

PNP 2021
Personality in Norm and in Pathology 2021**CHARACTERISTICS OF CORRELATION BETWEEN COPING
STRATEGIES OF TEENAGERS AND DIFFERENT MENTAL
STATES**Svetlana Velieva (a)*, Oleg Grigoryev (b)
*Corresponding author

(a) Chuvash State Pedagogical University named after I. J. Yakovlev, Prospekt Lenina 21, Cheboksary, Chuvash Republic, Russia; stlena70@mail.ru

(b) Chuvash State Pedagogical University named after I. J. Yakovlev, ulitsa Engelsa 1, 1st building, Cheboksary, Chuvash Republic, Russia, Risaga@mail.ru

Abstract

The article presents the analysis of the empirical data obtained in the study of behavioral coping strategies and their correlation with the mental states of adolescents. The sample was comprised of school students aged 14-15 years studying at general educational schools of the city of Cheboksary, Chuvash Republic. In order to address the set goals, we applied a theoretical analysis of the research problem and ascertaining experiment; mathematical and statistical methods (analysis of mean values, percentage method, ranking, calculation of the Pearson's linear correlation coefficient). The methodology of evaluation of mental activation, interest, emotional tone, tension, and comfort by L.A. Kurgansky and T.A. Nemchin, as well as A.O. Prokhorov's questionnaire "Mental states of students" allowed us to identify mental states, their specific features, degrees of expression and groups (activity-oriented, psychophysiological, emotional, goal-oriented, intellectual, humanitarian, etc.). Identification of strategies and ways of coping behavior was carried out with the help of questionnaires developed by E. Heim and R. Lazarus. The data have been processed with the help of the SPSS-26 statistical analysis program. It has been found that the structure of mental states of adolescents is characterized by instability and an unbalanced combination of mobilizing and demobilizing components of the psyche. When adolescents face difficult situations, adaptive and relatively adaptive behavioral coping strategies intended to reduce emotional tension activate more quickly compared with cognitive and emotional coping strategies, which activate a bit later. States of the negative spectrum make it difficult to develop and incorporate adaptive behavioral strategies.

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Keywords: Adolescents, coping strategies, coping behaviour, mental states

1. Introduction

The study of strategies for successful coping with various mental states is of particular importance at the present time. The long-endured stressful condition of uncertainty, the threat to life, and disruption of usual routine activities due to the pandemic, as well as the unsteadiness of socio-economic conditions, pose a risk of undermining mental health.

The problem area of the psychology of coping behavior covers aspects of educational (Bartosz et al., 2019; Kochurov, 2020; Rasskazova et al., 2020) and professional (Stapley et al., 2020) activities. As part of the situational approach, attention is drawn to behavioral strategies with regard to conflict and difficult situations (Anfilogov & Harkevich, 2017). The proponents of the acmeological approach study the phenomenology of gender (Artyukhova, 2017; Bartosz et al., 2019) and age (Bennett et al., 2019; Compas et al., 2017) features of coping-strategies.

Over the course of life, a person tries out and adopts various behavioral strategies for maintaining and recovering inner balance and positive self-perception, as well as for ensuring productive activity and constructive communication, and adaptation in society. In this case, subjectively appropriate ways are incorporated in cognitive, affective, and behavioral strategies.

Appropriate coping, as well as positive and balanced mental states, turn out to be important valeological predictors of mental health, criteria of subjective well-being, and success in socialization and activities. Age characteristics of adolescents (search for and development of the self-image, internal contradictions, and categorical attitudes, criticism, and proneness to conflict, dependence on opinion, especially that of peers, etc.) are interrelated with a crisis period of development and create conditions for emotional vulnerability and activation of negative mental states.

The mental state is considered as a subjective reflection by the subject of the situation in a continuum of time in the form of a constant integral syndrome in the dynamics of mental activity, expressed in the unity of experience and behavior (Prokhorov, 2020).

The existing studies reveal patterns of activation of mental states in adolescents (Artyukhova, 2017, Prokhorov, 2020), their control and management (Bettis, 2017; Compas, 2017; Jaser, 2017; Prokhorov, 2020, Rasskazova et al., 2020; Watson, 2017), phenomenological characteristics in different life situations (Prokhorov, 2020; Rokitskaya, 2018; Rasskazova et al., 2020).

Frequent activation of unbalanced mental states leads to the strengthening of negative personal qualities in adolescents and prevents them from full-scale life activity and positive self-perception (Polshina & Nasibullina, 2017; Prokhorov, 2020). Being in difficult and crisis situations adolescents resort to different variants of behavior: inefficient coping, self-harm (Bennett et al., 2019), catastrophizing, escaping, cognitive readjustment, humor (Compas et al., 2017), automatic and spontaneous reactions (compulsive thoughts, impulsive actions) (Weiss et al., 2020). Russian researchers identified the dominance of adaptive coping strategies among adolescents, which are focused on problem-solving (Stanbula, 2018).

The study of coping behavior, components of the resource sphere, and coping strategies from the standpoint of the system approach made it possible to establish their biopsychosocial nature (Yaltonsky et al., 2018). Coping behavior is defined as a set of voluntary and purposeful, socially conditioned actions

(affective, cognitive, behavioral), which allow individuals to bring their personal resources (potential and actual) into balance with the demands of the situation, to level out its negative impact, to enable adaptation to new life conditions, and to overcome internal disharmony

2. Problem Statement

At the present time, there is a certain amount of data regarding behavioral strategies for overcoming certain mental states (stress, frustration). The choice of coping strategy is influenced by the set of personal dispositions, the levels of maturity and adaptability (Sirota & Yaltonsky, 2019), the combination of internal and external conditions of the situation (Compas et al., 2017; Rasskazova et al., 2020), meaning-making situational factors (Weiss et al., 2020), as well as gender and age characteristics (Stapley et al., 2020), etc.

At the same time, there are many unanswered questions about the correlation between strategies of coping behavior and the mental states of adolescents. Further identification of such correlation will allow to define peculiarities of development of the system of self-control in the situations of unbalanced mental states in teenage years

3. Research Questions

Research tasks:

- to identify peculiarities of mental states in adolescents; b) to determine the most frequently used coping strategies among adolescents

4. Purpose of the Study

The purpose of the study is to determine the relationship between strategies of coping behavior and the unbalanced mental states of adolescents

5. Research Methods

In order to address the set goals, we applied a theoretical analysis of the research problem and ascertaining experiment; mathematical and statistical methods (analysis of mean values, percentage method, ranking, calculation of the Pearson's linear correlation coefficient). The methodology of evaluation of mental activation, interest, emotional tone, tension, and comfort, as well as questionnaire Mental States of Students allowed us to identify mental states, their specific features, degrees of expression and groups (activity-oriented, psychophysiological, emotional, goal-oriented, intellectual, humanitarian, etc.). Identification of strategies and ways of coping behavior was carried out with the help of questionnaires developed by Heim and Lazarus (as cited in Sirota & Yaltonsky, 2019). The data have been processed with the help of the SPSS-26 statistical analysis program.

6. Findings

The study included 170 students of general education schools in Cheboksary, aged 14-15 years, who voluntarily participated in the research after obtaining informed consent from their parents.

The methodology of assessment of mental activation, interest, emotional tone, tension, and comfort as well as questionnaire Mental States of Students made it possible to identify groups of mental states, their specific peculiarities, and degrees of manifestation.

The methodology of evaluation of mental activation, interest, emotional tone, tension, and comfort made it possible to identify degrees of manifestation of mental states in everyday life situations (see Figure 1).

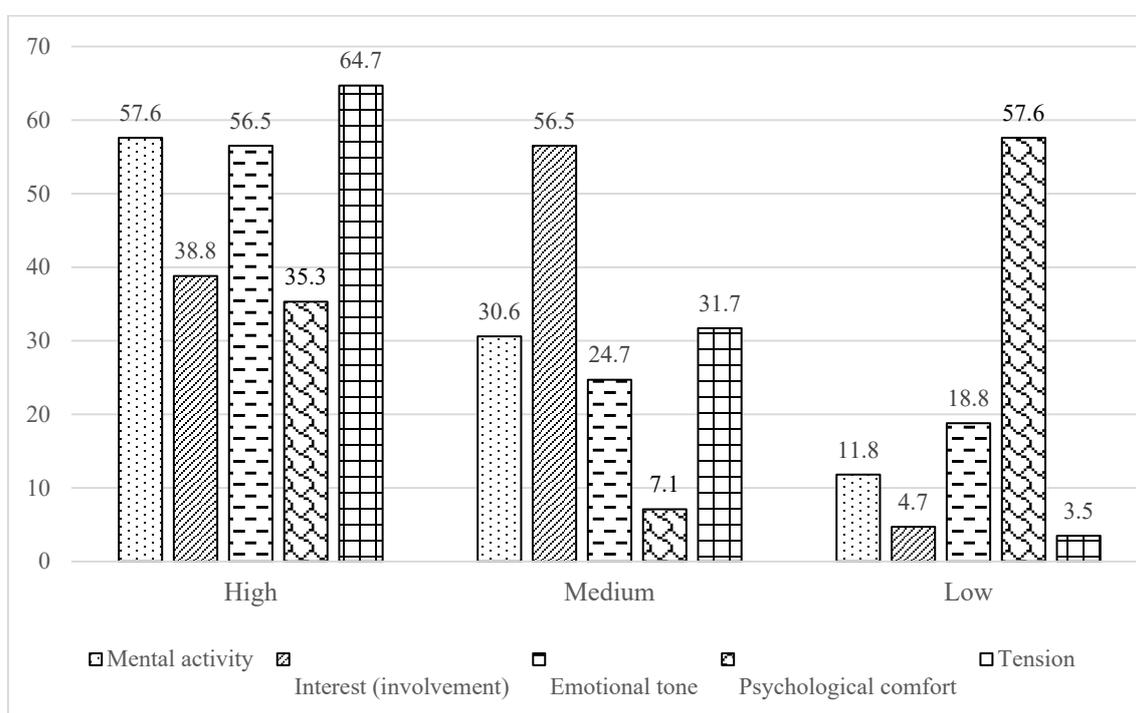


Figure 1. Distribution of respondents according to degrees of manifestation of mental states

With the prevalence of high values of mental activity (57.6%) and emotional tone (56.5%) there are high (64.7%) and medium (31.7%) degrees of tension, low (57.6%) and high (35.3%) degrees of mental comfort, and medium degree of interest (involvement) (56.5%) (see Figure 1). Adolescents develop a mental state that is appropriate for the developing personality, and its structure is dominated by mobilizing components when a person feels active, energetic, and ready to be immediately engaged in activity and communication. However, a low degree of mental comfort and a high degree of tension indicate a lack of adaptation to challenging situations. This may be due to the contradictory nature of teenage years, to the development and establishment of personality traits, to particular susceptibility to negative opinions, and the mismatch of external and internal evaluations. It is also worth pointing out the high (64.7%) and medium (31.7%) degrees of tension, which indicate a high intensity of the situation of development, crisis period, and conflict due to the difficulties of teenage years. These findings demonstrate that there is an unequal combination of mobilizing and demobilizing components of mental activity among adolescents.

The questionnaire Mental States of School Students discovered seven groups of negative and positive states: activity-oriented, humanitarian, motivational, psychophysiological, goal-oriented, intellectual, and emotional (see Table 1).

Table 1. Distribution of respondents according to the degree of manifestation of the type of mental state

Mental states	Degree		
	High	Medium	Low
Positive activity-oriented	44.7	43.5	11.8
Negative activity-oriented	0	7.1	92.9
Positive humanitarian	14.1	50.6	35.3
Negative humanitarian	0	9.4	90.6
Positive motivational	58.8	22.4	18.8
Negative motivational	1.2	9.4	89.4
Positive psychophysiological	28.2	41.2	30.6
Negative psychophysiological	8.2	14.1	77.7
Positive emotional	35.3	55.3	9.4
Negative emotional	0	8.2	91.8
Positive goal-oriented	0	64.7	35.3
Negative goal-oriented	10.6	20	69.4
Positive intellectual	49.4	28.2	22.4
Negative intellectual	10.6	20	69.4

Adolescents do not display a high degree of negative activity-oriented, humanitarian, emotional, and positive volitional mental states (Table 1). Positive motivational (58.8%), intellectual (49.4%), and activity-oriented (44.7%) states of high degree have leading values. Most adolescents highlight the activation of negative activity-oriented (92.9%), emotional (91.8%), humanitarian (90.6%), motivational (89.4%), psychophysiological (77.7%), volitional (69.4%), and intellectual (69.4%) mental states of low degree. It is related to the fact that it is easier to recognize negative states because they serve as obstacles to the achievement of the goals and satisfaction of needs. Positive volitional (64.7%), emotional (55.3%), humanitarian (50.6%), activity-oriented (43.5%), and psychophysiological (41.2%) states prevail among mental states of medium degree. The role of these mental states for mental development, as well as efficiency of communication and learning activities, are of particular significance. The creation of a motivational field and the hierarchy of motives (educational, positional, social, evaluative, etc.), as well as the prevalence of a positive attitude towards activity and people around appear to be internal stimuli, which mobilize attention and internal resources and boost activity.

In order to assess coping strategies and mental states in conflict situations, we used verbal and communicative methods. The questionnaire of Lazarus (as cited in Sirota & Yaltonsky, 2019) was used to assess the tension of coping behaviors and adaptive, borderline, and maladaptive types of coping. To determine the structure and profiles of situationally specific cognitive, emotional, and behavioral coping strategies (adaptive and maladaptive), we used the questionnaire developed by Heim (as cited in Sirota & Yaltonsky, 2019).

We discovered that in order to mitigate negative mental states adolescents choose the following strategies as the most useful: planning to solve a problem and escaping (22.3% each), self-control

(21.1%), and positive reassessment (20%). The strategies of seeking social support (8.3%), confrontation (3.5%), and self-distancing (2.3%) are recognized to a smaller extent. At the same time, the degree of tension indicates the actual use of such coping strategies as confrontation (76.5%), taking responsibility (68.2%), positive reassessment (56.5%), seeking social support and avoidance (56.4% each), as well as self-control (49.4%).

The examination of coping strategies in the affective, cognitive, and behavioral spheres made it possible to establish adaptive, non-adaptive, and relatively adaptive coping strategies. In order to consciously eliminate the undesirable effects of the situation, reduce emotional tension, and actively address a problematic matter in difficult situations, adolescents most often employ adaptive cognitive (56.5%) and emotional (50.6%) strategies.

Adolescents are already able to analyze a problematic situation, identify risk factors, ways of solution, and their resources, maintain self-control and remain optimistic without losing their self-esteem and confidence in their ability to find a way out of a difficult situation on their own. At the same time, maladaptive emotional (43.6%) and behavioral (35.3%) strategies were also identified. Adolescents block and hide their emotions, begin to look for someone to blame, frequently find the cause of problems in themselves, display a tendency to take risks, and are aggressive towards both themselves (self-harm) and people around them. Avoidance of social interaction, submissiveness, and isolation is combined with passivity, refusal to solve problems, and diminution, denial, or ignorance of difficulties. Modification of the mental state is achieved through changes in eating behavior, the use of psychoactive substances, as well as medication and alcohol.

Among the relatively adaptive strategies, behavioral (51.8%), cognitive (24.7%), and emotional (5.8%) coping strategies are used. The problematic matter is removed, and activity is redirected to pursuing desires, to immersion in a favorite activity (listening to music, playing computer games, looking up news on social media), to activity, the result of which is projected to be successful. Adolescents try to make sense of what is happening, they seek emotional release, and turn to religion. At the same time, responsibility for the situation and its solution is delegated to others. The focus is placed not on resolving the situation or the issue, but on reducing emotional tension.

The determination of the density, strength, and nature of correlational links between the indicators of mental states and coping strategies was made by calculating the coefficients in the presence of a statistically significant indicator $p \leq 0.01$ and $p \leq 0.05$ (K. Pearson's linear correlation coefficient).

There are no moderate and significant correlations with positive psychophysiological and volitional states (Table 2).

The greatest number of moderate and noticeable correlations of coping strategies were found with mental states of low degrees of tension (5), mental activation, interest (4 each), and high degrees of emotional tone and comfort (4 each).

A greater number of correlations were found in coping strategies "seeking social support" (18), "confrontation" (11), "planning" and "reassessment" (6 each), which appear to be the most preferred among adolescents. The least correlated mental states and coping strategies are "taking responsibility" and "escaping" (see Table 2).

There are more significant correlations with mental states for behavioral (24), cognitive (21) and emotional (20) strategies of behavior (see Table 3)

Table 2. Correlation of mental states and particular coping strategies at $p \leq 0.01$

Mental states	Types of coping strategies							
	Confrontation	Self-distancing	Self-control	Seeking social support	Taking responsibility	Escaping	Planning	Reassessment
Activity-oriented positive	.091	.124	.141	.326*	.012	.035	.062	.039
Activity-oriented negative	-.187	-.161	-.198	-.336*	-.065	-.193	-.241*	-.277*
Humanitarian positive	.076	.151	.161	.349*	.044	-.026	.077	.057
Humanitarian negative	-.075	-.074	-.164	-.314*	-.036	-.138	-.089	-.204*
Motivational positive	-.054	.081	.129	.256*	-.02	-.052	.022	.02
Motivational negative	-.002	-.017	-.14	-.302*	-.045	.034	-.16	-.182
Psychophysiological positive	-.012	.027	.008	.219*	-.056	-.157	-.024	-.118
Psychophysiological negative	-.229*	-.212*	-.193	-.333*	-.022	-.14	-.14	-.176
Emotional positive	.109	.188	.209*	.208*	.121	.105	-.09	.051
Emotional negative	.080	.081	-.127	-.219	-.012	-.053	-.109	-.082
Goal-oriented positive	-.079	-.055	-.031	-.037	-.089	-.083	-.019	-.146
Goal-oriented negative	-.088	-.153	-.051	-.304*	.043	-.155	-.208*	-.149
Intellectual positive	-.015	.044	.038	.327*	-.075	-.094	.078	-.028
Intellectual negative	-.088	-.153	-.051	-.304*	.043	-.155	-.208*	-.149
Mental activation (high degree)	-.266*	-.077	-.129	.127	.456*	-.099	.187	.522*
Mental activation (medium degree)	.237*	-.019	-.040	.023	-.050	-.023	.047	-.040
Mental activation (low degree)	-.463*	-.322	-.615	.523	.323	.121	.000	.000
Interest (high degree)	.530*	-.072	.010	.030	.179	-.129	-.032	-.074
Interest (medium degree)	.000	.203*	.113	-.029	.114	-.308*	.359*	.102
Interest (low degree)	.302*	.502*	.302	-.502*	.000	.174	.000	.000
Emotional tone (high degree)	-.204	.069*	.041	.438*	.406*	-.102	.298*	.000
Emotional tone (medium degree)	.484*	-.124	-.136	-.102	-.140	-.112	.047	-.022
Emotional tone (low degree)	-.182	.109	-.047	.135	.081	.109	.428*	.000
Tension (high degree)	-.209*	-.035	-.101	-.078	.163	-.131	.115	.654*
Tension (medium degree)	.055	.188	.128	.067	-.047	.060	.042	.247
Tension (low degree)	-.500*	-.500*	-.500*	-.500*	.000	.911	.000	.000
Comfort (high degree)	.000	.000	.633	.233	.548	.233	.000	.000
Comfort (medium degree)	.297*	.039	.047	.039	-.009	-.098	.034	.020
Comfort (low degree)	-.197	.014	-.035	-.102	.030	.290	.182	.213*

Note: * - at $p \leq 0.05$

There is a noticeable inverse correlation between the state of low-degree mental activation and self-control ($r \geq -0.615$), a direct correlation with seeking social support ($r \geq 0.523$); a direct correlation with high degrees of interest ($r \geq 0.530$) and confrontation, which means that with the higher degrees of mental activation and interest, one would expect to use a confrontation strategy more often and self-control strategy more rarely. Confrontation is also activated at medium degrees of emotional tone ($r \geq 0.484$) and is less frequently used at low degrees of tension ($r \geq -0.500$) and mental activation ($r \geq -0.463$).

Positive reassessment is applied at high degrees of tension ($r \geq 0.654$) and mental activation ($r \geq 0.522$).

As interest decreases, the strategies of self-distancing ($r \geq 0.502$) and refusal to seek social support ($r \geq -0.502$) are more likely to be used.

A low degree of tension provides a high correlation with the strategy of escaping ($r \geq 0.911$), and has an inverse correlation with confrontation and self-distancing, self-control, and seeking social support (at $r \geq -0.500$), which means that if there is no tension, the person does not need to use any coping strategies.

The more the individual is in a state of comfort ($r \geq 0.548-0.633$), interest ($r \geq 0.302$), and experiences positive emotional states ($r \geq 0.209$) and feels less tension ($r \geq -0.500$), the more frequently strategies of self-control and taking responsibility are being employed.

A high degree of comfort ensures the development of adaptive strategies of self-control and the ability to take responsibility.

K. Pearson's correlation coefficient at $p \leq 0,01$ и $p \leq 0,05$ shows that there is a weak/moderate direct and inverse correlation between mental states and coping strategies among adolescents:

- the strategy of seeking social support is most helpful for positive humanitarian ($r \geq 0.349$), intellectual ($r \geq 0.327$), activity-oriented ($r \geq 0.326$), motivational ($r \geq 0.256$), psychophysiological ($r \geq 0.219$), and emotional ($r \geq 0.208$) states;

- when negative activity-oriented ($r \geq -0.336$), humanitarian ($r \geq -0.314$), motivational ($r \geq -0.302$), psychophysiological ($r \geq -0.333$), intellectual and volitional (both are $r \geq -0.304$), emotional ($r \geq -0.219$) states are intensified, the strategy of seeking social support is harder to implement;

- the higher the degree of negative psychophysiological states ($r \geq -0,229$), mental activation ($r \geq -0,266$), tension ($r \geq -0,209$), and emotional tone ($r \geq -0,204$), the less frequently the strategy of confrontation is used;

- the higher the degree of negative psychophysiological states ($r \geq -0.212$) and the lower the degree of mental activation ($r \geq -0.322$), the less frequently the strategy of self-distancing is used;

- the strategy of escaping correlates with the low degree of tension ($r \geq 0,911$), decrease in interest ($r \geq -0,308$), low ($r \geq 0,290$), and high ($r \geq 0,233$) degrees of comfort;

- the strategy of planning is less frequently used during negative activity-oriented ($r \geq -0,241$), volitional, intellectual (both are $r \geq -0,208$) states and is applied at the medium degree of interest ($r \geq 0,359$), low ($r \geq 0,428$), and high degrees ($r \geq 0,298$) of emotional tone;

- positive reassessment is more often applied in medium degrees of tension ($r \geq -0.247$), low degrees of comfort ($r \geq 0.213$) and is more difficult to use in negative activity-oriented ($r \geq -0.277$) and humanitarian ($r \geq -0.204$) states.

Table 3. Findings on the correlation between mental states and types of coping strategies at $p \leq 0.01$

Mental states	Coping strategies		
	Cognitive	Emotional	Behavioral
Positive activity-oriented	.239	.343	.353
Negative activity-oriented negative	-.330	-.281	-.264
Positive humanitarian	.258	.349	.382

Negative humanitarian	-.280	-.231	-.264
Positive motivational	.171	.16	.264
Negative motivational	-.295	.264	-.256
Positive psychophysiological	.16	.131	.215
Negative psychophysiological	-.308	-.241	-.309
Positive emotional	.141	.121	.277
Negative emotional	-.210	-.151	-.182
Positive goal-oriented	-.090	.243	.062
Negative goal-oriented	-.300	-.281	-.227
Positive intellectual	.231	.249	.301
Negative intellectual	-.300	-.231	-.227
Mental activation (high degree)	-.695	.512	.412
Mental activation (medium degree)	-.455	.396	.514
Mental activation (low degree)	-.691	.387	.516
Interest (high degree)	.556	.511	.590
Interest (medium degree)	.154	.279	.806*
Interest (low degree)	.000	.007	.103
Emotional tone (high degree)	-.817*	.131	.343
Emotional tone (medium degree)	-.465	.363	.522
Emotional tone (low degree)	-.668*	.260	.489
Tension (high degree)	-.729	.481	.254
Tension (medium degree)	.329	.348	.637*
Tension (low degree)	.117	.086	.103
Comfort (high degree)	.103	.121	.007
Comfort (medium degree)	.296	.315	.571
Comfort (low degree)	-.268	-.086	.653*

A consistently high, noticeable and moderate direct and inverse correlation (see Table 3) between types of coping behavior and mental states was identified for:

– strategies of emotion and tension (starting from $r \geq 0,348$ to $r \geq 0,481$), mental activation (from $r \geq 0,387$ to $r \geq 0,512$), high degree of interest ($r \geq 0,511$) and emotional tone ($r \geq 0,363$), medium degree of comfort ($r \geq 0,315$), positive activity-oriented ($r \geq 0,343$) and humanitarian states ($r \geq 0,349$);

– cognitive strategies and negative activity-oriented ($r \geq -0,330$), humanitarian ($r \geq -0,280$), motivational ($r \geq -0,295$), psychophysiological ($r \geq -0,308$), volitional and intellectual states (both are $r \geq -0,300$); emotional tone (starting from $r \geq -0,465$ to $r \geq -0,817$), mental activation (from $r \geq -0,455$ to $r \geq -0,695$), tension ($r \geq -0,729$), interest of high degree ($r \geq 0,556$) and comfort of medium degree ($r \geq 0,296$);

– behavioral strategies and interest of medium and high degree ($r \geq 0,806$ и $r \geq 0,590$), emotional tone (starting from $r \geq 0,343$ to $r \geq 0,522$), mental activation (starting from $r \geq 0,412$ to $r \geq 0,516$), tension of medium degree ($r \geq 0,637$), interest of medium and high degree ($r \geq 0,806$ и $r \geq 0,590$), and comfort of low ($r \geq 0,653$) and medium ($r \geq 0,571$) degree; positive activity-oriented ($r \geq 0,353$), intellectual ($r \geq 0,301$) and humanitarian states ($r \geq 0,382$); negative psychophysiological ($r \geq -0,309$)

7. Conclusion

Our findings and their analysis allow us to conclude that the structure of mental states of adolescents is characterized by high values of mental activity and emotional tone, combined with a high

degree of tension and mental discomfort, with a predominant imbalanced combination of mobilizing and demobilizing components of mental activity.

The average degree of mental activation, emotional tone, tension, comfort in combination with a high degree of interest, as well as the positive mental states of an optimal degree ensure the development and consolidation of a personal repertoire of adaptive coping strategies of behavior (emotional, cognitive, behavioral).

For adolescents, the dominance of adaptive and relatively adaptive behavioral coping mechanisms is typical. The ability to recognize and adequately assess one's own behavior emerges later, only after the action has been completed.

In order to increase their own performance and reduce tension, adolescents use coping strategies of confrontation, taking responsibility, positive reassessment, seeking social support, and escaping. They also occasionally employ the strategy of self-control.

States of the negative spectrum (negative psychophysiological, humanitarian, intellectual, activity-oriented, goal-oriented, and motivational) make it difficult to implement adaptive emotional, cognitive, and behavioral strategies.

If an adolescent is more involved in a situation and is interested in a favorable outcome for himself, he will try more versions of coping strategies. The lower the mental activation, the more limited the repertoire of coping strategies becomes, as well as adaptive ones.

The closest correlations with the development of adaptive cognitive coping strategies have low degrees of comfort and a high degree of tension while maintaining optimal interest, tone, and activity. Emotional coping strategies are especially effective for negative motivational states.

Increased degrees of tension, emotional tone, and mental activation result in the use of maladaptive cognitive and behavioral strategies, an increase in negativity and aggression (including self-aggression), oppositional behavior, emotional withdrawal, cognitive and evaluative mechanisms, as well as search for emotional, informational and efficient support from the others. A high degree of tension primarily blocks adaptive cognitive strategies.

We determined that the structural organization and the nature of a mental state of adolescents in a certain significant situation influence the generation, choice, as well as the inclusion of various versions, and consolidation of certain coping strategies of behaviour.

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