The Comparison of Coping Styles in Depressed, Anxious, Under Stress Individuals and the Normal Ones

Nazila Seyyed Khorasani Sadaghiani a, *, Mohsen Saghatyzad sorkhab a

a Department of Psychology, Islamic Azad University, Shabestar branch, Shabestar, IRAN

Abstract

The main purpose of this research was to compare non clinical population of depressed, anxious, under stress, and normal individuals with respect to conscious styles (coping). So, 252 students of Tabriz university in B.A grade in the educational year of 1388-89 were chosen based on their gender and educational groups (humanities, basic sciences, technical engineering), using multi stage sampling method. In order to obtain data, coping styles questionnaire and depression, anxiety, stress scale was used. To data analysis, the statistical model of multi variable analysis of variance and Tukey test were applied. The findings have shown that of five groups compared (depressed, anxious, under stress, compound, and normal individuals), regarding three coping styles of problem-focused, emotion-focused, and avoidance, there was meaningful statistical difference just between two groups of compound (depressed/ anxious/ under stress) and normal ones with respect to emotion-focused and avoidance coping, and no significant statistical difference was obtained among the other groups regarding three coping styles. Therefore, it could be said that two coping styles of emotion-focused and avoidance could play an important role as intermediate or one of the effective factors in the individuals in establishing negative effects such as depression, anxiety and stress.

Keywords: coping styles; depression; anxiety; stress;

1. Introduction

There is no widely accepted, unit definition about stress. But usually in psychology, stress is considered as a transaction between environmental stressor factor and a person. That is, general, stress is the result of a mismatch between the demands of a given situation and the individual’s perceived ability to deal with those demands (Folkman and Lazarus, 1986; Matthews, Deary and Witeman, 2003). In other word, for a situation to be stressful depends on the individual’s evaluation of that situation and the existing abilities and mechanisms of the person to deal with that situation (Kleink, 1998). Therefore, what could have significant importance is the individual’s evaluation of the situation (Matthews, et al, 2003). Folkman and Lazarus (1986) point out two methods of the individual’s evaluation when expose with stress: primary evaluation in which people try to appraise whether they are in risky setting or not. And if it is recognized that a situation is threatening, they examine coping strategies suitable for that situation this is referred as secondary appraised (Kleink, 1998). That means the individual deals with that event using coping strategies after evaluating stressor and threatening events (Lazarus, 1996). From Lazarus and Folkman perspective, coping is defined as cognitive and behavioral attempts that are always changing and are done in order to control given internal and external demands that are evaluated above from the individual’s abilities and sources (Matud, 2004). This coping
could be either referred to the appraisal process (emotion-focused) or be done by the aim of changing external demands by means of behavior (problem-focused) (Matthews et al., 2003). Because coping strategies are habitual and preferential, i.e. they are relatively stable ways of responding, the concept of coping relates to the personal differences and the way of individual’s appraisal or it could be explained based on the choosing processes (attention), appraisal and cope related to stress (Ishida, 2006). However, today researchers have admitted that three extensive dimensions are as follows: problem-focused coping, emotion-focused coping and avoidance coping (Parker, Taylor and Bagby, 1998; Matthews et al., 2003). In recent 20 years, research on coping that was based on conceptual framework of Folkman and Lazarus (1986) has showed that negative effects of the life’s stressing events and troublesome situations on adolescents and youth and in total all the society classes could be moderated through appropriate coping skills (Mishara and Ystgaard, 2006).

Researches carried out suggest that emotion-focused coping are less effective and are more likely correlated to psychological disturbance and poor psycho-social outcomes in comparison to the problem-focused coping that is accompanied with positive psycho-social adaptation (Billings and Moos, 1981, 1984; Matud, 2004; Desmond, 2007) and has relationship with negative aspects of health like anxiety, depression and increased bodily function (Peterson, Compas, Brooks-Gunn, Stemmler, Ey and Grant, 1993; parker et al.,1998 and Braun-Lewensohn, Celestin-Westreich, Celestin, Verleye, Verte and Ponjaert-Kristoffersen, 2009).

Most of the coping models assume that the people, who cope with stressing life events effectively, show low levels of anxiety and depression (Braun-Lewensohn et al., 2009). On the other hand, many believe that problem-focused coping is more effective than emotion-focused or avoidance one, though the evidence shows its complexity (Matthews et al., 2003). For example, Folkman and Lazarus (1986) believe that problem-focused coping style could not always be an effective strategy and add that in short-term, emotion-focused coping style is more likely to be effective and in long-term the problem-focused one. Therefore, Folkman and Lazarus (1986) point out that the efficacy of a given strategy depends on the nature of stressing situation and the person’s abilities in using choosing strategy in that situation. For instance, problem-focused coping may be effective during exam time and review the studied courses and avoidance coping may have low efficacy. However, when exposes with snakes, avoidance coping is often a more effective alternative (Folkman, Lazarus, Dunkel-Schetter, Delongis and Gruen, 1986; Mattews et al., 2003). Nevertheless, it could be daringly said that emotion-focused coping strategy and the avoidance one are potentially non-maturated coping strategy (Parker et al., 1998).

2. Method

2.1. Statistical population, sample and measurement method

The statistical population of this research includes all male and female undergraduate students of Tabriz University in the year 2009-2010. Of the statistical population 252 students were selected as the statistical sample using Kokran formula. The sample being studied based on gender and educational groups was chosen with the method of multi-stage sampling. In general, the statistical sample was selected randomly from 9 fields of study and 18 classes and after assuring subjects of confidentiality of data and asking them is truthful while responding, questionnaires were handed out to be filled.

2.2. Instruments

1. Coping styles questionnaire: this questionnaire that is developed Lazarus and Folkman in 1988, has 66 items and 8 subscales are evaluated in the forms of problem focused, emotion focused and avoidance styles. In this questionnaire, the subjects answer each item in 4 score Likert scale (never= 0, seldom= 1, often= 2, very much= 3). Subscales of coping styles questionnaire are as follows: confrontive coping, distancing, seeking, social support, self control, accepting responsibility, escape avoidance, prudently problem solving and positive reappraisal. Lazarus has computed test validity by using test-retest that has been reported for each coping strategies as 66 to 79. Cronbach alpha coefficient has been also reported for confrontive coping= 0.72, distancing= 0.61, self control= 0.70, seeking social support= 0.76, accepting responsibility= 0.66, escape avoidance= 0.72, prudently problem solving = 0.68 and positive reappraisal = 0.79 that are more alpha coefficient than have been reported for most of the other measurements.

2. The depression, anxiety and stress scale: This scale has been prepared by Lovibond and lovibond in 1995 that has two forms. The main form has 42 items that evaluates each of psychological structures of depression, anxiety and
stress by 14 different items. The way of subject’s answering to each of the items in 4 score Likert scale as never= 0, a little= 1, sometimes= 2, and always= 3. The studies carried out by Lovibond and Lovibond have showed the retest validity for the subscales of depression, anxiety, and stress as 0.77, 0.79, and 0.81 respectively. The validity of DASS has been also obtained in Beck anxiety inventory and Beck depression as 0.81 and 0.74 responsibility. Therefore, DASS has appropriate validity in research and recognition operations. In this research, those who obtained scores above 14 in answering the items related to the depression’s scale of DASS, those who got scores above 10 in answering the items related to the anxiety scale of DASS and those who got scores above 19 in answering the items related to stress are considered respectively as being depressed, anxious, and under stress. Also, in the present research, by normal group mean the group which has not got a high score in each of three sub scale of depression, anxiety and stress.

3. Findings

In this section, we first present descriptive statistic (mean and standard deviation) in five comparative groups of the people with depression, anxiety, under stress, normal ones and mixed group (i.e. Subjects who have high scores in the subscales of depression and anxiety and stress in DASS) in coping styles variable (see Table 1) and then we use a statistical model of multi-variable analysis of variance (MANOVA) and Tukey test in order to data analysis and responding research questions and examining hypothesis accuracy.

For data analysis, at first Calmograph-Smirnov test was conducted to examine that data have a normal distribution. Results show that data has normal distribution because the meaningfulness level is higher than 0.05 (see Table 2).

| Group                  | Coping Styles       | Mean | Std. Deviation |
|------------------------|---------------------|------|---------------|
| Problem Focused        | 51.64               | 12.32|
| Depression             | 20.18               | 3.82 |
| Avoidance              | 16.55               | 4.82 |
| Problem Focused        | 54.16               | 10.17|
| Anxiety                | 21.94               | 3.63 |
| Avoidance              | 17.06               | 4.92 |
| Problem Focused        | 84.94               | 9.32 |
| Under Stress           | 21.18               | 2.48 |
| Avoidance              | 15.35               | 4.78 |
| Problem Focused        | 54.74               | 10.29|
| Depressed/Anxious/Under Stress | 22.53 | 4.70 |
| Avoidance              | 19.22               | 4.91 |
| Problem Focused        | 54.04               | 9.18 |
| Normal                 | 20.71               | 3.74 |
| Avoidance              | 15.37               | 4.66 |

| Coping Style | Calmograph-Smirnov | Sig. |
|--------------|--------------------|------|
| Problem-Focused | 0.75              | 0.43 |
| Emotion-Focused      | 0.64              | 0.46 |
| Avoidance          | 0.86              | 0.51 |

Then Wilk’s Lambda was conducted to recognize the difference among five groups in coping styles that indicates that the difference among five groups in three coping styles is meaningful (P= 0.002 and F= 2.141) (see Table 3).

| Group                  | Value | F     | Hypothesis df | Error df | Sig.  |
|------------------------|-------|-------|---------------|----------|-------|
| Normal                 |       |       |               |          |       |
| Depressed              |       |       |               |          |       |
| Anxious                |       |       |               |          |       |
| Under Stress           | Wilk’s Lambda | 0.835 | 2.141 | 21       | 695.443 | *0.002 |
Table 4. Follow up Tukey test to examine accurately the difference among five subject groups in three coping styles

| Coping Style | Groups | Depressed | Anxious | Under Stress | Compound | Normal |
|--------------|--------|-----------|---------|--------------|----------|--------|
| Problem Focused | Under Stress | P = 0.998 | MD = 2.52 | - | - | - |
|                | Compound | P = 0.998 | MD = 2.70 | P = 0.741 | MD = 5.22 | - |
|                | Normal | P = 0.988 | MD = 3.11 | P = 1.000 | MD = 0.58 | MD = 5.80 |
|                | Depressed | P = 0.997 | MD = 2.41 | P = 1.000 | MD = 0.12 | MD = 5.10 |
|                | Anxious | P = 0.920 | - | P = 0.999 | MD = 1.75 | - |
| Emotion Focused | Under Stress | P = 0.998 | MD = 0.99 | - | - | - |
|                | Compound | P = 0.641 | MD = 2.35 | P = 0.998 | MD = 0.60 | MD = 1.36 |
|                | Normal | P = 1.000 | MD = 0.52 | P = 0.822 | MD = 1.23 | MD = 0.47 |
|                | Depressed | P = 1.000 | - | MD = 0.52 | - | - |
|                | Anxious | P = 0.998 | MD = 1.19 | P = 0.935 | MD = 1.71 | - |
| Avoidance | Under Stress | P = 0.638 | MD = 2.68 | P = 0.461 | MD = 2.16 | MD = 3.87 |
|                | Compound | P = 0.994 | MD = 1.18 | P = 0.948 | MD = 1.70 | MD = 0.02 |
|                | Normal | P = 1.000 | MD = 1.00 | T = 1.000 | MD = 3.85 | MD = 1.19 |

To examine exactly the difference among five groups in coping styles, follow up Tukey test was conducted (Table 4). This table indicates that there is a significant statistical difference between compound group and normal group in applying emotion-focused coping style (P<0.023) and avoidance (P<0.001). When we look at Table 1 and emotion-focused coping style mean in the group of depressed/anxious/under stress (M=22.53) and the normal group (M=20.71) with mean difference of 1.82 and also avoidance coping style mean in the group of depressed/anxious/under stress (M=19.22) and normal group mean (M=15.37) with mean difference of 3.85, we can conclude that the first group that is the mixed group apply two coping style of emotion focused and avoidance more than the second group i.e. the normal ones.

Also by examining means in three groups of depressed, anxious and under stress in coping styles of problem focused, emotion-focused and avoidance and comparing them with each other (Table 1), although it is observed that there is difference among means (less or more), but this mean difference among three groups regarding coping styles of problem focused, emotion focused, and avoidance is not statistically meaningful. That means the groups of depressed, anxious and under stress have no meaningful statistical difference regarding the coping styles.

4. Discussion and Conclusion

Comparing five groups of depressed, anxious, under stress, compound and normal ones, shows that at first there is just a meaningful statistical difference between two groups of the compound one (the group that had high scores in depression and anxiety and stress) and the normal ones regarding coping strategies of emotion-focused and avoidance. Secondly, there is no meaningful statistical difference between two mentioned groups in coping strategies of problem-focused style and thirdly, among the other groups, regarding three above mentioned coping styles no meaningful difference was obtained.

This finding that says there is a meaningful difference between two groups of the compound ones and the normal ones in two styles of emotion-focused and avoidance, but in coping styles of problem-focused, no meaningful difference was obtained, is consistent with some research like Braun-Levinson et al. (2009), Schneider (2004), Matteus et al. (2003), Peterson et al. (1993) and Billings and Moos (1981, 1984). One probable explanation for non-consistency between the present research finding and the other ones’ may relate to the research subjects. As was mentioned before, the subjects of this study were all university students. It is probably proposed that because the styles of problem-focused are logical and problem solving styles, so they are used by those who deal with science and thought and logical issues; whether the level of depression and anxiety in these individuals is high or low. University
students are open-minded and intellectual class. There for, even when some morbidity symptoms increase in them, it is also probably that they maintain the ability of using problem-focused styles like the normal individuals, at least in some cases and beside the other styles of emotion-focused and avoidance. On the other hand, it is probably proposed that because the subjects were selected from non-clinical population, they use both problem-focused and emotion-focused styles simultaneously, while in most of the other research, clinical population i.e. the people with depression disorder was applied that had significant difference with the subjects of this research that were university students whose depression and anxiety symptoms were higher than the normal level. On the other hand, using problem-solving style is not always usable for everyone and applying them is related to the kind of problem and stressing situation and mental abilities and personality of the individual with those disorders. For example, Folkman and Lazarus (1986) themselves believe that coping style of problem-focused could not always be an effective strategy and add that in short term, emotion-focused coping style and in long-term, problem-focused coping style may work effectively. So Folkman and Lazarus (1986) point out that the efficacy of a given strategy depends on the nature of stressing situation and the individual’s ability in using the chosen strategy in that setting.

But this finding is consistent with the findings of some other research like the studies of Braun-Levinson et al. (2009), Dismond (2007), Schnieder (2004), Matud (2004), Matteus et al. (2003), parker et al. (1998) and Billings and Moos (1981, 1984).

In order to explain how the people with depression/anxiety/stress apply coping strategies of emotion-focused, we can say that the individuals with several morbidity symptoms because of the presence of negative thoughts and ineffective thoughts dominance like being ashamed of the past and extreme worrying about unknown future in his/her cognitive processes while confronting with stressor events, perceive them in high degree and instead of direct action to solve problem or seek information related to solve problem (problem-focused coping), resort to emotion-focused coping strategies and in short-term, this method releases them of high stress. Temporary success leads them to repeat this kind of coping in several stressor situations, ignoring that this strategy would be effective in short-term but in long-term it loses its efficacy (Folkman and Lazarus, 1986) and morbidity symptoms increase in them. So, it could be concluded that what causes the people with depression/anxiety/stress to use emotion-focused coping styles is its efficacy in the short-term and their disability in using problem-focused coping styles because of disturbing thoughts. It seems that by using emotion-focused and passive styles, because the problem remains and that such individuals do not actively deal with the problem, so there always remains some level of anxiety result from the presence of the problem and on the other hand, because the problem isn’t solved, the individual would have a sense of frustration and lack of control on difficulties and his/her own environment that at least relates to the person’s depression.

The groups of the normal and compound ones did not show meaningful differences regarding avoidance coping style that means examination indicated its use of avoidance style that is non-maturated style in most of the compound group. This finding is also consistent with the research result of (parker et al., 1998). It is probable that people who were exposed to stressor events and also had depression and anxiety, use more avoidance coping style actively. Research that examines depression and avoidance coping, like Schnieder (2004), Billings and Moos (1984), Coyne, Aldwin and Lazarus (1981), and studies that examine. Stress and avoidance coping style such as Billings and Moos (1984) and also studies that examine anxiety and avoidance coping style, like Vassilopoulos (2008) and Schnieder (2004) have confirmed this finding. Also, in contrast, repeatedly and redundantly use of avoidance strategies increases the individuals vulnerability against depression, anxiety and stress. Holahan and Moos (1991) study indicates that the people with depression are more passive and deal with wishful thoughts and have avoidance state in stressing settings and blame themselves a lot.

In elaborating this issue that how depression, anxiety, and stress relate to avoidance coping strategy in troublesome settings and positions, it could be mentioned the people with depression because of having frustration feeling resulted from stable, general and internal attitude toward their difficulties and negative attitude toward future that lead them to believe that they have limited access to pleasant experiences, and also because of their belief in lack at external control; and the people with morbidity anxiety, because of having negative, illogical thoughts toward themselves while having high anxiety, selected attention to external threatening symptoms, lower control perception on surrounding environment they avoid stressing and unpleasant situations mainly by applying avoidance coping style. This avoidance deprives them from information feedback that could help these people change the way of thinking and function
following it (Holahan and Moos, 1991) and could seize them more in the swamp of high perception of stress and accordingly depression and anxiety. It is not illegal to say that perhaps the reason of major depressive and anxiety disorders similarity with each other is the presence of cognitive processes that activate avoidance thoughts on threatening stimuli and situations and cause them to use avoidance coping strategies.

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