proven particularly indicative when families tend to use institutional support.

These conclusions suggest the need of strengthening the family to face developmental and non-developmental problems in a more efficient way, primarily in the sense of developing the awareness of significance and possibilities of using institutional support. This kind of approach certainly involves the optimal level of availability of institutional support to all users, regardless of their financial circumstances, place of residence, etc. In that respect, and having in mind the complexity of the current social context, and therefore the presence of increasingly complex problems that families are faced with, it is necessary to insist on a collaborative approach in problem-solving which requires a different way of thinking and implies an equal, collaborative and partner relationship in which a family takes active participation in looking for optimal solutions for current problems (Majkić, 2010). In addition, it is important to ensure that the idea of strengthening the family is implemented by different actors of social life: teachers who tend to help their students in improving the quality of their life; political actors who should create a basis for leading a society towards the development of strong families; media that should create the conditions for development and increase of awareness of the significance of strong and healthy families; counsellors, social workers and volunteers who work with families, as well as each family member who looks for the ways and possibilities of creating healthy family relations imbued, primarily, with love (DeFrain, 1999.). Special focus should be aimed at developing the awareness of the fact that problems that a family faces can be simultaneously recognized as a threat, but also as a chance for development of a family as a whole (Majkić, 2010.). Namely, the passive attitude of a family towards the crisis and problem situations, based on the feeling of helplessness, can jeopardize the functioning of the entire family and mental health of family members. Vice versa, if the family took active attitude, a problem situation could become a challenge that engages all its potentials and resources and could create a chance for the progress of a family as a whole.

The mentioned assumptions imply the necessity of looking for potential resources of strengthening the family system (Zuković, 2012.; Goodnow, 2005.; Nachshen, 2004.), especially if we have in mind that a contemporary family is facing challenges and temptations to preserve its integrity and identity due to a prolonged ongoing process of socio-political transition. Such a context requires a design of theoretically based and strategically established programme of strengthening the family which would, observed from the perspective of environmental development, provide the development of an individual in a family and a wider social community, as well as development of a family as a whole.

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PERCEPCIJA STRATEGIJA SUOČAVANJA U OBITELJI KOD ADOLESCENATA

SAŽETAK

Istraživanje prikazano u ovom radu bavi se percepcijom strategija suočavanja u obitelji kod adolescenata u Srbiji. Kao temelj razumijevanja načina na koji se obitelj suočava s problemom uzet je ABC-X model obiteljskog stresa. Evaluaciju strategija suočavanja obitelji obavio je 421 adolescent u dobi od 16 i 17 godina. Osim upitnika o socio-demografskim obilježjima ispitanika i njihovih obitelji, u istraživanju se primijenila i revidirana verzija skala »Family Crisis Oriented Personal Evaluation Scales« (F-COPES/r) koja je operacionalizirala unutarne i vanjske strategije suočavanja. Dobiveni rezultati pokazuju da aktivne unutarne i vanjske strategije suočavanja nisu u dovoljnoj mjeri prisutne u obiteljima, posebno kad je riječ o strategiji uporabe institucionalne potpore. Osim toga, utvrđena je statistički značajna razlika u evaluaciji strategija suočavanja u odnosu na većinu mjerenih socio-demografskih značajki. Na temelju dobivenih podataka može se zaključiti da u obiteljima postoje potencijalno nedovoljne funkcionalne strategije suočavanja te stoga postoji potreba za osnaživanjem obitelji kako bi se mogla učinkovitije suočiti s problemima.

Ključne riječi: obitelj, strategije suočavanja, obiteljski resursi, institucionalna podrška.