PSYCHOTERAPIA 4 (199) 2021
STRONY: 49–63
DOI: 10.12740/PT/146493

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HOW DO ADOLESCENTS COPE WITH CRISIS SITUATIONS? PRELIMINARY REPORTS FROM A STUDY OF ADOLESCENTS WITH DEPRESSIVE AND ANXIETY DISORDERS

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adolescence
coping strategies
crisis situations

Summary

Objectives: The occurrence of mental disorders in adolescence increases the risk of their presence in adulthood. The study aimed to analyze the relationship between anxiety and depression symptoms in adolescents, the type of crisis situations in their family or peer environment, and their relationship with coping patterns.
Method: The study included 41 adolescents (11-18 years old) who came for psychological help because of depressive and anxiety disorders. Respondents completed: the Crisis Events Questionnaire, the Questionnaire for the Diagnosis of Depression in Children and Adolescents-shortened version (CDI2), State-Trait Anxiety Inventory (STAIC/STAI – age appropriate), How do you cope?
Results: The subjective perception of experienced difficulties is of greater importance than the number of difficulties itself. The perception of crises correlates with higher anxiety and depression. In the view of adolescents, crisis situations within their peer groups are more relevant than crisis situations within families. Strained relationships with peers are related to higher state and trait anxiety. The perceived impact of crises within families does not correlate with anxiety and depression. There is a relationship between the types of crises experienced (within peer groups or families) and the coping strategies.
Conclusions: The results advance the current state of knowledge regarding development norms occurring in the adolescence. A link between experiencing crises, the types of coping strategies, and anxiety and depressive disorders have been observed. The importance of crises within adolescent peer groups is emphasized. The concluding remarks can be used in planning therapeutic interventions which should address peer relationships and group interactions.

Introduction

Almost half of all mental disorders begin during adolescence [1], and long-term studies indicate that manifesting psychological difficulties in the developmental period increases the risk of experiencing them in adulthood as well [2]. The most common mental disorders diagnosed among children and adolescents include anxiety disorders and mood disorders [3].

Psychosocial stress is considered an important risk factor for the development of psychopathology in childhood and adolescence, while the ways of coping with it are considered to be determinants of present and future adaptation [4]. Pincus and Friedman [5] found that stress experienced by adolescents most often affects four areas: school, parents, friends and romantic relationships. Other authors [6-8] in the group of areas mentioned by adolescents as the source of stress include problems at school, problems related to the family home (parents and relations between them), peer relations (friendships, first relationships, conflicts, initiating friendships), and stress concerning failure and success, as well as requirements given by the school.

The experience of conflicts between parents is an important stressor, as well as a factor which influences the occurrence of mental disorders during the developmental period [9]. Research consistently emphasizes that exposure to frequent, intense conflicts between parents, as well as to those conflicts which are not resolved in a constructive way, is considered to present a risk of mental health disorders among children and adolescents [10], while a good quality of relationships between parents is a significant predictor of their children's mental health [11].

Adolescence is a period during which stress response systems are particularly flexible and therefore prone to aversive social experiences [12, 13]. Adolescents may come into contact with them at home, but also, to a much greater extent, in peer relationships. Aggression and exclusion from a peer group may have far-reaching consequences for mental health, as they may cause symptoms of depression, social anxiety and self-harm [14]. Moreover, the effects of problematic peer relationships are long-term. In longitudinal studies, it was found that the inability of adolescents to resolve conflicts, to alleviate peer aggression and hostility in partner relationships is associated with the occurrence of symptoms of depression, social withdrawal, and diminished health in young adulthood [15, 16]. Adolescents who are able to communicate effectively and resolve conflicts are more likely to be accepted by their peers, develop socially and make friends. Interestingly, physical attractiveness, number of dates, and sexual experiences are irrelevant to adult relationship satisfaction. What is crucial, however, is the development of social competences in friendly relations during adolescence [17]. Many studies have shown that children and adolescents change their coping strategies depending on situational requirements, and the older they are, the more flexible they become in this respect [5, 18–21]. The use of emotion-focused strategies increases with age and level of development. These strategies are most useful in situations where the individual has no sense of influence, or where taking other actions appears to be ineffective [22], whereas problem-oriented strategies are more efficient where

it is possible to control the stressor [23]. Children and adolescents with greater flexibility in their use of various coping strategies have more social competences, while their ability to choose an adequate strategy constitutes the main factor favoring psychological adaptation to the situation [5, 19].

Aim of the Study

The aim of the study[1] was to answer the question whether symptoms of anxiety and depression occurring in adolescents seeking psychological help are related to crisis situations experienced in their life history. Crisis situations were understood in the research as: 1) crisis situations in the family environment, such as frequent quarrels of parents or their separation, and 2) crisis situations in the peer environment, such as loss of a close friend or rejection by a peer group. The researchers were particularly interested in the answer to the question regarding whether the type of crisis situation experienced in the past (either in the family or in the peer environment) is related to the severity of the current symptoms of anxiety and depression. Characteristic ways of coping with various difficult situations were also sought out, depending on the experienced crisis situation related to the family or peer environment. An additional aim of the research was to verify the relationship between the severity of anxiety and depression and coping strategies in difficult circumstances among adolescents experiencing crisis situations.

Method

The research was conducted in 2019 and 2020. The study group consisted of patients of the Psychological and Pedagogical Clinic and the Mental Health Clinic, who were seeking psychological help because of symptoms of depression and anxiety disorders. The criterion for inclusion in the study was the diagnosis of psychological difficulties given by a psychologist and based on an interview, observation and psychological tests – locating the symptoms of anxiety and depressive disorders. The exclusion criteria from the study included the presence of pervasive developmental disorders, mental retardation and neurological diseases. The study group consisted of 41 adolescents (19 girls and 22 boys), aged 11 to 18 (M = 15 years, SD = 1.82). All patients who took part in the study and their legal guardians gave their free, informed consent.

The following research tools were used in the study:

1. The Crisis Events Inventory, developed by the authors of the study. The scale includes 32 situations that can cause severe stress in adolescents, e.g. a prolonged splitting-up with parents, frequent quarrels between parents, staying in an orphanage, being a victim of violence, the death of a loved one, being a victim of harassment, breaking up with

[1)] We would like to thank the psychologists Hubert Sotwin and Kamil Sułkowski for their help in carrying out the research.

a girlfriend/boyfriend, problems at school (grades, behaviour), physical trauma, difficult financial situation in the family. The respondents referred to the above-mentioned events, noting which of them had so far taken place in their lives. Then they determined how much of the impact they had had on them (1– none, 2 – slight, 3 – average, 4 – significant, 5 – very large impact). The analysis of the study included the occurrence and subjective assessment of the significance of four crisis situations: (1) frequent quarrels of the parents, (2) divorce / separation of the parents, (3) loss of a close friend, (4) rejection by a peer group.

2. The Children's Depression Inventory – a short version for the self-report – M. Kovacs [24]. This inventory assesses the symptoms of depression in children between the ages of 7 and 18. The short version consists of 12 statements, each of which concerns one symptom of depression assessed on a scale from 0 to 2. The overall test result falls within the range of 0-24 points.
3. The STAIC State-Trait Anxiety Inventory for Children (Polish version: C. D. Spielberger, T. Sosnowski, D. Iwaniszczuk) [25]. The inventory enables the measurement of anxiety understood as a temporary and situational state of an individual and anxiety understood as a relatively constant personality trait. It is intended for testing children aged 10–14. The inventory was used to measure anxiety in the group of patients aged 11-14.
4. STAI — State-Trait Anxiety Inventory — (Polish version: C. D. Spielberger, J. Strelau, M. Tysarczyk, K. Wrześniewski) [26]. The inventory enables the measurement of anxiety understood as a temporary and situational state of an individual and anxiety, which is understood as a relatively constant personality trait. The inventory is intended to test people aged 15–18 and 21–29 and was used to measure anxiety in the group with older patients (15-18 years).
5. The "Jak sobie radzisz?" (Z. Juczyński, N. Ogińska-Bulik, 2012) Inventory [4], designed to assess three strategies of coping with difficult situations: active coping, focusing on emotions and seeking social support. The tool enables the measurement of dispositional and situational coping strategies. Dispositional strategies refer to persistent tendencies to cope in a certain way (the respondent answers the questions in the context of the situation described in the inventory). On the other hand, situational strategies refer to methods of coping with a specific difficult situation that took place within the year preceding the survey, as retrieved by the respondent,.

The licensed program StatSoft STATISTICA 13 was used for the statistical calculations. The normality of variable distributions was checked using the Shapiro-Wilk test. The distributions of state anxiety and trait anxiety variables met the criterion of normal distribution. The distribution of the severity of symptoms of depression in the subjects did not meet the criterion of a normal distribution. Therefore, parametric statistical methods were used: the Student's t-test and ANOVA, as well as non-parametric statistical methods: Spearman's rank correlation coefficient and Mann-Whitney U test, in accordance with the characteristics of the distribution of the studied variables. For all the statistical methods used, the level of statistical significance was set at $p < 0.05$.

Study Group

The mean for the severity of depression symptoms in the study group was increased, at the sten score of 63 (min. 44, max. 79). The mean state anxiety score was also high, at a level of 7 (min. 3, max. 10), as was the result for trait anxiety (7 sten, min. 4, max. 10 for boys and 8 sten, min. 5, max. 10 for girls). The mean number of reported crises was 2 (M = 2.05; SD = 1.18; min 0, max 4), the mean of the total subjective impact score was 6.98 (SD = 4.92; min 0; max 19), for crisis situations related to the family environment, 3.44 (SD = 3.17), for crisis situations concerning the peer environment, 3.54 (SD = 3.18). Half of the study group (20 people), in their history, experienced both a crisis situation related to family relations (divorce and/or parents' quarrels) and one related to peer relations (loss of a friend and/or rejection by a peer group), nine adolescents experienced a crisis situation related only to the family environment, and eight adolescents experienced a crisis situation related only to the peer environment. In four patients, none of the four crises mentioned above was recorded. Overall, in a group of 41, 28 patients experienced frequent quarrels of their parents, 15 of the patients experienced the divorce or separation of their parents, 19 of the patients experienced the loss of a close friend, and 22 of the patients experienced rejection by a peer group.

Results

Experience of a crisis situation and symptoms of anxiety and depression

The Student's t-test was performed to verify whether the severity of anxiety is related to experiencing of a specific type of crisis situation. The means of the group of adolescents who experienced a crisis situation were compared with the means of the group without such an experience. The presence or absence of frequent quarrels between parents, their separation, as well as the loss of a close friend turned out not to be related to the severity of state anxiety symptoms (quarrels: $t = 0.439$, $p = 0.663$; separation: $t = -0.184$, $p = 0.855$; loss: $t = -0.745$, $p = 0.461$) nor trait anxiety (quarrels: $t = -0.272$, $p = 0.787$; separation: $t = 0.852$, $p = 0.399$; loss: $t = -1.034$, $p = 0.308$). On the other hand, a statistically significant higher severity of state anxiety symptoms was noted in adolescents who had experienced rejection by a peer group ($t = -2.673$; $p = 0.011$).

The groups of adolescents were also compared in terms of whether the presence of a given crisis situation is related to the severity of depression symptoms. For this purpose, the Mann-Whitney U test was performed. The test revealed no significant correlation between the severity of depression symptoms and the experience of any of the four distinguished crisis situations (quarrels: $U = 121.5$; $p = 0.092$; separation: $U = 147.0$; $p = 0.197$; loss: $U = 202.5$; $p = 0.875$; rejection: $U = 166.0$; $p = 0.265$).

The severity of anxiety and depression symptoms turned out to be unrelated to the objective number of recorded crisis situations. On the contrary, the subjective assessment given by adolescents, of the impact of those experiences on life, was significant for the

severity of symptoms. The analyses of the r-Pearson and r-Spearman correlation showed that the higher the perceived total impact of crisis experiences, the higher the severity of state anxiety symptoms (r = 0.33; p = 0.036) and depression (r = 0.33; p = 0.036). A detailed analysis of the correlations obtained, including the relationship between the assessment of the impact and the intensity of the symptoms (separately with regard to the influence of family and the peer experiences), reveals a greater importance of peer experiences than family experiences for levels of perceived anxiety. The higher the subjective impact of peer-related crisis experiences (loss and/or rejection), the higher the severity of state anxiety and trait anxiety. On the contrary, the subjective impact of conflict experiences in the family turned out not to be significantly correlated with the severity of anxiety and depression.

Table 1. **Correlations between the severity of anxiety, depression and the assessment of the impact of crisis experiences (Pearson's r for anxiety, Spearman's r for depression).**

	State Anxiety		Trait Anxiety		Depression Symbols	
	r	p	r	p	r	p
The impact of crisis experiences (total)	**0,33**	**0,036**	0,25	0,119	**0,33**	**0,036**
The impact of family crisis experiences	0,08	0,620	0,06	0,704	0,24	0,131
The impact of peer crisis experiences	**0,43**	**0,005**	**0,32**	**0,040**	0,26	0,105

Using the ANOVA analysis of variance, it was verified whether the severity of anxiety and depression depends on the type of experienced crisis: (1) family and peer crisis, (2) family, (3) peer crisis. This factor did not differentiate the variables at the level of statistical significance.

Experience of the crisis and coping strategies

One of the objectives of the analysis was to verify whether the experience of a crisis situation is related to the coping strategies undertaken in difficult situations. For this purpose, the Student's t-tests were performed. The data are presented in Table 2. The experience or the lack of frequent quarrels between parents did not differentiate the strategies of coping with difficult situations. The divorce or separation of parents differentiated the situational strategy related to active coping. Adolescents whose parents split up use this strategy significantly less frequently than their peers from two-parent families (t = 2.074, p = 0.045). Adolescents who experienced the loss of a close friend or colleague more often cope through seeking support (t = – 3.078, p = 0.004). The experience of peer rejection turned out to be related to the frequency of undertaking dispositional active strategies. Interestingly, this strategy is more pronounced by those adolescents who experienced a re-

jection crisis (t = – 2.673; p = 0.011). On the other hand, in relation to a specific situation retrieved by an adolescent, the level of statistical significance in terms of the frequency of active coping was not achieved.

Table 2. **Comparison of means for individual coping strategies in groups of adolescents**

Strategy	Parental quarrels			Separation/divorce of parents			Loss of a close friend			Peer rejection		
	yes M	no M	p	yes M	no M	p	yes M	no M	p	yes M	no M	p
Dispositional –activity	2,055	2,081	0,938	1,853	2,190	0,282	1,961	2,157	0,521	**2,418**	**1,672**	**0,011**
Dispositional – emotions	1,892	1,342	0,153	1,777	1,675	0,787	2,006	1,448	0,121	1,770	1,650	0,743
Dispositional – support	1,367	1,542	0,564	1,131	1,599	0,107	1,693	1,180	0,068	1,572	1,260	0,272
Situational – activity	2,418	2,737	0,245	**2,195**	**2,718**	**0,045**	2,578	2,470	0,677	2,706	2,318	0,129
Situational – emotions	2,597	2,466	0,713	2,363	2,670	0,371	2,833	2,303	0,107	2,601	2,503	0,769
Situational – support	1,660	1,758	0,765	1,753	1,656	0,761	**2,136**	**1,290**	**0,004**	1,882	1,482	0,191

An r-Pearson correlation analysis was performed, which showed that the selected coping strategies were not related to an objective number of crises. On the other hand, it was revealed that the higher the perceived total impact of crisis events on life, the more frequent the tendency to use dispositional emotion-based strategy (r = 0.383; p = 0.014). The other strategies were not correlated with the assessment of the impact of the crisis events.

Using the one-way ANOVA, it was verified whether the type of coping strategies undertaken by adolescents differed in regard to the type of experienced crisis situation. The following groups were distinguished: (1) experience of a crisis situation in a family and peer environment, (2) experience of a crisis situation only in a family environment, (3) experience of a crisis situation only in a peer environment. The type of crisis situation differentiated the strategies undertaken (F = 5.606; p = 0.008). Post hoc comparisons with Tukey's test for different N revealed a difference between groups 1 and 3 (p = 0.021). The adolescents who experienced a crisis situation only in a peer environment (M = 2.096; SD = 0.928) significantly more often use the strategy of seeking support than the group of adolescents who experienced a crisis situation both in the family and peer environment (M = 0,922; SD = 0,638).

Severity of anxiety, depression symptoms and coping strategies

The correlation analysis has shown that the greater the severity of symptoms of depression and state anxiety as well as trait anxiety, the greater the tendency to emotional coping. Data presented in Table 3. These correlations were shown both in relation to the disposition and to the specific difficult situation retrieved by the adolescent. Moreover, it was shown that higher severity of state anxiety correlates positively with dispositional active coping strategies, which is irrelevant when an adolescent is referring to a particular situation. With regard to the description of specific circumstances that the adolescent experienced, a correlation was revealed between a higher severity of trait anxiety and coping by seeking social support.

Table 3. **Correlations between the severity of anxiety, depression symptoms and the coping strategies**

	DA		DE		DW		SA		SE		SW	
	r	p	r	p	r	p	r	p	r	p	r	p
Symptoms of depression	0,30	0,159	**0,49**	**0,015**	-0,01	0,985	-0,10	0,634	**0,45**	**0,031**	0,10	0,647
State Anxiety	**0,43**	**0,042**	**0,61**	**0, 002**	0,20	0,370	0,13	0,541	**0,59**	**0,003**	0,16	0,464
Trait Anxiety	0,38	0,073	**0,59**	**0,003**	0,27	0,207	0,35	0,104	**0,53**	**0,009**	0,33	0,121

Legend: DA: dispositional strategy, active coping; DE: dispositional strategy, focus on emotions; DW: dispositional strategy, seeking support; SA: situational strategy, active coping; SE: situational strategy, focus on emotions; SW: situational strategy, seeking support

Discussion of the Results

The analysis of the Authors' research results has revealed that the higher the perceived total impact of crisis experiences (both family and peer), the higher the severity of anxiety as an emotional state and depression. Similar reports have emerged in the Polish studies conducted by Makara-Studzińska [27], including adolescents aged 14–18 years after suicide attempts, showing moderate and high levels of depression. Problems in the family, the peer group and partner relations, as well as loneliness, school failures, and poor socioeconomic conditions were indicated as reasons for suicide attempts. Moreover, those attempts were often preceded by traumatic events in the family or in the peer group. A number of other studies mention the wide impact of stress related to peer relationships and family problems [5–8].

In the authors' research, in the subjective assessment made by adolescents, crisis situations in a peer group are of greater importance than family experiences. This does not mean, however, that the family environment is irrelevant to adolescent development. The perspective of adolescence seems to be different from that of adulthood. It is noteworthy that rejection by a peer group and the higher subjective impact of crisis experiences

related to peers were associated with a greater readiness to react with anxiety (trait anxiety) in certain situations and with a temporary, transient emotional state (state anxiety). Additionally, a significantly higher intensity of state anxiety symptoms and symptoms of depression were demonstrated in the group of adolescents who assessed the influence of peer conflicts as high. On the contrary, no similar relations were observed in the case of family crisis situations. It can, therefore, be concluded that the level of depression and anxiety in adolescence depends largely on the quality of peer relationships. As many researchers point out, there is a relationship between intense peer conflicts in adolescence and chronic stress in adulthood, associated with a wide range of health problems [28–30]. Allen et al. [31] indicate that normal relationships in adolescence are associated with later symptoms of anxiety and depression as well as health in adulthood. Another long-term study by Allen et al. [15] also revealed that either the inability of adolescents to resolve conflicts and to alleviate peer aggression or the hostility in partner relationships in late adolescence were predictors of immune system dysfunction in adulthood (increased level of interleukin-6 IL-6). The aforementioned research, as well as the authors' analysis, emphasize the specific importance of peer relations in adolescence and their significant impact on human well-being.

The remaining aspects of the research explored the relationship between experienced crises and coping strategies. The obtained results indicate that those adolescents whose parents have split up use active coping strategies less frequently than their peers from two-parent families. This is perhaps related to the fact that, upon their parents' splitting up, children feel that they have no influence in a world of adults, which may translate into a sense of lack of influence also onto other areas of life. In addition, studies have shown that adolescents who experienced peer rejection were more likely to declare that they undertook active coping strategies, however not in relation to specific, recalled situations. This may suggest that adolescent behavioural coping is more of a declarative or wishful nature. This is an extremely important indication in relation to therapeutic practice, which shows the difference between theoretical knowledge about solving a problem and what strategies the adolescent use in a real situation. Schaefer and Moos [32] additionally emphasize that a crisis is a new experience for an individual, against which dispositional coping strategies, which are habitual in nature, may turn out to be insufficient. The crisis circumstances require undertaking new actions, adapted to the experienced situation, which, as a result, may lead to the reintegration of the personality and the acquisition of new skills. Therefore, in a crisis affecting an adolescent, the role of social support (parents, teachers, tutors, therapists) in learning and modelling effective coping strategies in stressful situations is important. In this context, it is possible to refer to the studies by Allen et al. [33], in which it turned out that hostile parental conflict reduces an adolescent's sense of security. Adolescents who observe their parents do not acquire a good model of conflict resolution, and the coping pattern presented by their parents may cause anxiety in children, as well as doubts as to whether they will be able to create a safe, lasting relationship in the future.

It has been shown that the greater the perceived cumulative impact of crisis events, the more frequent the tendency to use a dispositional emotions-based strategy. This reveals that

people who experience the subjective impact of difficult events on their lives to a greater extent may focus mainly on reducing emotional tension, which – if this is the only strategy used – may turn out to be inadequate. In the studies by Ostafińska-Molik and Wysocka [34], emotional coping with stress most strongly correlates with social maladjustment, which is explained by the researchers as a result of the difficulty of such people in coping with frustration, high levels of concentration on themselves, their own emotional problems, as well as a lack of adequate support in the environment. At the same time, they emphasize that seeking support can be an adaptive strategy, provided that a young person has a chance to receive such support in their environment. In the authors' research, such a method of coping is declared by these adolescents who have lost a loved one. Perhaps the loss of a friend sensitizes them to the importance of the relationship and provokes the search for other sources of social support.

Among the adolescents surveyed, low flexibility was observed in the use of various strategies in relation to specific problem situations. Research reveals [5, 19] that children and adolescents with greater flexibility in the use of various coping strategies have more social competences, while the tendency to choose adequately a strategy is the main factor that favours psychological adaptation to the situation.

Among the adolescents surveyed, the presence of crisis experiences is associated with more frequent coping by seeking social support. This kind of openness may be related to the fact of being under psychological care at the time of the research. Perhaps the search for psychological help opens adolescents to the possibility of receiving support from other people, or those adolescents who willingly use social support are the ones who come to therapy offices.

The Authors' research has shown that a greater intensity of depression and anxiety symptoms (state and trait) is associated with a tendency to cope with emotion based strategies. Frydenberg and Lewis [22] indicate that such coping strategies are used in situations in which the individual has no impact on them, or in which taking action seems ineffective. Perhaps it is connected with the tendency of people with depression and anxiety characteristics to focus on negative emotions, feeling helpless, not getting out of the situation, having little sense of agency and catastrophic thinking [35].

The present study has certain limitations. The group of adolescents studied was under psychological care, so all the patients were provided with specialist support at the time of the study, which could have influenced the respondents into more frequently selecting the strategy of seeking support. It is possible that adolescents would choose this type of strategy much less often and consider it less important if they had not had the real experience of receiving adequate support. In addition, most of the people studied demonstrated increased levels of depression and anxiety, and the study did not use a control group, so the results are difficult to apply to the entire adolescent population. Due to the small size of the group, the respondents were not differentiated according to age and sex, and as the research of Pisula and Sikora [20] shows, these factors are important in differentiating coping strategies. The small size of the study group limits the possibility of generalizing the obtained results to the population of adolescents suffering from depression and anxi-

ety disorders. What is more, the study was based only on a few possible types of crisis situations, and did not take into account other, potentially relevant contexts (such as love relationships, school, relationships with siblings). It should also be mentioned that the last part of the research was conducted during the COVID-19 pandemic, however the study group was too small to analyse the potential differences related to those circumstances. In further research, it would be worth analysing the impact of the pandemic on the level of anxiety and depression among adolescents, as well as the strategies of coping with this crisis event, as chosen by adolescents [36].

Despite the limitations mentioned, the results presented bring new content to what is known about emotional disorders in adolescents. They indicate significant relations and trends that would be worth assessing in larger research groups. The main reports from the authors' research concern the methods of adolescents coping with crisis situations, as well as the types of crises that have the greatest impact on the functioning of young people. The presented topic is also important for therapeutic practice.

The research provides valuable data on the image of the adolescent population that seeks psychological help. We can assume that most adolescents who come to therapy offices struggle with some kind of crisis experience, either in the family home or in a peer group, and with high probability in both of these areas. Many adolescents face problems of loss (of a parent, friend, partner) or rejection, which leads to the development of emotional disorders, excessive experience of anxiety and depression. As a response to these difficulties, many young people resort to insufficiently effective and flexible coping strategies that do not allow them to deal with such problems on their own. As problems in the peer environment seem to be of greater importance for young people than those which arise in their relationships with their parents, these difficulties shall constitute the main area for therapeutic work. It is also worth remembering that what adolescents say does not necessarily coincide with what they do, so the declared coping strategies do not have to be the same as those used in specific stressful situations.

The results of the study may be useful primarily in crisis intervention, psychotherapy offices, clinics, but also in preventive programs, within which attention should be paid to developing skills in the field of adequate coping with difficult situations, in particular with those related to peer relations. The authors' research showed, foremost, the great importance of positive relations in the peer group for the proper functioning and social development of future adults. Awareness of the regularities occurring in adolescence and regarding both the types of experienced difficulties and the ways of coping with stress, may be of great importance for educational and clinical practice. In addition, it will significantly facilitate planning and development of activities aimed at counteracting adaptation difficulties of young people. It should be remembered that adolescents learn to function properly in peer relationships mainly through experience, therefore it is particularly important to build a bridge between theoretical knowledge and practice, e.g. throughout the course of group therapy or social skills training.

Conclusions

1. The greater the perceived impact of crisis experiences (family and peers context), the higher the severity of anxiety as an emotional state and of depression in adolescents, which is consistent with results of other research in this area [5–8, 27].
2. In the subjective assessment of adolescents, crisis situations in the peer group are of greater importance than family experiences, which is also pointed out by Allen et al. [15, 31].
3. The type of crises experienced is related to the coping strategies used. Adolescents whose parents split up choose active strategies less frequently than adolescents from two-parent families, which may be related to the limiting influence of hostile parental conflict [33]. The experience of a peer-crisis or a peer-and-family-crisis is associated with a greater tendency to seek social support, which indicates the use of adaptive coping strategies by adolescents.
4. A greater intensity of depression and anxiety symptoms is associated with a tendency to cope with emotion based strategies, which may result from a low sense of influence [22] or from the specific functioning of people experiencing anxiety and depression [35].
5. It is important to distinguish between the declared dispositional strategies and those used in specific stressful situations. For example, a greater severity of state anxiety positively correlates with active coping at the level of general disposition, but not with situational coping.
6. The results obtained indicate the legitimacy of conducting similar studies in larger groups of adolescents, in clinical groups and in the general population. Such research can offer useful contributions not only to theory but to clinical and therapeutic practice, as well. Issues of anxiety and depression as well as ways of coping with a crisis situation seem to be particularly relevant in the time of the COVID-19 pandemic [36].
7. The presented diagnostic model is short and can be successfully applied in clinical practice. In the diagnosis for the purposes of psychotherapy, it is advisable to introduce the assessment of experienced crisis situations (in family and peer environments), ways of dealing with them, and to assess the level of anxiety and depression. These are also areas worth discussing and working on in the therapeutic process. It is also worth considering the discrepancy between the coping strategies declared by adolescents and how they use them in practice.
8. In light of the obtained results, it is worth emphasizing that therapeutic conversations about peer relations may be of key importance in the process of understanding and mentalizing the inner experiences of adolescents.

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