

Stressful Situations and Confrontation Strategies That Modify Mental Health in Secondary School Students

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Abstract

Lockdown was a measure that helped to avoid virus spread during the pandemic, but nobody raised what will come next; social lockdown and the massive closure of in-person activities in educational institutions importantly impacted students' mental health. Stress and anxiety augmented in adolescents, affecting their communication skills in this significant step to build interpersonal relationships, and confront their identity. Lockdown along with stress and anxiety might trigger fear, frustration, concern, and anger emotions, as well as changes in energy status diminishing interests and desires. The aim of this work was to identify the stressful situations and confrontation strategies focused in the secondary school student that modify their mental health. **Method:** Qualitative and phenomenological investigation. Twenty-five students of first grade and 25 students of second grade, of a public secondary school of Mexico State participated, both men and women between 12 - 15 years old. Information collection was through a semi-structured interview, testimonials, drawings, and anthologies, in 150 minute sessions along one week. An informed consent from school authorities, parents and/or guardians of students. Obtained qualitative data were analyzed according to De Souza Minayo methodology. **Results:** Four Categories emerged with sub-categories. Category 1 Deficient self-concept: 1.1 Constant self-discrediting, 1.2 Insecurity and fear to be ridicule, 1.3 Search for sexual identity, 1.4 Anxiety. Category 2 Idealization of characters: 2.1 Rejection of its body, 2.2 Search for perfection, 2.3 Fictitious figures driven by the media. Category 3 High expectations by parents: 3.1 Comparison with brothers, 3.2 Sensation of failing their parents, 3.3 Disqualification by parents. Category 4 Deficient confrontation strategies: 4.1

Maximized emotions, 4.2 Self-lesions, 4.3 School violence with peers. **Conclusion:** The skills that an adolescent bear in an early step and in a context modified post pandemic, are insufficient to develop social abilities and effective confrontation strategies. Lockdown disrupted their socializing process and their relationships with peers generate anxiety and risky behaviors. In this problematic confrontation strategies centered in their person are required, to develop significant learning based on self-knowledge, emotional intelligence and resilience.

Keywords

Stress Triggers, Confrontation Strategies, Mental Health, Early Adolescence

1. Introduction

Lockdown was a public health measure that helped to avoid SARSCoV-19 virus spread during the COVID-19 pandemic, however no one foresaw what will come after it. Social isolation and massive closure of in-person activities in educational institutions crucially impacted students' mental health (UNICEF, 2021), anxiety and stress among adolescents increased, affecting their communication skills in this significant step for interpersonal relationships, and to affront their identity (Tapia-Pancardo et al., 2023). Confinement plus stress and anxiety might trigger fright, exasperation, concern and anger (Castillo-Megchun et al., 2021), in addition to modifying energy status that diminish interests and desires among students (Hernández & Gutiérrez, 2021). Research done in student populations highlight the increase in suicide risks, being part of the main psychiatric emergency worldwide, and this problematic affects more to youngsters and adolescents, i.e., every 40 seconds a person commits suicide, and Mexico is not an exception (Barrientos, 2022; Gutiérrez-Martínez et al., 2020). According to the National Institute of Statistics and Geography (INEGI-Mexico) cited by Barrientos (2022), during 2020, 7896 suicides were committed in Mexico being 700 more than in 2019, and a thousand more than in 2018; it is worth to mention that more suicide attempts occur among women, with less lethality in comparison with men were 81.6% attempts lead to death. The age rank of 14 - 29 years occupies the highest risk; among women the most common way is high drugs dosage, while in men is by their own hand, hanging, fire gun, and suicide by fall. Young population is prone to suicide risk, it is currently the fourth cause of death in young, and it is projected that it will be the second one by 2029 if no prevention strategies are taken. Adolescents require constant support networks, confrontation tools, and resilience (Hernández-Tapia et al., 2023; Gorostieta Tapia et al., 2021). The goal of this work was to identify stressful situations and confrontation strategies centered in secondary school students that modify their mental health.

2. Method

This is a qualitative and phenomenological research focused in exploring students' experiences post-lockdown due to COVID-19 pandemic, and the stressing situations by getting back in-person; as well as the strategies they used to confront stress centered in their experience and living in the new normality (Piza Burgos et al., 2019). Qualitative researchers explore phenomena in social, cultural, political, and physical environments around the people they study, framing the holistic approach characteristic of the interpretive perspective. This was a process that obtained portraits of reality, allowed us to collect and identify attributes of the participants, as well as their feelings and perceptions within their return to face-to-face classes.

2.1. Inclusion Criteria

Participants were students of a public secondary school, both genders that experienced lockdown during COVID-19 pandemic.

2.2. Participants

Twenty-five students from first grade and 25 from second grade of a public secondary school, municipality of Nezahualcoyotl, State of Mexico participated in the study. Students age was between 12 to 15 years, from both genders. Sampling was by convenience, and students that experienced lockdown along two years of pandemic, that took in line school sessions for two consecutive years, and they came back to in-person sessions in 2023.

2.3. Data Collection

Information collection was obtained through a semi-structured interview, testimonials, drawings, anthologies, and participant observation (Álvarez-Gayou, 2003), sessions lasted 150 minutes via a self-concept and emotional intelligence workshop intended for students; the setting was an audiovisual room along a week, from January 16 to January 20, 2023, by the research team. Questions included self-concept aspects, emotions and frequent problematic situations in their surroundings when in-person sessions, as well as the strategies they had to confront those problems; interviews and testimonials were recorded, the anthologies and drawings were hand over to the research team. Qualitative data were read, transcribed and shown to informants for their approval. An informed consent was obtained, signed by school authorities, parents or guardian, and by students. The qualitative data obtained were analyzed according to the methodology of De Souza Minayo, which included the transcription, reduction and coding of the data (De Souza Minayo et al., 2023).

2.4. Ethical and Legal Aspects

Ethical and legal aspects were based on the principles of the Declaration of Helsinki, under the principle "It is the duty of physicians who are involved in medi-

cal research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. There responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent” (World Medical Association, 2023). Each student and parent/guardian signed an informed consent letter, according to Nuremberg code and the local law. A written permission was obtained from school authorities. Each student chose a pseudonym to be identified by it.

3. Results

The characteristics of the informants are shown in **Table 1**, anonymity was maintained for each one, they were asked to freely choose their pseudonym, whichever they felt most identified with. Women (68%) and men (32%) from 12 to 15 years old participated in the study and, after the qualitative analysis, four categories emerged with thirteen subcategories supported by their speeches and the frame of reference is shown in **Table 2**.

Table 1. Informants’ characteristics.

| Pseudonym | Gender | Age | Grade |
|---------------|--------|-----|-----------------|
| Almond | Female | 12 | 1 st |
| Aña | Female | 13 | 1 st |
| Chatita mayor | Female | 12 | 1 st |
| Dolphin | Male | 12 | 1 st |
| Cheese | Male | 12 | 1 st |
| Scorpion | Male | 12 | 1 st |
| Star | Female | 12 | 1 st |
| Flaka | Female | 12 | 1 st |
| Tiny | Female | 12 | 1 st |
| Ant | Female | 12 | 1 st |
| Bones | Male | 12 | 1 st |
| Moris | Male | 12 | 1 st |
| Karma | Female | 12 | 1 st |
| Kyle | Female | 12 | 1 st |
| Wolf | Male | 12 | 1 st |
| Mantis | Male | 13 | 1 st |
| Apple | Male | 12 | 1 st |

Continued

| | | | |
|--------------|--------|----|-----------------|
| Mi chatita | Female | 13 | 1 st |
| Plu | Female | 13 | 1 st |
| Stan | Female | 12 | 1 st |
| Basto | Male | 12 | 1 st |
| Chava | Male | 12 | 1 st |
| Dona | Male | 12 | 1 st |
| Duki | Male | 12 | 1 st |
| Eve | Male | 13 | 1 st |
| Cherry | Female | 13 | 2 nd |
| Rabbit | Female | 14 | 2 nd |
| Denji | Female | 14 | 2 nd |
| DNA | Female | 14 | 2 nd |
| Little star | Female | 13 | 2 nd |
| Strawberry | Female | 15 | 2 nd |
| Cat | Female | 13 | 2 nd |
| Iyolacohatli | Female | 13 | 2 nd |
| Jaz | Female | 13 | 2 nd |
| Tomato | Female | 13 | 2 nd |
| Koala | Female | 14 | 2 nd |
| Susi | Male | 13 | 2 nd |
| Melifluo | Female | 14 | 2 nd |
| Cricket | Male | 13 | 2 nd |
| Skuishi | Female | 13 | 2 nd |
| Sunny | Female | 13 | 2 nd |
| Tiger | Male | 13 | 2 nd |
| Turtle | Female | 13 | 2 nd |
| Yaque | Female | 13 | 2 nd |
| France | Female | 13 | 2 nd |
| Greece | Female | 13 | 2 nd |
| Kitty | Female | 13 | 2 nd |
| Lilly | Female | 13 | 2 nd |
| Said | Female | 13 | 2 nd |
| Pretty 3000 | Female | 13 | 2 nd |

Table 2. Emerging categories.

| Categories | Sub-categories |
|------------------------------------|--|
| Category 1 | |
| Deficient self-concept | 1.1 Constant self-discrediting |
| | 1.2 Insecurity and fear to be ridicule |
| | 1.3 Search for sexual identity |
| | 1.4 Anxiety |
| Category 2 | |
| Idealization of characters | 2.1 Rejection of its body |
| | 2.2 Search for perfection |
| | 2.3 Fictitious figures driven by the media |
| Category 3 | |
| High expectations by parents | 3.1 Comparison with brothers |
| | 3.2 Sensation of failing their parents |
| | 3.3 Disqualification by parents |
| Category 4 | |
| Deficient confrontation Strategies | 4.1 Maximized emotions |
| | 4.2 Self-lesions |
| | 4.3 School violence with peers |

4. Discussion

Adolescence has three moments, early, intermediate and late, it is critical and represents a challenge for the person and for those persons that coexist with them in the different settings, since it involves their search for identity, their sexual role, identifying their vocation, the emancipation process, and to test own decisions. Interpersonal relationships represent a starting point to enter in different scenarios (Gorostieta Tapia et al., 2021; Tapia Pancardo & Villalobos Molina, 2020), the breaking point due to COVID-19 pandemic disrupted the socialization process as well as the transition from childhood to adolescence, changing adolescents' mental health (Viorato-Romero et al., 2023; Tapia-Pancardo et al., 2023) as shown in Category 1 Deficient self-concept, with sub-categories 1.1 Constant self-discrediting, and 1.2 Insecurity and fear to be ridicule, as observed in the following speeches:

[] *I am a person with no self-confidence, I feel insecure due to my body and skin color, I do not show myself truly but false, I do not say how I am, I do not want they make fun of me, things are very different in my truth.* Flaka

[] *I could be quite insecure, and more if I see perfect girls and adolescents.* Aña

[] *I am insecure and over think things, I feel shame to speak in public. It is more important social approval than myself approval.* Melifluo

1.3 Search for sexual identity:

[] *I have psychologic or mental problems. Sometimes I like to eat a lot, I like men sometimes, well almost always.* Eve

[] *I am pansexual oriented, but I am afraid to tell people and be judged, even so I have had relations with women, but not long ago “I left the closet” and told my parents, fortunately they accepted me.* Susi

1.4 Anxiety:

[] *I feel very anxious to be alone, if I am a good or bad person, not knowing who I am, my sexual orientation, which career to choose, if I will conclude my secondary school program.* Ant

[] *I feel anxious when I am alone and sense someone touches me.* Dona

Developmental tasks in adolescence include the search for identity, vocation, sexual, as well as emancipation and emotional stability, all of them are complex tasks for adolescents in an early step and cause anxiety (Tapia Pancardo et al., 2018), the solution is to favor interrelationships with peers and relatives; however, lockdown interrupted this dynamic expanding the range of stress and anxiety among adolescents, even in youngsters boosting insecurity in their decision making (Viorato Romero et al., 2023). This kept them in search of characters to follow, as shown in Category 2 Idealization of characters, with sub-categories 2.1 Rejection of its body, 2.2 Search for perfection, 2.3 Fictitious figures driven by the media, as observed in the following speeches:

[] *I do not like myself, but the most are my legs, my hands and my nose, I would look alike to TV series girls, they are so pretty.* Karma

[] *I do not like some things of myself, such as my abdomen or my thighs, girls from TV screen have flat abdomen and their legs are strong and pretty.* Plu

Media, in general, are introducing step by step changes to manage inclusive information and to combat discrimination aspects, such that TV series, movies, and programs that include a variety of skin colors, sexual identity, religions, and body shape with approval of differences, to favor children and adolescents' mental health (Gutiérrez-Martínez et al., 2020), but regretfully is a cultural trait to follow women's beauty as being tiny, young, perfect face and body, and in men to be big and strong; the complete obedience by sons/daughters, which also modifies parents' perception demanding them higher standards in body shape as well as in behavior, leading to continuous recrimination and disqualification which boosts displeasure, insecurity and bitterness in adolescents (Tapia-Pancardo et al., 2023), which is coincident with Category 3 High expectations by parents, with sub-categories 3.1 Comparison with brothers, 3.2 Sensation of failing their

parents, 3.3 Disqualification by parents, as shown in the following speeches:

[] *I feel confused, sad, angry, very rare for everything my dad says to me, he makes me feel useless, but I want to go further.* Tiny

[] *I get along poorly with my family, they compare myself with my sister she is white and obedient, they say that she is not than myself, they say words that really hurt.* Strawberry

Encouraging stress confrontation strategies for today's adolescent is an urgent need, and must be accompanied by developing emotional intelligence and resilience (Viorato Romero et al., 2023; Tapia Pancardo & Villalobos Molina, 2020), since the context they face is hostile compared to previous times, anxiety and frustration are generating risky behaviors as shown in Category 4 Deficient confrontation strategies, with sub-categories 4.1 Maximized emotions, as observed in the following speeches:

[] *My problem is not to accept my body shape, I felt very sad because of that, I felt fat and did not like it, I did eat in the morning and in the night for many months, I use to cut myself and lately I want to do it again, I almost do it but if so it will be in secret.* Kitty

4.2 Self-lesions, and 4.3 School violence with peers:

[] *When I feel very angry or sad i cut my arms and whip myself, that make me feel a little better.* Stan

[] *When I am stressed I hit myself and hit the wall, I cry because in that way I calm down.* Tiny

[] *...sometimes I prefer to die or to disappear, when I am stressed I want to beat my peers.* Yaque

Early adolescence is characterized by facing obvious physical changes, it is a process of mourn between childhood and adolescence, the expectancy is high and the reality overwhelming, since not always biological and psychological changes match which triggers maximized emotions, and these do not easily find a proper channeling and result in risky behaviors, such as self-lesions and suicide thoughts (Tapia-Pancardo et al., 2023; Vázquez Carrillo & Tapia Pancardo, 2021). When an adolescent exerts self-lesions, in very few cases its intention is to commit suicide, most of the times the adolescent is trying to modify the emotion that overwhelms it by producing pain taking out of reality; then, it is necessary to promote confrontation strategies to face stress in adolescents in different moments (Viorato Romero et al., 2023), as well as to develop emotional intelligence, social skills and resilience before the adverse events they cope day after day in different settings (Tapia Pancardo & Villalobos Molina, 2020), i.e., being personal, familial, scholar or social, this goal could be propelled by multidisciplinary teams at different scholar steps (from elementary to university) where the school nurse, the psychologist, or the social worker have an excellent field of action (Carapia-Fierro & Tapia-Pancardo, 2021; Gorostieta Tapia et al., 2021).

5. Conclusion

The tools an adolescent has in the early steps and in a post pandemic setting, are not sufficient to develop social skills nor confrontation strategies. Lockdown disrupted its socialization and acceptance process such that its relationships with peers lead to anxiety and risk behaviors. In this problematic confrontation, strategies centered in itself are required to develop significant learnings, supported in self-knowledge, highlighting its adaptation, interpersonal communication, emotional intelligence, creative solutions of problems, and resilience abilities. Multi-disciplinary teams' roles supporting those learnings are proposed.

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Limitations of the Study

A great limitation to continue working on these problems is based on the absence of constant mental health promotion programs at different academic levels by multidisciplinary teams.

Authors Contributions

DCT-P and FAA-H designed the research protocol, DCT-P, FAA-H and JEC-G implemented training sessions, FAA-H, RV-M and DCT-P collected information, FAA-H, JEC-G and DCT-P analyzed qualitative data, DCT-P and RV-M wrote, and revised, and all authors approved the final manuscript.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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