



Coping Competence, Mindfulness, and Well-being of Indian Adolescents

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Abstract Adolescence is a volatile and fragile transitional period of life marked with experiences that threaten well-being. The objectives of the study were devised to investigate the relationship between coping competence, mindfulness, and well-being and to examine the role of coping competence and mindfulness on well-being. The study followed a correlational design. A total sample of 221 adolescents (111 boys and 110 girls; age range 14–19 years) were recruited from schools and colleges through purposive sampling and were administered the following scales: cognitive and affective mindfulness scale-revised, the coping competence questionnaire, and WHO Well-Being Index 5. The obtained quantitative data were analyzed using descriptive statistics, independent samples *t* test, Pearson's correlation and standard multiple regression. A significant positive relationship between all the three variables, viz. coping competence, mindfulness and well-being was found. Multiple regression analyses indicated that both the variables-coping competence and mindfulness (together as a model) predicted well-being but did not make significant individual contributions in

predicting well-being. The implications and limitations of the study are discussed.

Keywords Adolescents · Coping competence · Correlational design · Mindfulness · Well-being

Introduction

One-fourth of India's population comprises adolescents (Kalyanwala et al., 2013). Adolescence is a fragile transitional period of life ranging between the onset of puberty till attainment of legal and developmental maturity (roughly 11–19 years). Volatile nature and rapid mood shifts during this phase often result in experiences of negative emotions, threatening their psychological well-being in the current state and in later part of life. Failure to sail through the predicaments can hinder several by-products of well-being such as happy interpersonal relationships, academic success, and the ability to become competent and rational adults (Seligman, 2002; Keyes, Shmotkin, & Ryff, 2002).

Previous research studies have found that mindfulness exercise plays a mediating role in enhancing well-being (Kong, Wang, & Zhao, 2014; Wenzel, von Versen, Hirschmüller, & Kubiak, 2015) also documented in various studies involving college students (Bajaj & Pande, 2016; Mandal, Arya, & Pandey, 2011). It is speculated that among these mediators, coping competence of the individual will have an impact on well-being, founding the curiosity behind this study's investigation.

Adolescents face more perceived uncontrollability of affective and achievement-related situations (Moreland & Dumas, 2008) and is indicative of resilience stability, which increases with age (Compas, Connor-Smith,

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Saltzman, Thomsen, & Wadsworth, 2001). Schroder and Ollis (2013) have defined *coping competence* as “the capacity to effectively cope with failure and negative life events as indicated by a reduced likelihood of helplessness reactions and fast recovery from any occurring helplessness symptoms.” It is also obligatory to distinguish the concept of coping competence often confused with similar overlapping constructs. Coping skill is the psychological mechanism of adapting when faced with a stressful event (Frydenberg & Lewis, 2009). Coping strategies are the specific methods used in coping (Lazarus & Folkman, 1984). Coping style is the type of repertoire and number of strategies one accesses to cope with a crisis (Hariharan & Rath, 2008). An adolescent with high resilience will cope better in the face of adversities and look for ways to reduce the negative effects of stress (Murphey, Barry, & Vaughn, 2013), whereas low coping competence engages in habitual emotional reactivity of negative coping strategies to cues or experiences making them prone to depression in the face of stress (Schroder, 2012).

Mindfulness, as connoted in the study, borrows its description given by Kabat-Zinn (2005) as a non-judgmental awareness that emerges through paying attention to the present moment, on purpose, guided toward the unfolding of experiences, emotions, cognitions, and bodily sensations, as well as external stimuli such as sights, sounds, and smells which vary moment to moment.

Well-being is defined as a state in which the individual realizes his or her own abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to the community (Bodeker & Ong, 2005). It may also be understood as an ability to cope with adversities and negative experiences (Ryan & Deci, 2001). Well-being in adolescents as theorized by Hooper, Thompson, Laver-Bradbury, and Gale (2012) is described through five factors: “personal strengths, emotional well-being, positive communication, learning strengths, and resilience.” One of the important highlights here is the meaningful and progressive coping in the face of adversities. This kind of resilience is intertwined with low negative emotionality and rumination, along with the competence to foster strong self-belief and personal security against challenges.

Relationship Between Coping Competence, Mindfulness, and Well-Being

Coping competence has been found to have positive correlation with essential functional coping strategies (Schroder & Ollis, 2013). The functionality of mindfulness enhances well-being and regulates the affective state by allowing complete processing of the experience, thereby providing adequate time and emotional balance to evoke

the effective strategies to cope with the situation (Akin & Akin, 2015). Benefits of mindfulness have shown its association with behavioral and affective regulation, cognitive flexibility and subjective well-being (Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007). Coping competence may be imbibed into the cognitive behavioral patterns of behavior and be easily modified as required in the face of crises. Coping competence may have a bi-directional role in enhancing the mindfulness state (Schroder, 2012). Firstly, a mindful approach requires the affective and cognitive flexibility of an individual to deal with an adversity; secondly, high coping competency allows adaptive response time for emotionally stabilizing coping strategies. Mindfulness provides adequate time for the re-perception of the event (Shapiro, Carlson, Astin & Freedman, 2006) avoiding habitual reactivity and immediate activation of negative affect state associated with the event, circumventing undue situational distress. People with low level of mindfulness possess a depressogenic style and act impulsively on autopilot behavior eliciting reactions like anger and anxiety (Thomas, 2011).

Western studies have provided contextual evidence—such as the multi-method study by Weinstein, Brown, and Ryan (2009) and another by Carmody and Baer (2008) which found that mindful individuals are suggestive of positive well-being indicated by symptom reduction, and use of adaptive coping mechanisms generating better well-being. Studies specifically in the adolescence population of other countries have also confirmed the mediatory role of coping competency between mindfulness and well-being (Schonert-Reichl & Lawlor, 2010; Akin & Akin, 2015). The findings of these studies hold important reflections in the formulation of the objectives of the study, which attempts to extend research available on well-being of Indian adolescents (Chhabra and Kaur, 2013; Agarwal & Dixit, 2017; Talathi & Mhaske, 2017). The objectives of the study were devised to investigate the relationship between coping competence, mindfulness, and well-being and to examine the impact of coping competence and mindfulness on well-being.

Method

Participants and Procedure

The study used a correlational design and sample was sought using purposive sampling method. A total sample of 221 adolescents (111 boys and 110 girls) with age ranging between 14 and 19 years ($M = 18.30$, $SD = 0.83$) from different socio-economic backgrounds was recruited from schools (47.08%) and colleges (52.91%) in Hyderabad, India. After permission requisitions from institutions, the

objectives of the study were explained following which consent and assent were obtained from the participants following scale administration.

Research Tools

Coping Competence Questionnaire developed by Schroder and Ollis (2013) consists of 12 items with a six-point Likert response scale ranging from *very uncharacteristic of me* (1) to *very characteristic of me* (6). Items are reverse scored and summed, total ranging between 12 and 72. High scores indicate resilience (coping competence) and vice versa. Internal consistency of the English CCQ was found to reach or exceed 0.90 (Schroder 2004). The Cronbach's alpha value of the questionnaire for this study sample was found to be 0.82.

Cognitive and Affective Mindfulness Scale-Revised (CAMRS-R) developed by Feldman et al. (2007) is a 10-item scale with a four-point rating scale ranging from *rarely/not at all* (1) to *almost always* (4). Item 6 is reverse scored. The total score is obtained by calculating the sum of all items. Higher scores on the scale suggest higher levels of mindfulness. The level of internal consistency in two student samples was found to be 0.74 and 0.77 (Feldman et al., 2007). The Cronbach's alpha value for this study sample was found to be 0.63.

WHO (Five) Well-Being Index (1998). It is a five-item scale with a six-point Likert scale ranging from *all of the time* (5) to *at no the time* (0). The total score is the sum of each item score—ranging from 0 (worst possible quality of life) to 25 (best possible quality of life). The Cronbach's alpha for this study was found to be 0.71.

Results

The quantitative data were analyzed using descriptive statistics, independent samples *t* test, Pearson product-moment correlation, and standard multiple regression using SPSS 20.

Gender Differences in Variables

An independent samples *t* test was done to assess gender differences in coping competence, mindfulness and well-being. It was observed that girls and boys did not differ on any of the variables—coping competence $t(219) = -.01, p = 0.99$, (girls— $M = 48.00, SD = 11.61$; boys— $M = 48.01, SD = 8.77$), mindfulness $t(219) = 1.68, p = 0.09$, (girls— $M = 27.18, SD = 4.85$; boys— $M = 26.17, SD = 4.03$), and well-being $t(219) = -1.44, p = 0.15$, (girls— $M = 14.67, SD = 4.84$; boys— $M = 15.55, SD = 4.17$).

Relationship Between the Variables

The summary of means, standard deviations, and inter-correlations are presented in Table 1. Coping competence was significantly positively related to mindfulness ($r = .29, p < .01$), and well-being ($r = .15, p < .05$). Mindfulness was found to be significantly positively related to well-being ($r = .16, p < .05$). This suggests that increase in coping competence and mindfulness is associated with increase in well-being among adolescents although the magnitude of the correlation coefficients suggests a weak relationship.

Main Effects

Through multiple regression analysis (enter method), it was observed that both the variables—coping competence and mindfulness (together as a model), explained significant (4%) proportion of variance in well-being among adolescents ($R^2 = 0.04$, adjusted $R^2 = 0.03, F(2, 218) = 4.51, p < 0.05$). However, both the variables did not make significant individual contributions in predicting well-being (Table 2).

Discussion

The results showed significant positive correlations between the variables, indicating that as coping competence (resilience to helplessness in stressful situations) and mindfulness increased, well-being among adolescents also increased, justifying the first objective of the study. Findings of the regression model demonstrated that both coping competence and mindfulness combined predicted well-being corroborated by a study of 98 undergraduate students which established that use of appropriate coping strategies affect the psychological state (Gustems-Carnicer & Calderón, 2013). The implied inference here is the ability to use the suitable resources in an adverse context vis-à-vis coping competence was found to be beneficial in terms of better psychological well-being. Keng, Smoski, and Robins (2011) in their study concluded that mindfulness brings about several positive psychological effects like increased subjective well-being, reduced psychological symptoms, reduced emotional reactivity, and improved behavioral regulation.

The interesting highlight of the study is that mindfulness and coping competence individually did not enhance well-being. As Schroder (2012) has explained, mindfulness and coping competence are complementary processes that work harmoniously in the face of a crisis. Mindfulness increases adaptability to stress, whereas coping competence entails an adaptive strategy similar to mindfulness when needed to

Table 1 Means, standard deviations, and inter-correlations between age, gender, coping competence, mindfulness, and well-being ($N = 221$)

Variables	1	2	3	4	5
1. Age	1.00	-.03	-.08	-.03	.00
2. Gender		1.00	.00	-.11	.10
3. Coping competence			1.00	0.29**	0.15*
4. Mindfulness				1.00	0.16*
5. Well-being					1.00
Mean			48.00	26.67	15.11
Standard deviation			10.25	4.47	4.53

* $p < .05$, ** $p < .10$ *

Table 2 The standard multiple regression analyses ($N = 221$)

Predictors	B	SEB	β	t	p
Coping competence	0.04	0.03	0.11	1.60	0.11
Mindfulness	0.13	0.07	0.13	1.95	0.05
R^2	0.04				
C	9.08				
F	4.51	$p < .05$			

Dependent variable: well-being; B = unstandardized beta coefficient, SEB = standardized error of beta, β = standardized beta coefficient, t = t values of beta, p = significance level, * $p < .05$

deal with an adversity. Akin and Akin (2015) slightly digress from the findings of this study as they established coping competence as a mediating variable between mindfulness and flourishing. This study did not find such predictability between mindfulness and coping competence, rather it establishes the two variables together to predict well-being.

The study adds notable extension to the existing literature on Indian adolescents, helpful in designing coping competence and mindfulness-based psychosocial interventions for adolescents to cultivate these natural cognitive skills (Brown & Ryan, 2003; Miners 2007). Fostering of mindfulness qualities and coping competence would facilitate the adolescent's resilience, which in turn would influence their well-being. These programs would assist adolescents in coping with feelings of discouragement, depression, loss of self-confidence and hope, and stunted belief in one's psychological capital.

It is encouraged that empirical studies should implement rigorous experimental designs to examine the impact of mindfulness, coping competence, and other potentially protective indices of well-being among Indian adolescents, particularly developing tailor-made approaches that can be integrated into ongoing school and college curricula, and compatible with the student's developmental level (Noam & Hermann, 2002). This study falls short in terms of

inclusion of socially desirable responses, a developmental phase-specific study, and a composite design, to holistically investigate other factors contributing to adolescents' well-being.

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Compliance with Ethical Standards

Conflict of interest The authors declare no conflict of interest.

Ethics Approval This study drew sample from general population and included only those who were willing to participate by signing the informed consent form. The tools used are simple self report scales and the participation in the study has zero risk involvement. Hence it was not mandatory in our institution to obtain the clearance from Institute Ethics Committee.

Consent to Participate Consent form used.

Consent for Publication The authors jointly consent for the manuscript to be published by the journal.

Availability of Data and Material Data available on request from the authors

Code Availability SPSS statistical software (IBM SPSS Statistics).

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