Coping Mechanisms that Predict Resilience among At-Risk Romanian Youth

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Abstract

Introduction: *Resilience is defined as the ability to adapt positively in the context of significant adversity. Knowing which coping mechanisms have a major influence on the way at risk adolescents manage to develop psychological resilience is important in the counseling and therapeutic process.*

Objectives: *The main aim of this study is to identify the coping mechanisms that predict psychological resilience among at risk adolescents. Subsequently, the factors associated with individual resilient resources are examined.*

Methods: *The participants were 252 urban Romanian adolescents, from ninth through twelfth grade, (mean age = 16.2 years, 64.7% females and 35.3% males), recruited from five high schools in Bucharest. Data were collected on psychological resilience; its scales: individual, relationship and contextual resources; coping mechanisms and stressful events experienced within the last two years. Multiple linear regressions were conducted to predict the general psychological resilience, the individual, caregiver and contextual resilience resources.*

Results: *The statistical analysis indicated that psychological resilience is predicted by six coping mechanisms: positive interpretation and growth; use of socio-emotional support; religious approach; active approach; and with a negative association – expressing the emotions and substance consumption. The individual resilience resources have similar predictors, except the behavioral deactivation, which is also negatively associated.*

Conclusions: *These findings have implications for the practitioners interested in promoting and building resilience, providing an evidence-based resource for the intervention programs.*

Keywords: psychological resilience, adolescents, risk factors, coping resources

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I. Introduction

The concept of resilience has been widely investigated within the past few decades (Luthar, Cicchetti & Becker, 2000; Ahern, 2007; Sandoval-Hernandez & Cortes, 2012), researchers analyzing the way some persons manage to adapt positively in spite of significant existing adversity, trauma and/or risk factors. Resilience is a construct that subsumes two distinct dimensions: (1) Stressful life events, and (2) Positive outcomes, used to refer to competence in both the academic and social domains (Luthar, Cicchetti & Becker, 2000). The motivation for studying resilience rests in the assumption that understanding how people overcome adversities could reveal adaptation processes which could be analyzed to guide intervention programs.

Most existing research in this domain has been focused on children. Adolescents' resilience has started to be intensely investigated as well (Ahern, 1996; Kurytnik, 2003; Lee, 2009; Cunningham & Swanson, 2010; Tiet, Huizinga & Byrnes, 2010), this developmental period being considered a vulnerable one, with a greater number of high risk behaviors. Some stressors are adolescent-dependent, being events unique to adolescence – e.g. pubertal changes and mood disruptions, educational transitions, school dropout, increased conflicts with parents. Most normative stress experienced by adolescents is inevitable and uncontrollable, being encountered in different social environments (Cunningham & Swanson, 2010). Additionally, other stress factors may be implicated – e.g. low economic status, traumatic experiences, exposure to violence, substance abuse, chronic or severe illness, disabilities, etc. More and more Romanian youth are experiencing one or several risk factors, standing only slight chances of attaining their full potential. It is essential to identify the environmental factors that place adolescents at risk as well as what protective factors and coping mechanisms may be developed in order to promote and support resilience.

Resilience is not a one-dimensional construct (Masten & Obradovic, 2006) but a multidimensional one, taking into account several aspects of functioning, both internal and external (Tiet, Huizinga & Byrnes, 2010). It is rather a dynamic process, not a personality trait or a static condition (Luthar, Cicchetti, & Becker, 2000). Positive adaptation despite exposure to adversity implicates a developmental progression, so that new vulnerabilities and/or strengths often come forward with changing life circumstances. There is still a large degree of variability in how this concept is defined.

Ungar (2008) proposes a social ecological interpretation of resilience, describing it as the individuals' capacity to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being. This means that resilience encompasses the qualities of both the individual and the individual's environment that potentiate positive development (Ungar & Liebenberg, 2011). The present study follows this theoretical framework, differentiating between three broad domains of resilience factors: 1) personal or individual characteristics – e.g. optimism, self-esteem, IQ, problem-solving skills; 2) relationship with the caregiver(s) – e.g. attachment, family structure, parental monitoring, parent-child relationship quality, low level parental discord; 3) characteristics of the social environment – e.g. availability of support systems, community resources, pro-social activities (Kurytnik, 2003; Tiet, Huizinga & Byrnes, 2010; Ungar & Liebenberg, 2011). These are frequently called protective factors, as opposed to the risk factors, which also may fall into these three domains. Risk usually implies the potential for negative outcomes. It is very important to understand that different internal and external attributes contribute differently to positive development depending on the existing risk factors.

Coping has been defined by Lazarus (1993) as a process in which cognitive or/and behavioral efforts are made in order to manage specific internal and/or external sources of psychological stress. Coping has been frequently identified with resilience (Ewart, Jorgensen, Suchday, Chen, & Matthews, 2002; Cosma & Băban, 2014; Macarie, Doru & Voichita, 2014), while fewer studies underlined the association between effective coping and resilient characteristics (Brasfield, 2007; Badri, Crutzen & Van den Borne, 2013). Effective coping is achieved when stressful experiences are accurately assessed and specific behavioral and psychological attempts are employed to manage or reduce the stressful events. The coping strategies most commonly associated with psychological resilience are: problem solving and support seeking (Al-Bahrani, Aldhafri, Alkharusi, Kazem, & Alzubiadi, 2013), social support and spirituality (Brasfield, 2007) and active planning, avoidance and acceptance/restructuring (Terzi, 2013).

Crasovan & Sava (2013) assert that there is no unitary theoretical framework of coping, although there is a growing tendency to categorize specific coping strategies into two main classes: problem-based and emotion-based. Problem-focused coping is defined as changing circumstances provoking stress. Emotional-focused coping is when a person works to alter their own experience of negative emotion resulting from a stressful situation. It may involve denying the reality of

the stress-causing situation, retreating from the problem or sharing the negative emotions (Lazarus, 1993). These categories are broad and often confounded (Horwitz, Hill & King, 2011), being possible for a specific coping behavior to be both problem-focused and emotional-focused.

Carver, Scheier & Weintraub (1989) developed a multidimensional coping inventory to assess the different ways in which people respond to stress. This instrument has been frequently utilized on Romanian population (Craşovan & Sava, 2013; Cosma & Băban, 2014; Macarie, Doru & Voichita, 2014). It incorporates 15 conceptually distinct scales that reflect coping tendencies which could either be of value or impede adaptive coping. Craşovan & Sava (2013) tested the factorial structure of the Romanian adapted version of the COPE Questionnaire and identified four factors: problem focused coping, emotion focused coping, social support focused coping and avoidant coping.

The fifteen coping mechanisms and their association with the factors are briefly described hereinafter:

1. The first factor, defined as problem-focused coping, includes:

- Active approach - the process of taking active steps to try to remove or circumvent the stressor or to ameliorate its effects;

- Planning – thinking about how to cope with a stressor, coming up with action strategies, thinking about what steps to take and how to best handle the problem;

- Deletion of competing activities – putting other projects aside, trying to avoid becoming distracted by other events, even letting other things slide, if necessary, in order to deal with the stressor.

2. The second factor, defined as emotion-focused coping, includes:

- Positive reinterpretation and growth – a type of emotion-focused coping, aimed at managing distress emotions rather than at dealing with the stressor per se;

- Restraint coping – waiting until an appropriate opportunity to act presents itself, holding one-self back and not acting prematurely;

- Acceptance implies accepting the reality of the threatening factor with the prospect of acting on it and/or accepting the fact that there's nothing one can do in order to improve the situation.

3. The third factor, defined as social-support coping, includes:

- The use of social-instrumental support - seeking social support for instrumental reasons, seeking advice, assistance or information;

- The use of social-emotional support - seeking social support for emotional reasons, getting moral support, sympathy or understanding;

- The expression of feelings - focusing on and venting emotions, the tendency to focus on whatever distress or upset one is experiencing and to ventilate those feelings. Such a response may sometimes be functional, but it also may impede adjustment.

4. The forth factor, defined as avoidant coping, includes:

- Denial – the refusal to believe that the stressor exists or trying to act as though the stressor is not real;

- Behavioral disengagement – reducing one's effort to deal with the stressor and even giving up the attempt to attain goals with which the stressor is interfering;

- Mental disengagement – a variation on behavioral disengagement, occurring via a wide variety of activities that serve to distract the person from thinking about the behavioral dimension or goal with which the stressor is interfering.

Three other coping mechanisms included in the original form of the COPE Questionnaire have not been included in this factor analysis:

- Religious approach – the measure in which one appeals to help from the divinity;

- Substance consumption – using anxiolytic medication or alcohol in order to eliminate discomfort or the confrontation with threatening situations;

- Humor – presenting the stressful situation in an ironic manner.

The main objective of this article is to enhance the understanding of the relation of specific coping mechanisms to psychological resilience in adolescence. The coping strategies that predict resilience among Romanian youth are explored. Additionally, it is intended to identify the coping mechanisms associated with the particular resilience resources: individual, caregiver and contextual (Ungar & Liebenberg, 2011).

The hypotheses of the study are: (1) Positive interpretation and growth, Active approach, Socio-emotional support and Religious approach would predict psychological resilience for at-risk youth; (2) Positive interpretation and growth, Active approach, Socio-emotional support would predict individual resilience for at-risk youth; (3) Positive interpretation and growth, Socio-emotional support and Active approach would predict caregiver resilience for at-risk youth; (4) Positive interpretation and growth, Socio-emotional support and Religious approach would predict contextual resilience for at-risk youth.

As suggested by Cunningham & Swanson (2010), youth that develop mechanisms for coping with stressful life experiences acquire a set of coping skills for facing future stressors, adaptive strategies that are significantly independent of the developmental period. The study of the mechanisms underlying resilience is essential for advancing the theory in the field as well as for constructing and implementing appropriate prevention and intervention strategies for individuals facing adversity.

Furthermore, this study adds to the limited research on Romanian adolescent coping mechanisms as they relate to resilience. Because very little is known about this relationship, it is imperative that we begin to identify the processes that may contribute to resilient functioning in high-risk adolescents. This research may represent an information source for prevention and treatment programs that focus on developing effective coping responses to adversity and stress. As suggested by Luthar, Cicchetti & Becker (2000), research on resilience must accelerate its move from a focus on description to a focus on elucidating developmental process questions. Investigators need to focus their inquiry on understanding the mechanisms by which resilience might be attained.

II. Method

Participants

Participants in this investigation amount to 252 Romanian adolescents who went to the courses of 5 different high schools. From each educational institution approximately 100 adolescents were initially included in the cross-sectional research study. In order to obtain a random and representative sample of students, the study targeted academic institutions with different levels of academic success, placed in different zones of the city, with distinct levels of economic development. Selection of participants was based on grade, age and consent. A total of 386 adolescents completed the study's questionnaires from which 329 were considered valid and complete. The low risk adolescents were excluded (Tiet, Huizinga & Byrnes, 2010; Terzi, 2013), and a final amount of 252 adolescents represented at-risk youth sample.

The adolescents included in this study ranged from the ages 14 to 19 (M = 16.2 years, SD = .876) and were almost equally distributed between the 9th through 12th grade. This final sample included 64.7% females and 35.3% males, it had an average overall grade of 7.96 (SD = 1.24) and experienced on average 2.81 risk factors (SD = 1.88) - from the ones that were assessed. Their mother's education ranged from 8 classes (8.2%), 10 classes (8.6%), high school (23%), professional school (17.7%), college and other superior forms of education (31.5%). Their father's education ranged from 8 classes (5.3%), 10 classes (9.2%), high school (24%), professional school (20.6%), college and other superior forms of education (39.4%).

Procedure

The questionnaires were presented to the adolescents as a part of a study conducted with the approval of the Faculty of Psychology and Educational Sciences. The adolescents were asked to convey to their parents the request to participate in the study and both student and parent signed informed consent forms prior to participating. The questionnaires were completed at high school, during the counseling and orientation class, with permission from the respective teacher.

Teenagers completed the survey in approximately one hour. Every one of their questions about the survey items was answered and clarified. All participants were told that the information collected was confidential. They were also reminded that they could withdraw from the study before completing the questionnaire.

Measures

The Child and Youth Resilience Measure (CYRM-28*)* is a 28-item measure of the resources (individual, relational, communal and cultural) available to individuals that may bolster their resilience (Ungar & Liebenberg, 2011). It is a culturally sensitive instrument, considering its initial development and psychometric evaluation was conducted with youth (age 10 to 23) from 11 countries. It proved a good internal consistency for the three main domain components: individual α = .80, caregiver α = .83 and context α = .79. Cross-temporal stability was shown to be good and it also demonstrated a high test-retest reliability - interclass correlations measuring absolute agreement between two time points placed 3-5 weeks apart ranged from .58 to .77 (Lienberg, Ungar, & Van de Vijver, 2012). Permission to use CYRM-28 for research purposes was obtained from the Resilience Research Centre.

The COPE Questionnaire (Carver, Scheier, & Weintraub, 1989) is a 60-item questionnaire intended to measure 15 different coping mechanisms: Active approach, Planning, Deletion of concurrent activities, Positive interpretation and growth, Restraint, Acceptance, Religious approach, Use of socio-instrumental support, Use of socio-emotional support, Expressing the emotions, Denial, Mental disengagement, Behavioral disengagement, Substance consumption and Humor . It was translated, adapted and validated on Romanian population (Craşovan &

Sava, 2013) with internal consistency values ranging from .48 to .94 for the initial scales.

The Stressful Events Scale is a measure adapted from the modified Holmes and Rahe stress scale for non-adults – used to identify the existence of risk factors. It is a 40-item scale that assesses many life domains: family difficulties (death of a parent, death of significant relative, family conflicts, violent parents, marital separation of parents, discovery of being an adopted child, parent working abroad, a parent's sickness, remarrying of a parent, jail sentence of a parent, overcrowded housing), medical issues (having a chronic disease, acquiring a deformity, long hospitalization), schools problems (course failure, grade failure, suspension from school), financial problems (debt, receiving a social scholarship, family low income, high school employment) and friend problems (death of a close friend, unplanned pregnancy/abortion, becoming involved with drugs). Adolescents responded to the items by placing a check next to the event/events that they had experienced during the past years and felt it difficult to cope with. At-risk youth is defined by the presence of one or more stressful events.

III. Results

Descriptive information is presented in Table 1. Gender differences in the variables were examined firstly. Individual independent t tests were conducted to determine if there was a significant multivariate main effect for gender. There were no statistically significant differences between the results of boys and girls, with the exception of the caregiver resources scale. Girls mentioned significantly more caregiver resources that boys ($t = 2.75$, $df = 250$, $p = .006$, 2-tailed).

Table 1 Descriptive statistics

	Males (N= 89)			Females (N= 163)			Total (N= 252)		
	M	SD		M	SD			SD	
Psychological resilience	104.64	15.30		107.26	13.77		106.3	14.36	
Individual resources	43.36	6.28		42.97	5.96		43.11	6.07	
Caregiver resources	26.42	5.50		28.33	5.10		27.65	5.32	
Context resources	35.10	6.05		35.97	5.4		35.66	5.68	
Age	16.26	.09		16.22	.84		16.23	.87	
Risk-factors	2.64	1.87		2.9	1.89		2.81	1.88	

The next step was to conduct bivariate correlation analyses in order to examine which coping mechanisms are associated with psychological resilience and its scales. As expected, many coping mechanisms proved to be significantly correlated with resilience ($p<.01$), which meant that they could contribute to differences in resilient functioning. These were: Positive interpretation and growth, Social-instrumental support, Active approach, Religious approach, Behavioral disengagement, Social-emotional support, Substance consumption, Deletion of concurrent activities and Planning. Another relevant result was the fact that variables Age and Sex were not significantly associated with resilience, while the Number of risk factors seemed to contribute to its variance.

Three regression analyses were conducted in order to find the best model that explained the variation of the psychological resilience variable. First, a stepwise regression analysis was conducted in order to determine whether these 10 coping mechanisms predicted psychological resilience and which of them had the greater influence. The assumptions for this type of statistical analysis were met (Durbin-Watson = 1.807, Tolerance scores > .10, VIF scores <10, a maximum Mahalanobis Distance = 27.76, a maximum Cook's Distance = .86 and a maximum Centered Leverage Value =.112).

As indicated in Table 2, only 6 coping mechanisms were significantly predictive. The other coping mechanisms - Mental disengagement, Social-instrumental support, Denial, Humor, Behavioral disengagement, Restraint, Acceptance, Deletion of concurrent activities and Planning - were not statistically significant. The coping mechanism with the higher influence is Positive interpretation and growth, but Model 1, the one with the higher predicting value, it takes into account the influence of all the six factors. Together, Positive interpretation and growth, Socio-emotional support, Religious approach, Substance consumption, Expression of feelings and Active approach resulted in a highly significant regression equation. It is important to underline that

Expression of feelings and Substance consumption have a negative association. These six coping mechanisms accounted for 42.1% of the variance in the overall resilience score.

Table 2 Stepwise linear regression analyses: Predicted influence of coping mechanisms on psychological resilience

Model	Predictors	β	F	df	R	Δ R^2	Adjusted R^2	SE
1	Positive interpretation and growth	.331	29.44	243	.649	.421	.407	11.058
	Socio-emotional support	.282						
	Religious approach	.190						
	Expression of feelings	-.173						
	Substance consumption	-.138						
	Active approach	.143						

$p < .01$

A second linear regression analysis was conducted, this time using the standard–enter method, in order to check if the predictors obtained using the stepwise method were still influencing the independent variable. The best model with the higher Adjusted R Square form the ones analyzed by the SPSS program is presented in Table 3. As it can be seen, this second model explains 42.9% of the variances in the psychological resilience variable, adding an extra predictor, the coping mechanism Acceptance. The weakness of this model is that the influence of this last predictor, Acceptance, is not at a significant level, $p = .068$.

Table 3 Standard linear regression analyses: Predicted influence of coping mechanisms on psychological resilience

Model	Predictors		Sig.	F	df	R	Δ R^2	Adjusted R^2	SE
2	Positive interpretation and growth	.363	.000	25.96	242	.655	.429	.412	11.005
	Expression of feelings	-.162	.004						
	Active approach	.146	.011						
	Religious approach	.187	.000						
	Socio-emotional support	.277	.000						
	Substance consumption	-.140	.005						
	Acceptance	-.095	.068						

In order to examine change in psychological resilience variance, a hierarchical multiple regression model was built in which the independent variable Number of risk factors was included in Step 1 and the other 6 coping mechanisms form Model 1 were included in Step 2. The resulting Model 3 (Table 4) fit the data very well and proved to have the higher predictive power, explaining 43.7% of the independent variable variance.

The resulting regression equation is:

Psychological resilience = 62.442 – 1.003 x Number of risk factors + 2.157 x Positive interpretation and growth + 1.143 x Socio-emotional support + 0.683 x Religious approach – 0.804 x Expression of feelings + Active approach – 0.614 x Substance consumption.

Table 4 Hierarchical regression analysis: Predicted influence of Number of risk factors and Coping mechanisms on psychological resilience

Model	Step	Predictors	B	β	F	df	R	Δ R^2	Adjusted R^2	SE
3	1	Number of risk factors	-1.30	-.171	7.433	248	.171	.029	.025	14.174
	2	Number of risk factors	-1.003	-.132	26.84	242	.661	.437	.421	10.926
		Positive interpretation and growth	2.157	.325						
		Socio-emotional support	1.143	.279						
		Religious approach	.683	186						
		Expression of feelings	-.804	-.155						
		Active approach	1.000	.156						
		Substance consumption	-.614	-.133						

p < .01

Additional three stepwise linear regressions were conducted, with the coping mechanisms as independent variables and resilience scales – individual, caregiver and context resources – as dependent variables, in order to examine the predictors of the particular resilient resources.

Individual resources were significantly predicted by Positive interpretation and growth, Social-emotional support, Active approach, Expression of feelings and Behavioral disengagement (Table 5), which explained 38.7% of the independent variable variance.

Table 5 Regression analysis: Predicted influence of coping mechanisms individual resilience

Model	Predictors	β	F	df	R	Δ R^2	Adjusted R^2	SE
4	Positive interpretation and growth	.348	4.277	244	.632	.400	.387	4.754
	Socio-emotional support	.255						
	Active approach	.224						
	Expression of feelings	-.174						
	Behavioral disengagement	-.110						

p < .01

Caregiver resilience resources were significantly predicted by Socio-emotional support, Positive interpretation and growth, Substance consumption and Religious approach (Table 6), but they accounted only 23.7% of the independent variable variance. Model 5 has a low predictive value.

Table 6 Regression analysis: Predicted influence of coping mechanisms on caregiver resilience resources

Model	Predictors	β	F	df	R	Δ R^2	Adjusted R^2	SE
5	Socio-emotional support	.252	20.315	245	.499	.249	.237	4.647
	Positive interpretation and growth	.217						
	Substance consumption	-.226						
	Religious approach	.134						

p < .01

Finally, predictors for the contextual resilience resources were identified. Only four coping mechanisms had a statistically significant influence: Positive interpretation and growth, Religious approach, Socio-emotional support and Behavioral disengagement (Table 7). Model 6 has a low predictive power as well, explaining only 32.4% of the independent variable variance.

Table 7 Regression analysis: Predicted influence of coping mechanisms on contextual resilience resources

Model	Predictors	β	F	df	R	Δ R^2	Adjusted R^2	SE
6	Positive interpretation and growth	.319	30.877	245	.579	.335	.324	4.673
	Religious approach	.326						
	Socio-emotional support	.137						
	Behavioral disengagement	-.133						

$p < .01$

IV. Discussions

The purpose of this study was to identify the coping mechanisms that predict psychological resilience in at-risk Romanian youth. As stated earlier, resilient adolescents are more likely to adapt positively in spite of existing risk factors. Consistent with the first hypothesis, the results support the point that the coping mechanisms that best predict adolescents' resilience are: Positive interpretation and growth, Socio-emotional support, Religious approach, Active approach, Expression of feelings, and Substance consumption. While the first four have a positive association, the last two are negatively correlated. Positive reinterpretation and growth – managing distress emotions – and Socio-emotional support – seeking social support for emotional reasons – have the higher predictive power, while Substance consumption and Active approach have a lower power of predicting psychological resilience.

As for the coping factors involved, Positive reinterpretation and growth is an emotion-focused coping, whereas Active approach is a problem-focused coping, and Socio-emotional support is a social-support coping. Just one of the four coping mechanisms of each positive coping factor predicts resilience. The others seem not to have a significant influence on its variance. In agreement with previous research, none of the avoidant coping mechanisms were found to be associated with resilience, positively or negatively. Denial and Behavioral and Mental disengagement definitely have no influence over the ability to positively adapt.

The results confirm the prior studies that associated psychological resilience with problem solving and support seeking (Al-Bahrani, Aldhafri, Alkharusi, Kazem, & Alzubiadi, 2013) and with social support and spirituality (Brasfield, 2007). These findings contradict though the conclusions formulated by Trezi (2013) which asserted that active planning, avoidance and acceptance/restructuring are the best predictors for resilience in Turkish university students. A possible explanation for this difference may be the social and cultural differences.

An interesting aspect of these findings is the negative association of Expressing of feelings coping mechanism with resilience. The results show that venting emotions and feelings, though a statistically significant predictor, needs to be reduced in order to maintain or develop resilience. Similarly interesting is the fact that Religious approach is a relevant predictor not only for the psychological resilience as well as for two of its subscales: caregiver and contextual resources.

The second hypothesis was partially confirmed, individual resilience resources being positively predicted by Positive interpretation and growth, Social-emotional support, and Active approach, and negatively predicted by Expression of feelings and Behavioral deactivation. Individual resilience resources seem also to be negatively predicted by Expressions of feelings, having an additional predictor, an avoidant coping mechanism that refers to reducing one's effort to deal with the stressor and even giving up the attempt to attain goals with which the stressor is interfering.

The results partially confirmed also the third hypothesis, because caregiver resilience resources were significantly predicted by Socio-emotional support, Positive interpretation and growth, Substance consumption and Religious approach, and not by Active approach as it was initially asserted. All these variables had a low predictive power, explaining only a small variance of the resilience functioning. There may be more possible explanations for this finding. One of them is the fact that the caregiver resilience resource is equally dependent on personal factors and on external ones, particularly the significant people in one's life and the relationship with them.

The final hypothesis was confirmed, but the results indicated Behavioral disengagement as another statistically significant predictor for the contextual resilience resources, next to Positive interpretation and growth, Religious approach, and Socio-emotional support. Behavioral disengagement is negatively associated, meaning that reducing one's effort to deal with the stressor predicts a low level of resilience. When it comes to community and contextual resources for resilience, Behavioral disengagement acts as a

barrier in the adaptive process, keeping the person from capitalizing the available resources.

These findings ought to be considered in light of their limitations. Firstly, the measure of stressful events relied on previously identified adverse events. It is possible that a wider range of stressful events could have been acquired if solicited from the adolescents. Additionally, the used measure was a self-report one, which may result in report biases. Some youths may not have reported shameful stressful events. On the other hand, adolescents may be the best informants for many of these constructs. However, the specific stressful events assessed in this study made a difference on their resilience. Secondly, this study was cross-sectional in nature; therefore conclusions about the directions of the stated associations cannot be drawn. Thirdly, the geographical validity of the findings may be of concern. The present results should be generalized only to Bucharest youth, while further research is needed to examine whether the findings replicate in other geographical samples. Measures adopted to assist adolescents to overcome the negative effects of risk factors should differ according to the characteristics of the population studied and the context.

V. Conclusions

Resilience research offers practitioners a conceptual model to understand how youth overcome adversity and how this information can be used to develop strengths and build effective coping mechanisms to improve their lives. This study may be beneficial when conceiving counselor training or intervention programs focused on assisting adolescents to use their effective coping mechanisms and resilience resources in their attempt to manage stress and risk factors. The coping mechanisms that emerge in adolescence may have long-term consequences that influence resilience and outcomes in adulthood. Adolescence is a high risk developmental period but it also represents a unique opportunity for promoting positive adaptation. Preventive strategies can be developed in order to help youth to become more aware of their coping mechanisms and the way they influence their reactions and adaptation to difficult situations. Knowing which coping mechanisms protect against stressful situations and which are associated with resilient resources may be essential for the prevention and intervention strategies conducted on at-risk adolescents.

Study results indicate that Positive interpretation and growth and use of Socio-emotional support are the strongest predictors of resilience among the coping mechanisms investigated. The two coping mechanisms have an important emotional component, one being described as getting moral support, sympathy or understanding and the other as managing distress emotions rather than dealing with the stressor itself (Carver, Scheier & Weintraub, 1989). On the other hand, Expression of feelings proved to be a negative predictor of resilience, venting emotions impeding adjustment and maybe exacerbating the distress. These findings support the importance of the effective emotional processing of the stressful situation for achieving resilience. More attention needs to be placed on adolescents' emotional lives and on their emotional resources to deal with different difficult situations. In this light, experiential counseling and psychotherapy provides an excellent framework for an efficient intervention. These results are significant to research and practice all together.

The study raised an additional subject that should be addressed. The Religious approach is a valuable resilient resource that should be taken into consideration when dealing with Romanian adolescents faced with adversity. Spirituality proved to be an important resilience protective factor and growing attention should be paid to this phenomenon.

The pathway to psychological resilience is associated with multiple factors. This study provides valuable insights on some of them and it is important to continue research to identify all the variables involved.

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