

Ways of coping inventory: a theoretical framework*

INVENTÁRIO DE ESTRATÉGIAS DE ENFRENTAMENTO: UM REFERENCIAL TEÓRICO

INVENTARIO DE ESTRATEGIAS: UNO REFERENCIAL TEÓRICO.

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ABSTRACT

This study aimed to identify the coping strategies used by adolescents in his/her experience of having diabetes mellitus type 1 (DM 1). The research is a qualitative, exploratory-descriptive study. The Symbolic Interactionism and Ways of Coping Questionnaire were chosen as the theoretical frameworks and the Grounded Theory as the methodological one. Data were collected with 10 adolescents, 12 to 18 years-old, with DM1, diagnosed at least a year before. The coping strategies identified belong to the following scales of the Ways of Coping Questionnaire: Distancing, Escape-Avoidance, Social Support, Accepting Responsibility, Solving Problem and Positive Reappraisal. The identification of the adolescent's coping strategies will enable nurses to propose interventions that really help the adolescent to live better with the illness.

KEY WORDS

Adolescent.
Diabetes mellitus, type 1.
Adaptation, psychological.
Pediatric nursing

RESUMO

O estudo teve como objetivo identificar as estratégias de enfrentamento utilizadas por adolescentes na experiência de ter diabetes mellitus tipo 1 (DM1). Trata-se de um estudo qualitativo, exploratório-descritivo, que tem o Interacionismo Simbólico e o Inventário de Estratégias de Enfrentamento como referenciais teóricos e a Teoria Fundamentada nos Dados como o referencial metodológico. Participaram do estudo 10 adolescentes, de 12 a 18 anos, com DM1 diagnosticado há pelo menos um ano. As estratégias de enfrentamento identificadas pertencem aos fatores: Confronto, Afastamento, Autocontrole, Suporte Social, Aceitação de Responsabilidade, Fuga-Esquivas, Resolução de Problemas, Reavaliação Positiva. A identificação das estratégias permitirá que os enfermeiros proponham intervenções que auxiliem o adolescente a conviver melhor com sua situação de doença.

DESCRIPTORIOS

Adolescente.
Diabetes mellitus tipo 1.
Adaptação psicológica.
Enfermagem pediátrica.

RESUMEN

El estudio tuvo como objetivo identificar las estrategias de enfrentamiento utilizadas por adolescentes en la experiencia de tener diabetes mellitus tipo 1 (DM1). Se trata de un estudio cualitativo, exploratorio-descriptivo, que tiene el Interacionismo Simbólico y el Inventario de Estrategias como referencial teóricos y la Teoría Fundamentada en los Datos como referencial metodológico. Participaron del estudio 10 adolescentes, de 12 a 18 años, con DM1 diagnosticado hace al menos 1 año. Las estrategias de enfrentamiento identificadas pertenecen a los factores: Confronto, Alejamiento, Autocontrol, Suporte Social, Aceptación de Responsabilidad, Huida-Esquivas, Resolución de Problemas, Reevaluación Positiva. La identificación de las estrategias permitirá que los enfrentamientos propongan intervenciones que auxiliem los adolescentes a convivir mejor con su situación de enfermedad.

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INTRODUCTION

Adolescents who live with chronic diseases such as diabetes (DM) experience many stressful situations because, in addition to experiencing their own age bracket difficulties, they must cope with the stress produced by the disease and the behavioral changes required by the treatment. Therefore, it is not surprising that adolescents within this age bracket engage in the highest numbers of inappropriate behaviors regarding diabetes and its treatments. In some cases, adolescents may totally neglect treatment, not following diet guidelines, faking results on capillary blood glucose monitoring or even failing to administer one or more of their insulin doses⁽¹⁾.

More and more, emotional, affective and psychosocial aspects, family dynamics, life stages, and the relationship of the adolescent with the health professional are recognized as influencing motivation, as well as the ability to learn about and manage diabetes⁽²⁾. This fact can lead the adolescent to more or less efficiently cope with the disease, depending on the coping strategies used with diabetes⁽³⁾.

Since the 1950's, Lazarus and other authors have studied coping and its functions in facing stress situations experienced by people⁽⁴⁾. Lazarus and Folkman present perhaps the most known and accepted definition of coping when they affirm that it is the cognitive changes and constant behavioral efforts to manage specific, internal and/or external demands evaluated as a burden or as something that exceeds the person's resources⁽⁴⁾.

When the stressing trigger is the situation of being a young person with diabetes, adolescents cannot eliminate the fact that they have the disease, but they can find the means to make it bearable⁽⁵⁾. It is important to note that not all coping strategies produce positive results, both psychologically and clinically. However, some studies have suggested that adolescents can benefit from learning coping strategies in order to cope with the disease situation in a more satisfying manner. Therefore, once adolescents, in the face of new requirements brought by the disease, cannot behave the same as they used to, they will need to learn and/or test new coping strategies that will result in appropriate actions for better diabetes metabolic control acquisition, psychosocial development and quality of life⁽⁵⁻⁶⁾.

OBJECTIVE

Considering the importance of the coping strategy process and the little knowledge about the theme in the pediatrics nursing area, an exploratory and qualitative study was proposed, with the goal to identify coping strategies used by adolescents in experiencing diabetes mellitus type 1.

METHOD

Theoretical framework

Symbolic Interactionism (SI) is a theory about human behavior based on the presumption that human experience is mediated by interpretation⁽⁷⁾. Therefore, the theory reference allows for understanding the meaning diabetic type 1 adolescents attribute to their disease experience.

Grounded Theory (GT), developed by American sociologists Barney Glaser and Anselm Strauss, is a qualitative research method intended for learning about new concepts and theories through the use of reality data, instead of testing already existing data. Data analysis was performed through the constant comparison method, enabling the formulation of categories and subcategories⁽⁸⁾.

Five boys and five girls, aged between 12 and 18 years old, diagnosed with DM for more than 1 year participated in this study. A period of one year after diagnosis was established in order to allow adolescents to recover from the impact of learning about the disease. Also, this period allowed for them to fully experience the disease. Each adolescent was identified by the letter A followed by a sequential number according to the number of participants: A1, A2 until A10.

After the approval by the Ethics Committee of the institution, process No 531/2006/REC-EEUSP, eligible adolescents were invited to participate in this study. The objective of the study was explained to adolescents and their responsible adults. After explanations regarding the study, adolescents were asked to sign a Free and Informed Agreement Form and their responsible adults to sign a Free and Informed Consent Form.

Data were collected throughout the period of March to November of 2007. Semi-structured interviews with guiding questions were prepared: *How do you cope on a daily basis with diabetes?* and *Tell me about a good and a bad situation involving diabetes that happened to you.*

Data analysis followed the GT presumptions, where two explaining phenomena for adolescents' experience with DM type 1 emerged: *Being normal with diabetes* and *Not being normal with diabetes*. The categories and subcategories regarding the phenomena found were therefore analyzed according to the Ways of Coping from Folkman and Lazarus, adjusted by Savoia and Mejias⁽⁹⁻¹⁰⁾. Folkman and Lazarus' Ways of Coping (1985) is a questionnaire that comprises 66 items covering thoughts and actions that people use to cope with internal and external demands of specific stressing events regarding the following factors: *Confrontation, Distancing, Self-control, Social Support, Accepting Responsibility, Avoidant Personality, Problem Solving, and Positive Reappraisal*⁽⁹⁻¹⁰⁾.

Emotional, affective and psychosocial aspects, family dynamics, life stages, and the relationship of the adolescent with the health professional are recognized as influencing motivation, as well as the ability to learn about and manage diabetes.

RESULTS

The first phenomenon, *Being normal with diabetes*, reports the experience adolescents with DM1 have when they cope normally with the disease, keeping it under control and experiencing positive situations because they have diabetes. The second phenomenon, *Not being normal with diabetes*, reports problems experienced by adolescents when coping with DM1, where the disease is felt to be a burden that makes them feel shame and makes them hide the fact of having it. In between these two phenomena, there is a social support network that reveals the adolescent as having a life that is not restricted solely to the disease and helps them to search for assistance within this network to better cope with this problem with friends, family members, associations and/or professionals. In this article, the coping strategies adolescents with DM1 use to better cope with the disease, encompassing eight factors from the Ways of Coping report, will be described. The full description of these phenomena will be published in another article.

Factor 1 - Confrontation: Confrontation strategy corresponds to offensive strategies for coping with situations. These are the strategies in which the person presents an active attitude related to the stressing agent. Frequently, children/adolescents present aggressive behavior regarding the people delivering care to them as a way to demonstrate their anger:

I didn't understand I had diabetes, they came to test me and I thought it was a shot... I started to scream, they had to tie me up... I was screaming as if I was a mad man there! (A8).

The strategies involved in confrontation do not always lead to positive results. Sometimes adolescents decide to do something that is not recommended by the health team trying to find a solution to the problem, engaging in risky behaviors such as unfounded beliefs, drinking teas, praying, and leaving behind traditional treatments.

Once someone told my mom about this tea that was good for diabetes. The tea was horrible, but I took it and stopped taking insulin. Then, the diabetes only got worse! I ended up in the hospital... (A4).

Factor 2 - Distancing: Different from confrontation strategies, the distancing strategy corresponds to defensive strategies in which the individual avoids the threat in an effort to change the situation. Denying the fact of their illness to themselves and not considering what is said by other people is a strategy used by adolescents aimed at ignoring the disease.

But I couldn't control it before. Someone would say I had diabetes and I would say that I didn't! I neither thought I had diabetes nor did I take the insulin shots... (A4).

Factor 3 - Self-control: Self-control regards the person's efforts in trying to control emotions when facing stressful

stimuli. Adolescents try to control their emotions, keeping their feelings to themselves.

It wasn't good because I had to go to the school parties, there are always parties in the class, *Oh, L.'s cake is there, different than the others*, it was awful for me. It still is bad until today, if I go to a place and *Oh, L.'s plate is that one*. I don't like that! [...] I didn't even mention it to my mom... (A1).

Having self-control also means not doing anything quickly or following the first impulse. For instance, as suggestions about treatment from someone are received, adolescents can think about it and make a decision about what should be done later. They don't *go with the flow*.

For me, the time when people keep saying things is over, those who already know me say: *You have to like yourself! If you want to eat, then eat it. But you know the consequences*. They say it, but we do things for ourselves (A7).

Factor 4 - Social support: Social support is a coping strategy that takes into account the support found in people and the environment. It is a positive psychosocial factor that helps adolescents to cope with the unwanted effects of stress and their response to the disease. The social support strategy presents three different aspects. These include social support to find solutions, emotional support by friends and family members and professional support. As professional help is sought, adolescents search for education and treatment for the disease, as well as emotional support to better cope with problems related to diabetes, therefore receiving the support they need for themselves and their family.

And words from my mother, talking to her and sometimes listening to things I already know, but I needed to hear, helped me. Because sometimes, *Oh that sucks, I have to do it again!* But then my family is with me, they do everything for me, I never lack strips, insulin, nothing, it really helps me (A10).

Factor 5 - Accepting responsibility: As the accepting responsibility strategy is used, adolescents accept reality and commit to the process of coping with a stressing situation. Adolescents often feel responsible for triggering stressful situations and therefore face feelings of self-criticism and self-hate. However, these feelings can be motivating, stimulating them to cope with their problems in another way, keeping the disease under control and showcasing autonomy.

After this last hospital stay, I spent one week with no insulin. I said: *Wow! There is no other way, I really need insulin!* (A4).

Factor 6 - Escape-avoidance: This behavior consists of fantasizing about possible solutions for the problem without taking any actions to actually change them. We can describe it as an effort to escape and/or avoid the stressing agent. Many adolescents feel uncomfortable when being monitored and/or having insulin shots in public loca-

tions, in the presence of other people, which awakens normal human curiosity.

I felt upset. Everyday people asked me about it and I was upset. Because I had to explain it every time (A3).

Factor 7 - Problem solving: The problem solving strategy presumes appropriate planning to cope with stressing agents. Instead of avoiding it or distancing themselves from daily life, adolescents choose to solve the problem by changing their attitudes, making them able to cope with the pressure from people and the environment around them, decreasing or eliminating the stress-generating source. These adolescents will think of an action plan and will search for a means of executing it, especially if the solution to the situation brings a feeling of not being different from others and improves the control of the disease.

I am a normal person, I count carbohydrates and I will eat whatever I like to. I am taking care of myself, got it? (A1).

Factor 8 - Positive reappraisal: Positive reappraisal is a coping strategy guided towards controlling emotions that regard sadness as re-interpretation, growth and personal change arising from a conflict situation. When reappraising their situation, adolescents find a way to cope with their problem using their own means. They are able to change something within themselves, not losing faith when facing the difficulties they must go through, growing as a person. In addition, they notice they can help the people close to them going through similar problems.

It even helped my family! My family is now learning to take care of themselves like me; eating this, not that, avoiding sweets... (A5).

DISCUSSION

There are few studies focused on experiencing the disease and coping strategies that use a specific theoretical reference such as the Ways of Coping⁽⁹⁻¹⁰⁾. Applying it to the qualitative results obtained in this study allowed for understanding how adolescents cope with the situation of having a disease and which strategies are involved in this process. We can see through the coping strategies used by adolescents in this study that diabetes plays an impor-

tant role and the daily care required by the disease can be the triggering stress agent. Alternately, in a recent study, children and adolescents with DM1 were observed to cope with stressing agents that are not much related to the disease itself⁽¹¹⁾.

Social support is a very important strategy mentioned not only by adolescents, but also by adults that consider it important to receive support from family members, friends and the health team. Using social support as a coping strategy caused adolescents to search for help to better cope with the disease, whether to find a solution to the stressing situation or for emotional reasons⁽¹¹⁻¹⁴⁾.

The use of negative strategies such as escape-avoidance in unwanted situations, such as self-administering insulin, the fact of being seen as different by others and the diet to be followed, is affirmed by another study where participants also presented disruptive behaviors such as aggressiveness and rebellion, making medical therapy difficult⁽¹⁵⁾.

All adolescents participating in this study reported good experiences as a result of having diabetes. They all understood that the fact of being diagnosed with a chronic disease does not necessarily mean an end to their lives, but that they could, through their experiences, help other people with the same problem and even improve the quality of life of the people they live with⁽¹⁶⁾.

FINAL CONSIDERATIONS

Adolescents need to find ways to cope with stressing situations in order to live with their disease and obtain a better blood glucose control and quality of life. Studies show that a good blood glucose control, avoiding oscillations, contributes to a decrease in family conflicts, depression and anxiety symptoms among young adults with DM1.

Understanding and identifying coping strategies used by adolescents will help nurses and other health professionals to propose interventions that will meet the real needs of adolescents, decreasing their suffering and helping them in the adjustment process of the situation of having diabetes.

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