

Role of Social Support and Coping Strategies in Post-traumatic Growth Among Parentally Bereaved Adolescents

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Original Article

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Abstract

This research expected to assess the role of social support and coping strategies in post-traumatic growth among parentally bereaved adolescents. The data of (N=126) was taken through a purposive sampling technique comprising both males (n=52) and females (n=74) around district Swat of Khyber Pakhtunkhwa, Pakistan. Data were collected through the Posttraumatic Growth Inventory which contains 21 items, the Multidimensional Scale of Perceived Social Support contains 12 items and the Brief-COPE which contains 28 items. Data was then analyzed via statistical tools; correlation and t-tests were applied using Statistical Package for Social Science (SPSS) software by finding frequencies and percentages of demographics and then the mean, standard deviation, reliability, and skewness of variables. Correlation analysis revealed a positive correlation between post-traumatic growth, social support, and coping strategies. Results indicate significant mean differences in problem-focused coping strategies with $t=-2.15$, $p<.01$. Results indicate non-significant mean differences in posttraumatic growth, social support, emotion-focused coping, and avoidant-focused coping. The finding shows that males ($M=20.85$, $SD=4.89$) scored lower on problem-focused coping strategies as compared to females ($M=22.65$, $SD=4.42$). Results from this study indicate that post-traumatic growth among parentally bereaved adolescents can be positively affected by social support and coping strategies.

Keywords: Post-Traumatic Growth, Social Support, Coping Strategies, Bereavement.

Introduction

Events that cause trauma can damage people psychologically, emotionally, and physically. Remember that tragedy affects people differently and doesn't always cause *PTSD*, depression, or anxiety. Trauma can arise from accidents, witnessing violence, assault, or losing loved ones. Teens may endure a spectrum of emotions and post-traumatic growth (*PTG*) after a parent dies. This study examined how social support and coping skills affect post-traumatic growth in Malakand division parentally bereaved adolescents.

People are often shocked by their trauma survival. They are better prepared for future challenges. Trauma can help people form new relationships and appreciate existing ones. Working through a catastrophe together bonds you. *PTG* can be accessed via five areas: connections, emerging life

possibilities, self-perception, spiritual alteration, and life growth (Tedeschi & Calhoun, 2004). It usually follows traumatic events including terrorist attacks (Chopko, Palmieri & Adams, 2019), natural disasters (Bernstein & Pfeffer Baum, 2018), and rape. Traumatized people will develop anxiety, sadness, and other mental health issues. People may recover and even grow post-traumatically (Brooks *et al.*, 2020). Tedeschi argues extraversion and openness to experience make some people more likely to experience *PTG*. He says that's because open people are more likely to rethink their beliefs, while extroverts are more likely to react to pain and seek connections. Studies show that high social support prevents psychological diseases and distress (Weber *et al.*, 2021). Social support includes resources, sources, and roles in a social network. Post-traumatic growth is favorably associated with supportive connections, showing that they help good psychological improvements following trauma. Social support boosts self-esteem and mental wellness. Resilience buffers trauma's effects on *PTSD* symptoms (Krohne & Slangen, 2005). Social support promotes healing and health regardless of trauma date. Family and friend support promotes post-traumatic growth. Strong social relationships and support improve the immune system and cognitive health. Lack of social support causes anxiety, depression, cardiovascular troubles, and unhealthy habits (Cohen, 2004). Parental bereavement in childhood can cause low self-esteem and developmental issues in teenagers.

Stress-related social assistance can take two forms. In the buffer effect hypothesis, social support protects physical and mental health from stress, especially for trauma victims. Instead, the impact model implies that social support directly benefits health and well-being regardless of stress. It can improve life satisfaction, reduce stress, and foster a sense of belonging, reducing physical and psychological concerns. The social causation concept shows that a lack of social support can cause psychological issues. The social choice model states that psychological illnesses change social support. Finally, under the mutual effect paradigm, social support improves psychological well-being, but individual psychology also affects access to social support. Thus, social support and psychiatric issues are bidirectional (Platt *et al.*, 2016).

Coping methods affect mental growth through managing thoughts and solving issues. They can involve distraction and addressing internal or external issues. Problem-focused, emotion-focused, and maladaptive coping techniques exist. Trauma can reduce coping strategies, according to research. Emotion-focused coping performs better in uncontrollable situations than problem-focused coping in manageable ones. Meta-analyses suggest that cognitive processing and social support promote post-traumatic growth (Finstad *et al.*, 2021).

People manage stress through coping mechanisms. They can decrease or avoid stress. Some tactics boost mental health, while others impair it. Personality affects coping choices. In Israel, problem-focused coping is associated with openness and extraversion. An Italian study links maladaptive qualities, discomfort, and coping. These studies show how coping styles affect psychological well-being during stress (Chen *et al.*, 2021).

This research focused to examine the impact of social support and coping strategies on the phenomenon of posttraumatic growth among adolescents who have experienced the loss of a parent. Gaining an understanding of these aspects can yield benefits for adolescents and contribute to the improvement of their overall health. This study is significant due to its examination of the beneficial advancements observed in the aftermath of traumatic experiences, with a specific emphasis on adolescents, a pivotal period of development. This study investigates the efficacy of

social support and coping mechanisms in enhancing resilience and mitigating psychological diseases.

Methodology

Objectives

1. To highlight the role of social support and coping strategies in PTG among parentally bereaved adolescents.
2. To see how these specific factors promote growth and recovery.
3. To explore individual differences that impact the efficacy of these factors.

Hypotheses

H1: Post-traumatic growth is more likely among parentally bereaved adolescents with more coping skills than those with fewer coping skills.

H2: There is a positive relationship between social support, coping strategies, and post-traumatic growth.

H3: Parentally bereaved female adolescents will show emotion-focused coping scores higher from the male participants.

H4: Parentally bereaved male adolescents will exhibit problem-focused coping scores higher than females.

H5: Parentally bereaved adolescents with lower social support will score high on avoidant coping strategies.

Research Design & Sample

Correlational research is used in this study on Pakistani adolescents from Malakand. Researchers used purposive sampling. The data collection includes 126 parentally bereaved adolescents.

Inclusion Criteria

The study focused on Malakand-based 13-20-year-olds who have lost a parent. This sample includes both genders.

Exclusion Criteria

This study excluded adolescents outside the age range above and those who are not parentally bereaved. Those not from Malakand were also excluded from this study.

Instruments

A variety of questionnaires were used by the researcher to gauge post-traumatic growth, active coping mechanisms, and social support. **The Multidimensional Scale of Perceived Social Support** (Zimet, Dahlem, Zimet, & Farley, 1988) has 12 items with psychometric properties greater than ($\alpha=0.7$) and was utilized as a measure of social support. The **Brief COPE** measure has 28 items and three subscales: problem-focused (8 items) with ($\alpha=0.764$), emotion-focused (12 items) with ($\alpha=0.72$), and avoidant-focused (8 items) with ($\alpha=0.537$), for active coping strategies. Researchers used a **Post-Traumatic Growth Questionnaire** with 21 questions and a psychometric property of ($\alpha=0.91$) to measure recovery from trauma.

Procedure

The researcher approached the target participants with their consent and asked them to complete the measures both online and in person, depending on the convenience and preferences of the participants. Before heading towards the data collection, the participants were instructed about the purpose of the study. The participants were asked to provide demographic data and information about the circumstances of the rules i.e., length of time since the loss as the aim of the research is to collect data from adolescents who are parentally bereaved.

Ethical Considerations

The researcher ensured to conduct this study in accordance with ethical principles and guidelines such as maintaining the confidentiality of participants' data and obtaining informed consent from participants. The researcher avoided any outside access to the collected data.

Results

Table 1 *Frequency and percentage of participants*

Demographic variables		F	%
Gender	Male	52	40.9
	Female	74	58.3
Education	Middle	4	3.1
	Matric	25	19.7
	Intermediate	97	76.4

Table 1 shows the frequency and percentage of parentally bereaved adolescents with respect to gender, education, and age. Female adolescents are greater in number with percentage = 58.3%. Intermediate adolescents ($f= 97, 76.4\%$) were greater in number as compared to Matric and Middle.

Table 2 *Psychometric properties of variables*

Variables	K	M	SD	α	skewness	kurtosis
PTG	21	63.85	18.28	.90	-.94	.83
PSS	12	59.06	12.10	.85	-1.0	1.02
PFCS	8	21.90	4.69	.76	-.61	-.16
EFCS	12	30.06	5.89	.72	-.23	.33
ACS	8	16.58	3.66	.53	-.00	-.55

Note: PTG= Post-traumatic Growth. PSS= of Perceived Social Support. PFCS= Problem-focused coping strategies, EFCS= Emotion-focused coping strategies, and ACS= Avoidant-focused coping strategies.

Table 2 shows the psychometric properties of variables. The post-traumatic Growth Inventory consists of 21 items which have a mean of ($M= 63.85, SD=18.28, \alpha=.903$). There are 12 items in Multidimensional Perceived Social Support which have the mean value of ($M=59.06, SD=12.10, \alpha= .853$).

Table 3 Pearson correlation among study variables

S. No	Variables	1	2	3	4	5
1.	PTG	1	.11	.48**	.45**	.28**
2.	PSS		1	.42**	.22*	.12
3.	PFCS			1	.67**	.45**
4.	EFCS				1	.59**
5.	ACS					1

Table 3 findings indicate that post-traumatic growth is significantly correlated with social support. Post-traumatic growth has a positive correlation with problem-focused coping strategies, emotion-focused coping strategies, and avoidant-focused coping strategies.

Table 04 Mean, standard deviation, and t-values for parentally bereaved male and female adolescents (N=126)

Variable	Male(n=52)		Female(n=74)		T	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
PTG	62.33	18.96	64.92	17.85	-.77	.441	-9.23	4.05	-
PSS	56.63	12.37	60.77	11.68	1.89	.062	-8.47	.20	-
PFCS	20.85	4.89	22.65	4.42	2.15	.033	-3.45	-.15	0.39
EFCS	29.48	5.75	30.46	5.98	-.92	.358	-3.07	1.1	-
ACS	16.29	4.10	16.78	3.33	-.72	.474	-1.86	.87	-

Table 4 shows the mean, standard deviation, and t-values for males and females of intermediate, metric, and FSc students on parental bereavement. Results indicate significant mean differences in problem-focused coping strategies with $t = -2.15$, $p < .01$. Results indicate non-significant mean differences in the rest of the variables. The finding shows that males ($M=20.85$, $SD=4.89$) scored lower on problem-focused coping strategies as compared to females ($M=22.65$, $SD=4.42$).

Discussion

This study was conducted to investigate the role of social support and coping strategies in post-traumatic growth among parentally bereaved adolescents.

First, it was hypothesized that there would be a positive relationship between post-traumatic growth and coping skills. Findings indicate that post-traumatic is positively correlated with problem-focused coping strategies, emotion-focused strategies, and avoidant-focused coping strategies. These findings suggest that adolescents who have more coping strategies will experience greater post-traumatic growth as compared to those who have fewer coping strategies. The findings that post-traumatic growth is positively correlated with coping strategies are consistent with those of previous studies (Tedeschi, 2004; Dominick, 2022). The study proposes that certain coping strategies, such as seeking social support, active problem-solving, and positive reframing are associated with higher levels of PTG. Individuals who engage in these coping strategies are more likely to experience post-traumatic growth. Gul, Ehsan, Iqbal & Hassan (2023) suggest the relationship between conflict and post-traumatic growth would be mediated by coping strategies.

Secondly, it was hypothesized that there is a significant association between social support and post-traumatic growth. According to Tedeschi and colleagues (2004), social support plays a pivotal

role in the modulation of traumatic events towards growth as it initiates the cognitive processes that support *PTG*. Social support is linked with better biological and emotional wellbeing. Their influential study on *PTG* found that social support was one of the key components linked with the growth. Social assistance, both official (therapy, support groups) and casual (peers, family), facilitated the cognitive processing of traumatic experiences and provided individuals with a sense of validation and understanding, leading to *PTG* (Çevik & Yıldız, 2017).

It was also hypothesized that there is a significant association between social support and coping strategies, so the findings of this study support this hypothesis. According to Robertson, however, social support includes knowledge, skills, experience, and assistance for the individual to see their own abilities offered by others to help solve a problem (Rogan, Fortune & Prentice, 2013). Posttraumatic growth, sickness, and healing in individuals with acquired brain damage (Acar *et al.*, 2021).

It was also a hypothetical consideration that parentally bereaved female adolescents will score higher on emotion-focused coping as compared to male participants. But the analysis of the t-test, value in this study did not show a significant difference. However, other research shreds of evidence support this hypothesis (Agha, 2020; Çakar, 2020). Next, it was hypothesized that parentally bereaved male adolescents would score higher on problem-focused coping compared to females. Analysis of t-test values in the present study is not consistent with this hypothesis.

Lastly, it was hypothesized that parentally bereaved adolescents with lower social support will score higher on avoidant coping strategies. The findings showed a positive correlation between social support and avoidant coping strategies. The research conducted by Mehl *et al* (2003), investigated coping strategies in social support following the September 11, 2001, attack. The finding indicated that individuals with lower social support were more likely to employ avoidant coping strategies as a means of dealing with the traumatic event. The research evidence of September 11, terrorist attack survivors also support this hypothesis.

Implications and Recommendations

The findings of this research can highlight the importance of social support for parentally bereaved adolescents, and it can shed light on the coping strategies that are associated with post-traumatic growth among bereaved adolescents.

Considering the results of this research, it is recommended to design and implement interventions that enhance social support for parentally bereaved adolescents. The findings can also guide the development of coping skills training programs specifically designed for parentally bereaved adolescents to help them foster posttraumatic growth. To further understand the dynamic nature of post-traumatic growth, it is recommended to conduct longitudinal studies that follow bereaved adolescents over an extended period. It is also recommended to include socioeconomic status in the demographics because it can influence post-traumatic growth.

Working with bereaved adolescents requires sensitivity to their emotional well-being. Ethical considerations, such as potential distress or emotional burden need to be addressed, and debriefing is a must exercise after data collection from parentally bereaved participants.

Limitations

It is important to acknowledge that the results may not be representative of all parentally bereaved adolescents, as factors such as geographical location, cultural background, and socioeconomic status can influence the experience of bereavement and excess support and the

utilization of coping strategies. The data collected may encounter biases by the responders as it relies on self-report measures. Moreover, external factors beyond the scope of this study can influence post-traumatic growth such as other life events, concurrent stressors, or additional support received from sources not measured in the study.

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