

Coping strategies effectivity in students with language disorder, role stress in students Efectividad de las estrategias de afrontamiento en estudiantes con trastorno del lenguaje, estrés de rol en estudiantes

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Summary. This is an analysis of main coping strategies for students with any language disorder in stress environment like school, the study has included regular students in order to contrast findings between two groups of students. Firstly, we offer a detailed description of main sources of stress (family, school, schoolmates) and their relationships, the instrument used to collect information about stress was a brief version of the Adolescent Stress Questionnaire (ASQ), ASQ was applied to 6 dyslexics persons or with history of disorder language and 9 regular students, a question has been added to ASQ: "how long have you been in stress?" in order to measure the chronic stress. Higher correlations were between chronic and no adaptive strategies, following of family stress with school stress, literature relating to stress point out that family stress and school stress both reach higher levels of stress in adolescence, another findings is the high incidence of chronic stress which make it a variable which worth a deep research, there are many studies about stress at work and burnout, actually this study show that scholar burnout may occur a lot earlier and a lot worse that everyone though. Discussion. The literature asserts that both social changes and rising expectations has caused that stress level in younger groups has increased, and about groups of people with any disorder language this increment is almost negative double, there is the problem of rise expectations and higher standards and how can cause school dropouts and antisocial behavior, which increases the importance of remedial interventions and special cases management like language disorder.

Keywords: Coping, Remedial Intervention, Stress.

Resumen. Este es un análisis de las principales estrategias de afrontamiento para estudiantes con cualquier trastorno del lenguaje en un entorno estresante como la escuela. El estudio incluyó a estudiantes regulares para contrastar los hallazgos entre dos grupos de estudiantes. En primer lugar, ofrecemos una descripción detallada de las principales fuentes de estrés (familia, escuela, compañeros) y sus relaciones. El instrumento utilizado para recopilar información sobre el estrés fue una versión abreviada del Cuestionario de Estrés Adolescente (ASQ). El ASQ se aplicó a 6 personas disléxicas o con antecedentes de trastorno del lenguaje y a 9 estudiantes regulares. Se añadió al ASQ la pregunta "¿Cuánto tiempo llevas estresado?" para medir el estrés crónico. Se observaron correlaciones más altas entre estrategias crónicas y estrategias no adaptativas, siguiendo el ejemplo del estrés familiar con el estrés escolar. La literatura sobre estrés señala que tanto el estrés familiar como el escolar alcanzan niveles más altos en la adolescencia. Otro hallazgo es la alta incidencia del estrés crónico, lo que lo convierte en una variable que merece una investigación profunda. Existen numerosos estudios sobre el estrés laboral y el síndrome de burnout; de hecho, este estudio muestra que el síndrome de burnout académico puede ocurrir mucho antes y con una gravedad mucho mayor de lo que se pensaba. Discusión. La literatura afirma que tanto los cambios sociales como las crecientes expectativas han provocado que el nivel de estrés en los grupos más jóvenes haya aumentado, y en los grupos de personas con algún trastorno del lenguaje este incremento es casi el doble negativo, existe el problema del aumento de las expectativas y los estándares más altos y cómo pueden causar deserción escolar y comportamiento antisocial, lo que aumenta la importancia de las intervenciones correctivas y el manejo de casos especiales como el trastorno del lenguaje.

Palabras Clave: Afrontamiento, intervención correctiva, estrés.

1 Introduction

This study reports the measuring of coping strategies in an environment perceived as stressing and tied with any Language Disorder (LD), in order to classified in effectivity terms to help students with LD in their stress management and enhance academic performance.

That is to say, this study sizes the effectivity of coping strategies in an environment with stress caused by LD and school.

This work classified effectivity factors in a coping strategies context, and detail how coping strategies work better in many contexts, personalities and age ranges, in order to prepare them in a configuration where we can apply statistics methods and find the higher correlations between variables.

Main studies about coping strategies effectivity are closely linked with cross studies about chronic diseases, school stress, traumatic events, traumatic environment and different conditions related with reading comprehension and reading disabilities.

This work integrates terms like coping strategies, effectivity of coping strategies, stress, causes of stress, control over stress, role of stress in adolescents, effectivity levels of coping strategies in school context.

Coping strategies literature has pointed just two categories of coping strategies [1] [2], some authors pointed out a third category but it seems more a sub-division of coping strategies no adaptive (which use more the emotion), and they said that there's few studies about profiles as well.

In general, specialized research of coping strategies establishes two categories only, the most suitable solution is to promote the better coping strategy and avoid the less effective strategy, but precisely there is the need to be more specific about the interaction of patterns and how decisions are made, besides clarify the barriers that hampers the decision process, like stress and DL.

The foregoing has the problem of be very general and we need to personalize the coping strategies, so, finally, we propose profiles and sub-profiles that integrate the interaction between DL and stress, profiles could be useful for design and implementation of remedial intervention in educative contexts, and as a base for educative politics that promote scholar inclusion.

One common limitation in studies in language disorder are the small samples and the difficult to generalize the findings.

1.1 Coping and language disorder

The following will explain background of coping and language disorder and their relationship in a scholar environment.

First notion of coping was known as an unconscious defensive answer to face stressing stimulus, and was presented by Freud [3], later was introduced by Lazarus as a conscious answer, finally Bowlby y Salomon [5] established in which stage the coping start to develop.

Coping represent a constant change either at cognitive and behavior context to manage internal and external demands considered as large load or exceeds the resources of the person [2].

About the process of generating indicators of coping strategies effectivity has barriers like lack of conceptual clarity because of diversity of concepts about coping, this impact negatively in the formulation of conclusions and metrics related with effectivity of coping strategies [6].

About reading disorders there is two kinds: decoding difficulties (dyslexia) and text comprehension difficulties [7] [8], these type of disorders have different cause and require different treatment, for this study both cases will be under language disorder category.

The reading and comprehension standard is more known because the collective perception had defined what is acceptable, desirable or ideal; Harter [9] show the relationship between standard in educative context and coping strategies and DL with the next coping strategies: 1) work hard to achieve these standards 2) ask help from people we trusted like teachers, parents. 3) reduce the standard 4) avoid compare ourselves with people in same situation like schoolmates.

From previous strategies the number 1 and 2 are considered more positive (adaptive strategy), these strategies commonly create a positive auto-dialogue, create a good adaption ad well, and end with a sense of self protection, growth and help our self.

Strategies 3 and 4 are considered less positive and perceived like an incorrect adaptation, generally people that use these strategies have the experience or awareness that not is easy for them to achieve the school standards and must strive hard, at this point, when they did not make it, start to use many actions to defend self-esteem, even try to reduce the importance of learning.

Some characteristics of people that use adaptive strategy (positive coping strategies) are: very good at fitting to stressing situations, good at integrating positive experiences related to the stress in their live – a kind of reuse of good experiences-, mostly have 5 key characteristics: social competence, good problem solving, confidence, independence, achievement oriented. [10]

Moreover, are sensitive, empathetic, deep understanding of their environment and the people, are driven by inner motivation and autonomous thoughts [11].

The description of a person that use mostly coping strategies no adaptive –or emotion based- is: most commonly does not solve the present problem, avoid, procrastinate in work or school, could not have emotional connection with the environment and could easily get in illegal substance consumption, some of previous activities could be useful to keep emotional balance or emotional regulation.

About the collection of coping strategies effectivity metrics with people with LD, preliminary analysis with regard of interactions between elements was conducted and show that mostly of coping strategies are very close

to circumstances, to live phases, to experience with coping strategies, basically this behavior is the result of mutual influence of each element, from this interactions of mutual influence a theory was born and is known as transactional theory [2].

In conclusion from the above, the accumulation of achievements or mistakes strengthens or reduces the self-confidence and is a factor of resilience development, is a strong influence in the best selection of a coping strategy as well.

1.2 Causes of stress and control over causes of stress

Next step is the definition of stress, stress causes, the origin, nature and impact in the selection process of coping strategies in students with LD.

Stress is a response of the body to any demand, whether it is caused by, or results in, pleasant or unpleasant conditions [12], the responses to stress are known as coping or facing, in general there are two coping families: avoid coping (no adaptive or emotional) that is more used to face family and peers, and approach coping (adaptive) more commonly used for tasks, school and problems [13].

The three identified main causes of stress in adolescence are: family, school, schoolmates [14] [15] [16], more commonly people with stress perceive the school as a more controllable cause of stress than family and schoolmates [17] [13].

Many authors establish that the greater cause of stress are the interpersonal relationships [18] [19] [16].

As regards of stress development, stress behavior patterns are formed from childhood [19], nowadays children are exposed to many situations where have to make many decisions [20], consequently children stress have reached pandemic proportions [21], we can add the rising expectations and social changes that increase stress as well [19] [22].

Daily stress that accumulates could increase the risk of having or developing any psychological problem [23] [24] [25].

Currently stress is accepted in society and includes some modes to relieve it, commonly is more accepted for adults but not for children, for children these practices are punished, some forms of discharge are: anger, frustration; even parents and teachers show anger, stay away from other people to calm, take medication or retracting, this situation seems that only adults have big pressures and need to relieve.

The last characterization of the current state of stress is: having DL multiply the stress level, is very common that DL come with another disability and that add another level of stress, finally these situation cause confusions that lead to a bad selection of coping strategy, choosing negative coping strategies instead of positive coping strategies.

1.3 Effectivity levels coping strategies, factors of stress in adolescence

Experts conclude that coping strategies are hard to measure because depend of many contextual and temporary factors [26], besides these factors have highly dynamic behavior.

In this work effectivity has several meanings, firstly, high grades in a scholar context, also could be pressure and exigency for teachers and students, in general is similar to a standard or a sort of quantitative level.

In a broad view the metrics and standards fit better with regular populations.

In the current work the effectivity of coping strategies has the perspective from students with DL and stress, for most for them standard means a source of stress and in this context effectivity represent the selection of the best strategy for a concrete situation.

Some of the coping strategies can be viewed as a contradictory action because does not try to reach a standard, but as some authors said that is very common apply a wide variety of coping strategies including avoid and do nothing.

There is a lack of knowledge about the latter situation, is very similar to the dyslexia case, the more profound the research about dyslexia, the findings is more complicated and hard to delimit it.

Actually the dyslexia complexity reaches such a degree that some authors start to point out that dyslexia is more close to be considered as an alternative of information process that evolved for hundreds of years than a language disorder [27].

Adding to the issue of individuals with DL coping strategies effectivity metrics: the effectivity of coping strategies is being in a position where in every moment and context apply the best coping strategy for them.

The enhancement of coping strategy selection process consists in: not giving too much weight to quantitative result but wellbeing in their particular perspective, the benefits could be: confusion reduction, the correct

assessment of their resources, increase assertiveness, increase acceptance feeling, reduce stress, in summary, an overall well-being and better quality of life.

The best results and a better fit to any situation are obtained when the people use a coping strategy approached to solve problems and when the source of stress is perceived as controllable.

People tends to use coping strategies no adaptive (emotion) when the source of stress is perceived as uncontrollable, commonly interpersonal relationships like family and schoolmates, the control over stress sources is the degree that the demanding situation can be prevented or eliminated by their skills, resources or actions of individual [28].

There's segments of population that belongs simultaneously to the two coping strategies categories, –as a sample of social diversity–, the most remarkable factor to belongs to the first or second category is the receptiveness of their family or their school or schoolmates.

1.4 Coping strategies, findings, pairs individual-strategies accepted

Research about the use of coping strategies from adolescent in age range of 13-17 years old, show that mostly use coping strategies (adaptive), and adolescent in age range of 18-20 use no adaptive coping strategies, other researcher reports contrary findings and others find no differences.

As other objects of study the findings depend on the kind of collect data and other aspects of the research methodology.

In a general way the coping strategies no adaptive (emotion approached) include relaxation, release affective or emotional regulation, this coping strategy is more used by girls than boys [13] [29] [30].

The coping strategy no adaptive (emotion) used as emotional release and intake of substances or drugs consumption is more commonly in women [31] [32].

The statement that women use more coping strategies no adaptive was perceived like a lack of assertiveness [32].

In general women use same kind of coping strategy that women in mental treatment what suggest that women that use this kind of strategy tends to develop mental disorder [33].

There are better results in terms of time with coping adaptive, and worst results with coping no adaptive [34], that is, more close to the quantitative view.

According to west values and culture, coping adaptive has more worth than coping no adaptive [35] [36] [37] [38].

Notorious behavior in the use of coping strategies is to use many coping strategies in many levels [39].

There is not an only better effective coping strategy, effectivity lies more in flexibility and the use of wide variety of strategies in each situation [40].

2 Methodology

The sample was of 15 people, 6 dyslexic people or with any perceived language disorder and 9 regulars people, all of them are enrolled in the Aguascalientes Autonomous University, in Ingeniería en Computación Inteligente program, all single, 10 men and 5 women.

To manage the information of participants we follow the ethical regulations of Aguascalientes Autonomous University, and a verbal consent with the participants.

The collecting information methods were survey and direct interview, and the methodology approach was qualitative, the instrument for collect information was a modified reduced version of Adolescent Stress Questionnaire (ASQ), the original instrument (ASQ) has 10 dimensions because of the appropriateness of the information, it is reliable and high predictive power for depression, anxiety y low self-stem, we add the dimension of duration of stress to get chronic stress variable.

For every dimension two questions were added in order to complement the dimension of time -chronic stress-, were just two questions in order to maintain their attention and clarity in their answers.

1. Stress caused by family
2. Stress caused by scholar performance
3. Stress caused by interaction with schoolmates
4. Stress caused by uncertainty of the future
5. Stress duration
6. Coping strategy used

Questions of dimension 6- Coping strategy used, try to place the respondent in a scholar context where was in exams in a subject which have had problems to pass, some instructions and help were given to recreate the context to use a coping strategy, all this was to clarify what kind of strategy was used..

3 Results

The instruments reliability was determined by Cronbach alpha statistics test, for this study the Cronbach index was 0.69.

A matrix table with 6-dimension report is presented, the higher correlations of dimensions was 5- Stress duration and 6- Coping strategy used with a value of 0.790.

The second higher correlation is 2- Stress caused by school with a value of 0.732.

Next table show correlation matrix.

Table 1. Correlation matrix table.

	Stress by Family	Stress by School	Stress by Schoolmates	Uncertainty by Future	Stress Duration	Coping Strategy Selection
Stress by Family	1.000	0.732	0.412	0.295	0.518	0.602
Stress by School	0.732	1.000	0.398	0.201	0.450	0.557
Stress by Schoolmates	0.412	0.398	1.000	0.309	0.323	0.367
Uncertainty	0.295	0.201	0.309	1.000	0.502	0.533
Stress Duration	0.518	0.450	0.323	0.502	1.000	0.790
Coping Strategy Selection	0.602	0.557	0.367	0.533	0.790	1.000

Table 1. Correlation matrix between dimensions of Adolescent Stress Questionnaire (ASQ) instrument.

Most of findings are very similar with those from the specialized literature, specifically in the dimensions of stress in school and family stress, both are considered the most influential cause of stress for young people.

About the higher correlation that is stress duration –chronic stress- and bad coping strategy selection, for long time chronic stress and the job have been very close, but now start to be considered LD as a kind of burnout and a candidate to be a similar treatment.

4 Conclusions and future work

Beside of the fact of school and family as the main factor of stress in young people, the correlational analysis shows a consistent relationship between chronic stress and incorrect selection of coping strategy in a context where the best fit seem to be the adaptive coping strategy.

The higher correlation shows that in certain way is very similar with point 1.2 causes of stress, where the stress at child level has reached high level, in a first analysis this fact is consistent with actual social changes for childhood, where there is a high exposition to information and a context where is more common made important decision.

The people with the condition of disorder language has a higher probability of increase of stress.

In this field of research where the goal is achieving better scholar environments in order to enhance the academic performance and inclusion, come another factor that seems to be created from better technology infrastructure and definitively increase the stress.

Some of the consequences of chronic stress means a path to repeated episodes of mental health deterioration (depression, etc.), is a progressive condition where the capacity to make causal inferences is hampered therefore come an increase of bad decisions that deteriorate the life of individuals.

We suggest that educative institutions take in consideration the stress factor in order to adequate the educative planning.

Future work will be chronic stress and interrelationships in a educative context, in order to design and implement remedial interventions.

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