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Original Article

Comparing the coping strategies of Buryat and Russian children and adolescents with disabilities

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Abstract *In the present study, the coping strategies of 350 children and adolescents aged 12 to 18 years were examined. Participants were schoolchildren from the School of Social Adaptation for Children and Adolescents with Disabilities of the city of Ulan-Ude, Republic of Buryatia, Russia. Participating children included 197 Russians and 153 Buryats, with 232 males (66.3%) and 118 females (33.7%). Maladaptive coping strategies were common among respondents of both nationalities. Schoolchildren of the Buryat nationality more often used the adaptive behavioral strategy of altruism; schoolchildren of Russian nationality more frequently used the adaptive emotional strategy of emotional relief. Among female Buryats, the statistical significance of the predominance of altruism reached the highest value ($p \leq 0.05$). The findings informed the development of psychotherapeutic programs responsive to ethnicity.*

Keywords: cross-cultural research; children and adolescents; disabilities, coping strategies, Buryat; Russian

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INTRODUCTION

Multiculturalism; dynamics of the modern world; instability of social processes and permeability of cultural borders; and migration, mutual penetration, and transformation of traditional communities have resulted in novel biopsychosocial challenges for mental health of various nationalities

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"In memory of Dr. B.A. Dashieva, dear colleague and friend."

(Tseng, 2012; Wintrob, 2012; Semke, 2012; Bartocci & Chen, 2018; Bokhan et al., 2023). Among methods to study ethnocultural differences in mental health and illness, the transcultural (or cross-cultural) approach is among the most elaborated (Bhui et al., 2015; Villasenor-Bayardo et al., 2017; Rohlof, 2018).

In addition, criteria to account for ethnocultural specificity and pathoplastic process in diagnosis of mental disorders have been insufficiently developed; efficient algorithms to standardize findings of psychiatric research in heterogeneous ethnocultural environments are lacking (Tsytsarev, 2005). The most vulnerable group in this regard are children and adolescents with limited support for health, whose probability of social maladjustment increases substantially with the negative impacts of migration and acculturation processes (Zhang et al., 2010; Ho, 2014). During puberty, these adolescents have manifested negative behavior patterns: disharmony, change of interests, denial of cultural values, and addictions (Kupriyanova, Dashieva, & Karaush, 2019). The examination of ethnocultural characteristics in children and adolescents relevant for diagnosis and treatment of mental illness included the evaluation of external environmental factors (macro- and micro-community, culture, religion, upbringing strategies, lifestyle) and internal environmental factors (internal image of self, internal image of the illness, coping strategy).

In a previous study of children and adolescents with health challenges, a separate significant aspect was the search for individual resources that influence ability to cope with difficult situations influencing health and personality development. One of these resources was coping behavior, defined as behavior used to cope with life difficulties via conscious actions (Lazarus, 1970). Adolescence is the most important stage of development for resilience and coping behavior, because this developmental period is associated with intensive development of self-awareness and active comprehension of attitude towards self and the world (Gorkovaya & Miklyaeva. 2019). Multiple theories have noted that coping strategies can be productive/functional (adaptive) or non-productive/dysfunctional (maladaptive). Promoting change in coping behavior is one of the general foci of psychotherapy for treatment and rehabilitation of mental and psychosomatic disorders. In addition, coping strategies are usually considered in association with the nosology of the disorder, but coping strategies in various nationalities have been of special interest.

OBJECTIVE

To document ethnoculturally based coping strategies for optimization of mental health in children and adolescents of Russian and Buryat ethnicity with disabilities.

METHODS

The sample included 350 children and adolescents aged from 12 to 18 years. Participants attended the School of Social Adaptation of Children with Disabilities of the city of Ulan-Ude of the Republic of Buryatia, of them 197 individuals were Russians and 153 individuals were Buryats. Mean age was 15.1±2.2 years. From the total number of the examined there were 232 boys (66.3%) and 118 girls (33.7%). Inclusion criteria were verified ethnicity (Buryat or Russian); available status of disability; and informed assent and consent from the adolescent and their parents or guardians, respectively, to participate in research. Among various illnesses that had led to disability, we found neurological disorders most frequently (incl. epilepsy) – 23.5%, child cerebral palsy – 19.2%, congenital developmental anomalies (14.2%) and mental disorders (14%). Due to the heterogeneity of causes of disability, distinguishing among specific diagnoses or affected anatomic-physiologic systems was not practical.

Coping behavior was classified using the technique developed by Heim (1988), elaborated based on the study of psychological stress by Murphy (1970) and Lazarus (1966). The methods of coping with difficulties in three domains were defined: behavior, cognition, and emotions. The types of coping strategies were distributed across three basic levels: adaptive, relatively adaptive, maladaptive.

Children were included in the study after informed consent by their parents or guardians. The investigation was conducted using play techniques, and the rules were explained to the children in advance. The children filled in questionnaires independently; however, in cases of difficulties, a psychologist was near for help. The schoolchildren in the adaptive group (n=69) completed the tasks quickly enough; when children were tired, their task was postponed to the next day. The schoolchildren in the relatively adaptive group (n=198) could take longer (3-4 days) to complete questionnaires. The most complex work was one with the schoolchildren in the maladaptive group (n=63), which required professional calmness and certain insistence from the researchers; the duration of work with these children ranged from one to seven days.

We analyzed and summarized findings using clinical, psychological, and statistical research methods (descriptive and inferential statistics, including Fisher's test).

RESULTS

The most common mental disorders in the group of adolescents were those associated with organic brain impairment (mental disorders due to brain damage; dysfunction and to physical disease; and personality and behavioral

disorders due to brain disease, damage, and dysfunction), and mild mental retardation of the exogenous origin (mild mental retardation) (F06–07 – 47.1%, F70 – 1.9%). The second most common diagnostic group included specific developmental speech disorders (specific developmental disorders of speech and language) (F80 – 15.3%) and disorders of psychological development (mixed specific developmental disorder and pervasive developmental disorders) (F83–84 – 11.5%). The next most common group was neurotic disorders (other anxiety disorders, obsessive-compulsive disorder) (F41–42 – 22.2%). Finally, the smallest group was behavioral and emotional disorders with onset in childhood and adolescence (F9 – 3.8%).

The comparative analysis of adolescent coping strategies is shown in Tables 1-2. When analyzing findings, the first three options were designated as preferred coping strategies and the latter three options as rejected strategies. In cases when the adolescent chose all the adaptive preferred and maladaptive rejected strategies, we tentatively considered as maximum possible option of the use of coping mechanisms and coping resources: In the domain of the behavior, there are five such strategies; in the domain of the cognition – seven; and in the domain of the emotions – six. These indices were taken as 100%.

Table 1 – Coping strategies of schoolchildren with disability by sex and ethnicity

Coping strategies	Boys (%)	Girls (%)	Buryats (%)	Russians (%)
Domain of behavior: Adaptive strategies				
Altruism	35.3%	7.1%	55%	7.3%
Cooperation	4.7%	21.4%	57.1%	4.6%
Help seeking	53%	57.1	55%	5.5%
Domain of behavior: Maladaptive strategies				
Active avoidance	17.6%	35.7%	25%	8.2%
Degression	41.2%	21.4%	7.1%	7.3%
Domain of cognition: Adaptive strategies				
Maintenance of self-control	11– 4.7%	50.0%	50.0%	70.0%
Problem analysis	4 – 23.5%	42.9%	35%	7.3%
Attitude of own worth	7 – 41.2%	7.1	30%	8.2%
Domain of cognition: Maladaptive strategies				
Disregard	41.2%	35.7%	57.1%	5.5%
Submission	29.4%	35.7%	57.1%	7.3%
Dissimulation	17.6%	57.1%	57.1%	7.3%
Confusion	17.6%	21.4%	15%	7.3%
Domain of emotions: Adaptive strategies				
Objection	35.3%	35.7%	57.1%	6.4%
Optimism	0.6%	57.1%	65%	4.6%
Domain of emotions: Maladaptive strategies				
Suppression of emotions	29.4%	1.4%	50%	45.5%
Resignation	11.8%	7.1%	15%	0.0%
Self-condemnation	47.1%	14.2%	35%	27.3%
Aggression	41.2%	21.4%	35%	7.3%

The distribution of the chosen strategies is shown in Table 2.

Table 2 – Distribution of coping strategies (scores for each domain) by sex and ethnicity

	Behavior	Cognition	Emotions
Buryat girls	53.3±20**	19.1±17.5*	44.4±23.6
Russian girls	28±17.9	34.3±23.9*	46.7±24.7
Buryat boys	49.1±16.4	33.8±17.2*	40.9±25.1
Russian boys	53.3±10.3*	35.7±23.5	44.5±27.2*
Buryats	51±17.7*	27.2±18.5	42.5±23.9
Russians	41.8±18.9	35.1±22.5	45.5±24.8

**statistically significant differences (t=2.09, p≤0.05)
*trend-level differences approaching statistical significance

Comparisons by ethnicity revealed a trend of more successful use of adaptive coping in the domains of cognition and emotion by Russian adolescents and in the domain of behavior by the Buryat adolescents.

Comparison of forms of adaptive behavior by ethnicity (Table 1) detected the following differences – the Buryat adolescents used help seeking and altruism more often (55% for each strategy) than the Russian adolescents (45.5% and 27.3%, respectively). Also, the Buryat adolescents used degression as a maladaptive strategy more often (57.1% of Buryats vs. 27.3% of Russians). In the domain of cognition, Russian adolescents used maintenance of self-control more often (70% vs. 50%). Further, the Buryat adolescents used the strategy attitude of own worth (30%): strategy, focused on the in-depth comprehension of own worth as an individual, the study Russian adolescents used this strategy in 18.2%. Among maladaptive strategies, the study Buryat schoolchildren used disregard, submission and dissimulation (57.1% each strategy), the Russian ones used the strategy disregard most often (46%) and submission, dissimulation and confusion (27.3% each strategy). These strategies are supposed to attempt coping with the negative reflections at the expense of avoidance, disregard or denial of the problem, passiveness, and dream work. Most researchers considered these strategies as the maladaptive ones but in some instances, for example, in a short-term perspective or acute stressogenic situations, they could be useful. The use of such coping strategies evidenced that adolescents felt simpler accepting the passive forms of the behavior with refusing to overcome the difficult situations, probably because of lack of self-confidence (Sidorova & Tarskaya, 2019).

In the domain of the emotions, both groups used optimism (65% in the Buryat ones, 54% in the Russian ones), the study Buryat adolescents more often, than the Russian ones, manifested objection (57.1% vs. 36.4%, respectively). From maladaptive strategies, both groups used suppression of emotions (50% in the Buryat ones vs. 45.5% in the Russian ones), self-condemnation (35% vs. 27.3%,

respectively) and aggression (35% vs. 27.3%, respectively). In the study of Russian schoolchildren, a maladaptive strategy such as resignation was found, in the Buryat ones it was found in 15% (the study Buryat girls).

The comparison by sex detected more substantial differences among girls in the choice of preferred or rejected strategies in the domains of behavior and cognition (Table 1). The Buryat girls used the adaptive strategies of behavior more often; statistically significant differences were demonstrated in the strategy altruism ($t=2.09$, $p\leq0.05$). The Russian girls used the cognitive adaptive strategy of problem analysis, the maladaptive behavioral strategy of active avoidance, and the relatively adaptive strategy of abstraction. In the domain of emotions, both female groups used the adaptive strategy of optimism, a relatively adaptive one: emotional relief, and a maladaptive one: suppression of emotions.

The boys did not show statistically significant differences in their use of adaptive strategies. We noted a trend toward more frequent use by Russian boys of adaptive strategies such as cooperation (behavior), maintenance of self-control (cognition), and objection (emotions). Buryat boys used the strategy of problem analysis more often.

In general, across the groups of boys, we found more frequent use of adaptive strategies in the domain of behavior: cooperation (65%) and help seeking (53%); across the study groups of girls, altruism and help seeking (57.1% each strategy) were most common. The maladaptive strategy that most used by boys was degression (41.2%); active avoidance was used more often (36%) by girls. In the domain of cognition, the boys used maintenance of self-control (65%) and attitude of own worth (41.2%) as adaptive strategies. The girls used maintenance of self-control (50%) and problem analysis (43%). From the maladaptive strategies, boys used disregard (41.2%) and submission more often (29.4%). Girls used dissimulation (57.1%), disregard (35.7%), and submission (35.7%) most often. In the domain of emotions, boys used the adaptive strategies of optimism (71%), objection (35%); girls used optimism (57%) and objection (36%). From the maladaptive strategies, boys more often used self-condemnation and aggressiveness (47.1% vs. 41.2%, respectively); girls used suppression of emotions (71.4%). In general, we found a wider range of preferred adaptive behavioral strategies among Russian boys and Buryat girls.

We examined the most preferred and rejected coping strategies by ethnicity using the non-parametric Fisher's exact test (Table 3). The Russian adolescents more frequently used adaptive strategies in the domain of cognition and emotion and the Buryat adolescents more frequently in the domain of behavior.

Table 3 – Preferred and less preferred strategies of schoolchildren by ethnicity (n=142)

Strategy	Preferred strategies		Less preferred strategies	
	Buryat schoolchildren	Russian schoolchildren	Buryat schoolchildren	Russian schoolchildren
Domain of behavior				
Altruism (adaptive strategy)	**φ*=1.52 p=0.064**		20%	36.4%
Help seeking (adaptive strategy)	60%	45.4%		**φ*=2.25 p=0.012**
Domain of cognition				
Confusion (maladapti e strategy)	15%	27.3%		**φ*=2.01 p=0.022**
Religiosity (relatively adaptive strategy)	15%	n/a	55%	63.6%
Domain of emotions				
Emotional relief (relatively adaptive strategy)		**φ*=1.63 p=0.052**	50%	45.4%
Passive cooperation (relatively adaptive strategy)	40%	54.5%	**φ*=2.01 p=0.022**	
Resignation (maladaptive strategy)	15%	n/a	60%	63.7%

In the domain of behavior, the differences were observed in the strategy of altruism, which Buryat adolescents used more frequently than Russians (55% vs. 27.3%); the differences reached statistical significance (φ*=1.52, p=.064). Also, the strategy of help or social support seeking was often found (60% in the Buryat ones vs. 45.4% in the Russian ones), the statistically significant differences in those who defined this strategy as less preferred were found in the Russian ones (36.4%), but in the Buryat ones they made only 5% (φ*=2.25, p=0.012). The adolescents sought help from the nearest and friends, accepted external empathy and understanding, discussed problems with somebody to make up their mind.

In the domain of cognition, adolescents in both ethnic groups most preferred the adaptive strategy of maintenance of self-control. Confusion was rejected by 72.7% of respondents in the Russian group but rejected by 35% of Buryats (φ*=2.0, p=0.022). The strategy of religiosity for the Russian study group was uncommon for the Buryat group (15%).

In the domain of emotions, we found statistically more frequent use of the relatively adaptive strategy of emotional relief by the Russian group (54.5% vs. 25.0%) (φ*=1.63, p=0.052). The differences in the less preferred adaptive strategy of passive cooperation were also significant (40.0% of Buryats vs. 9.1% of Russians) (φ*=2.01, p=0.022). The Russian group did not use the maladaptive strategy of resignation, but it was found in 15% of the Buryat female group.

DISCUSSION

Child and adolescent mental health in the modern world are a complex multilevel phenomenon, the structure of which is significantly influenced by cultural factors. Research on coping strategies in adolescents and methodical tools assessing coping in difficult situations are lacking. In addition, the specific situation is not always taken into account, including the domain of the coping strategies in the specific situation.

In general, our findings indicate that most respondents from both study groups preferred using maladaptive or relatively adaptive coping strategies in all domains. The found features of using those or other coping strategies by the study groups of adolescents could be the focus and target of the psychotherapy in the programs of rehabilitation of mental health problems of similar adolescents.

The most adaptive coping strategies were strategies focused on problem resolution. The methods of coping, focusing on the emotional response in the difficult situation, denial of stressful situations or refusal of problem resolution, did not allow adapting to a full extent.

The priority in the psychotherapeutic work with the Russian study group was given to developing the adaptive coping strategies skills in the domain of the behavior, the use of means of the art-therapy, the work in small groups, training in the open groups. In the Buryat study group, we applied developing the skills of adaptive coping strategies in the domain of the emotions, the use of existential psychotherapy approaches, providing integration of ethnocultural values, and the individual form of work was preferable. The module, providing optimization of the social environment of children with mental disabilities irrespective of ethnicity, had to include medico-psychological support of parents of children and adolescents with mental disabilities and educators.

Cultural competence, ability to take into account the effects of religious and spiritual values had to be needed in the treatment of mental health problems in persons of various nationalities (Chung, 2001; Chen et al., 2002). The development of cultural competence was the important focus of modern healthcare and medical education (Watt, Abbott, & Reath, 2016). The training of the specialists in the field of medicine had to develop systematic thinking and strategies of the integration of the issues of cultural competence in clinical practice (Joyce et al., 2017; Phillips & Riner, 2018).

CONCLUSION

The spectrum of mental pathology in children and adolescents from two study groups (the Russian and the Buryat one), who went to school of the social adaptation for children with mental disabilities included disorders associated with organic brain impairment of the exogenous origin, mild mental retardation, developmental psychological disorders, neurotic, behavioral, and emotional disorders with onset in childhood. The analysis of the coping strategies used by the adolescents with mental health pathology showed that schoolchildren of the both study groups (the Russian and the Buryat one) used maladaptive strategies to cope with the difficult situations.

The adolescents with mental disabilities for the purpose of coping with various manifestations of their disease, as well as external stressors, elaborated the complex of adjustment methods and strategies which could compensate and pseudo-compensate them and in the latter instance to enhance maladjustment, promote developing the mental health and behavioral problems. The inclusion of the studying and monitoring of coping behavior as a resource was part of the psychotherapeutic and psychological support. The use of the cultural approach to organizing the rehabilitation process for children and adolescents with mental health problems provided the access for such children and adolescents to resources and possibilities of their community. This optimized the level of their psychosocial adaptation.

The study corresponds to the norms of the current ethical standards according to the Helsinki Declaration of WMA and was approved by the Local Ethics Committee of Mental Health Research Institute of Tomsk NRMC (Protocol no. 147/6 of 21.11.2021).

The authors declare absence of any conflict of interest.

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