CONSTRUCTIVE COPING STRATEGIES AS PREDICTORS OF POSITIVE MENTAL HEALTH IN YOUNG ADULTS

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ABSTRACT

OBJECTIVE

To study the relationship between constructive coping strategies and positive mental health (flourishing) among university students. It also aimed to investigate the predictive role of constructive coping strategies in determining positive mental health.

STUDY DESIGN

Correlational research design.

PLACE AND DURATION OF THE STUDY

The study was conducted in HEC recognized public universities of Lahore during 2016-2017.

SUBJECTS AND METHODS

A sample of 223 undergraduate and postgraduate students with age range of 19 to 28 years was selected for research. Constructive coping strategies were measured by COPE Inventory and positive mental health was measured by Diener's flourishing scale.

RESULTS

The results showed that active coping, religious coping, positive reinterpretation and growth, and use of instrumental social support were positively correlated with the positive mental health among students. Active coping was the strongest predictor of positive mental health followed by religious coping and positive reinterpretation.

CONCLUSION

Active coping, religious coping, positive reinterpretation and social support were helpful in enhancing positive mental health among university students. The study has important implications in student counseling. It implies how coping can enhance subjective positive mental health among students.

KEY WORDS

Stress, constructive coping strategies, positive mental health.

INTRODUCTION

Young adults tend to experience stressful events in life [1] which enhance the risk of common health problems e.g. hormonal abnormalities, respiratory illness, cardiovascular and psychological complications as stress jeopardy, rage, sleep apnea etc [2]. However, their ability to overcome these problems and prevent psychological distress is closely related to the effective use of constructive coping strategies [3].

Constructive coping strategies are the efforts including behavioral and psychological factors which are employed by a person to command, bear, decline, or minimize events which are stressful [4]. Archival studies on coping ways showed that the coping plays a pivotal part in dealing hectic life forms [5]. Moreover, constructive coping strategies are the most important factors in the development of positive mental health. The person experiences the condition of flourishing, happiness, contentment, comfort, feeling healthy and doing well on their implementation [6].

Different coping strategies were employed to deal with stressful situation. Some commonly used coping strategies were active coping, religious coping, positive coping, gaining emotional and instrumental social support [7]. Active coping was defined as the process or measures employed aimed at taking action for the purpose of reducing stress. Moreover, it involves planning that is focused on approaching stress for improving the level of psychological functioning [8]. Religious coping embraces religiously oriented behaviors, thoughts and feelings which help to combat stress. It may include the intimacy, expectation and harmony with God which leads towards realization of meaning in life, better association with others and self-development [9]. Another form of coping is positive reframing which involves interpreting the situation in a positive manner and also using strategies aimed at rationalization of the outcomes [10]. Coping mechanisms are selected according to particular personality and past experiences [11].

Life stressors and psychological health of students were studied in Singapore. The students were facing difficulties in studies and felt peer pressure and competition leading to uncomfortable mind state. Result showed that students' participation in activities (active coping) helped them in dealing with academic pressures [12]. Results of another study concluded that one third of medical students had stress ranging from mild to severe. Acceptance and Active coping strategy was being used by a number of students as coping mechanisms. Rest of strategies were used less commonly [13]. A study was done to investigate the constructive coping strategies among 376 undergraduates in Malaysia. Study concluded that most widely used coping strategy was religious coping whereas avoidant and denial strategies were not as commonly used [14]. Another research found that students used problem solving coping style to deal with academic workload [15].

Previous literature on boarders had indicated the psychosocial problems faced by them[16]. For example, an indigenous research compared boarders and non-boarders on the degree of anxiety, depression and social support system available to them. The findings of the study indicated that boarders had significantly higher level of depression as well as anxiety. Moreover, social support was higher in day-scholars[17]. Another study indicated that boarders were dissatisfied from food provided by hostel mess whereas day scholars had excellent food items[18].

Current research is planned to investigate the relationship between constructive coping strategies and positive mental health in university students and the role of constructive coping strategies in predicting positive mental health in university students. The study hypothesized that there is likely to be significant positive relationship between constructive coping strategies and positive mental health. Moreover, constructive coping strategies are likely to be significant positive predictor of positive mental health in university students.

SUBJECTS AND METHODS

Participants
The participants of this study were 223 students, in which 88 were males and 135 were female students. Their age range of was from 18 to 24 years with different residential status; among which 126 were boarders and 97 were day-scholar university students. The sample was collected from different universities and hostels involving both public and private sector.

Instruments
COPE was developed by Carver in 1989 and help to assess a wide range of coping responses[19]. The items 1, 29, 38 and 59 were selected for assessing positive reinterpretation and growth coping strategy. In the same way items 4, 14, 30 and 45 for use of instrumental social support coping, items 5, 25, 47, 58 for active coping style, items 7, 18, 48 and 60 for religious coping strategy, items 8, 20, 30 and 50 for humor coping strategy, items 11, 23, 34 and 52 for use of emotional social support and those items 13, 21, 44, 54 for acceptance were selected.

Diener's flourishing scale developed in 2010 was used to assess positive mental health[20]. It consisted of 10 items having seven response categories from strongly disagree to strongly agree. The instrument helps understands feelings of capability, affirmative relationships, meaning and determination in life, positivity, acceptance of self, concentration, influence in the positive mental health of others and being appreciated. The reliability of scale reported by author was high (á=.86)

Procedure
At the first step, research proposal was approved from departmental board of studies. Then vice chancellors of universities were contacted to seek formal permission for data collection from university students. University students taking psychological help from professionals were excluded. Data were collected from both government and private university students. The consent was obtained from the participants and were instructed to respond honestly. It was made sure that their opinion is kept confidential and their identity is not be disclosed. Statistical analyses conducted on the data were the reliability analysis of scales, Pearson correlation and multiple regression. Data for present study was analyzed by using SPSS. Descriptive statistics were computed to analyze demographic attributes of sample.

RESULTS

Analyses of descriptive statistics indicated that all the participants were young university students with mean age of 21.8 years (SD= 1.47), sample consisted of comparatively greater number of females (n=135) than males (n=88). Results also showed that boarders were greater in number (n=126) than day scholars (n=97). Day scholars belonged to Lahore whereas boarders were residents of different cities of Punjab. All of them were single.

Internal consistency of all the scales was estimated by using cronbach alpha coefficient. The alpha reliability estimate of Cope scale (á=.82) and Diener positive mental health scale (á=.80) was high. Univariate normality analysis confirmed that all the scores were normally distributed i.e. value of skewness was less than 2.

Table 2 shows that active Coping (r=.47, $p<.001$), positive reinterpretation and growth (r=.37, $p<.001$), religious coping (r=.32, $p<.001$), acceptance (r=.30, $p<.001$) and instrumental social support (r=.27, $p<.001$) were positive correlates of positive mental health in university students.

Results of hierarchical multiple regression indicated that in step 1, active coping significantly predicted positive mental health of university students, $F_{(1, 222)} = 61.166$, $p<.001$. The value of R^2=.21 indicated that active Coping explained 21% variance in the positive mental health of university students. Step 2, stepwise regression analysis revealed that both active coping and religious coping collectively predict positive mental health of university students, $F_{(2, 222)} =11.943$, $p<.001$. The value of R^2=.05 indicated that religious coping added 5% variance in the religious positive mental health of university students. In step 3, active coping, religious coping and positive coping collectively predicted positive mental health of university students, $F_{(3, 222)} = 4.893$, $p<.001$. The value of R^2=.01 indicates that positive coping added 1% variance in the positive mental health of college students. Altogether, active coping, religious coping and positive coping explained 26% variance in the positive mental health of university students.

Table 1
Descriptive Statistics and Alpha Reliabilities for Study Variables (N = 223)

Scales	k	M	SD	α	Range Potential	Range Actual	Skewness
COPE	223	19.77	11.24	.82	1-4	49-112	.038
Positive mental health	223	41.7	8.74	.81	1-4	15-56	-.827

Table 2

Correlation Matrix between Constructive Coping Strategies and Positive Mental Health (N=223)

	Variable	1	2	3	4	5	6	7	8
1.	PRG	-	.35**	.32**	.24**	.20**	.47**	.48**	.37**
2.	ISS		-	.27**	.06	.41**	.31**	.41**	.26**
3.	RC			-	.03	.08	.22**	.27**	.32**
4.	HC				-	.41**	.43**	.20**	.02**
5.	ESS					-	.34**	.26**	.09
6.	A						-	.47**	.30**
7.	AC							-	.47**
8.	PMH								-

Note. PRG=Positive reinterpretation and growth; ISS=Instrumental social support;
RC =Religious Coping; HC=Humor; ESS= Emotional Social Support; A=Acceptance;
AC = Active Coping; PMH = Positive Mental Health.
**$p<.01$; *$p<.05$.

Table 3

Constructive Coping Strategies as Predictors of Positive Mental Health

Predictors	$\triangle R^2$	β
Step 1	.21	
Active Coping		.47*
Step 2		
Active Coping		.41*
Religious Coping	.05	.21*
Step 3		
Active Coping		.35*
Religious Coping		.18*
Positive Coping	.01	.15*
Total R^2	.26	
N=223		

*$p<.001$

DISCUSSION

Stress negatively affects the positive mental health of students[21]. The use of effective constructive coping strategies were helpful to improve mental health of students[22]. The first hypothesis was that there would be significant relationship between constructive coping strategies and mental health of university students and the findings of this study supported the hypothesis. Results showed that positive reinterpretation and growth coping strategy, instrumental social support coping strategy, active coping strategy and religious coping strategy positively correlated with psychological positive mental health. Active coping, religious coping and positive coping were productive, adaptive and constructive styles of coping[23]. Hence these coping styles were helpful in enhancing the subjective positive mental health of students[24].

The second hypothesis stated that constructive coping strategies would significantly predict mental health in university students and findings of the study supported this hypothesis. Active coping contributed the most in enhancing positive mental health of young adults. This style of coping enabled the young students to find out practical solution of their problems[25]. Active coping style stimulated them experiment new strategies to find new ways to counter their challenges[26,27].

Religious coping was also a significant contributor in raising the mental health of young adults. This style of coping provides mental and spiritual satisfaction to them when they connect themselves to God[28]. Their emotional well-being is increased when they pray to God in difficult times. This emotional attachment with divine makes them feel psychologically better. Consequently, they get a spark of energy to deal with their academic challenges successfully[29].

Positive coping style also emerged as a predictor of positive mental health. It helps in the development of proactive personality reflecting positive thoughts and feelings[30]. It stimulates the desire to bring positive changes in their own lives as well as lives of others. They tend to show altruistic behavior towards the needy students[31]. They also extend their graciousness on prosocial acts of their fellows. These positive attitudes and behaviours add to their subjective well-being and positive mental health[32,33].

CONCLUSION

In the light of above mentioned findings, it can be concluded that constructive coping strategies and positive mental health were positively correlated. Among constructive coping strategies, active coping was the most significant predictor of subjective positive mental health of students.
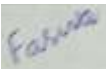
Implications

This indigenous study will be of great use for Pakistani young students. Findings of this research will be helpful for counselling of students who experience stress due to academic responsibilities. There should be student counseling services for students especially for boarders in their boarding houses. Effective coping should be encouraged to enhance positive mental health among young students. There should be training for students to adopt effective constructive coping strategies through seminars and workshops. Active coping along with other strategies should be taught to students so that they can cope with stressful academic environment in an effective way. By taking direct action and finding solutions for problem students can have enhance positive mental health.

REFERENCES

1. Ahmed B, Enam SF, Iqbal Z, Murtaza G, Bashir S. Depression and anxiety: a snapshot of the situation in Pakistan. International Journal of Neuroscience and Behavioral Science. 2016;4(2):32.

2. Miller G, Chen E, Cole SW. Health psychology: Developing biologically plausible models linking the social world and physical health. Annual review of psychology. 2009 Jan 10;60:501-24.

3. Lazarus RS, Folkman S. Stress, appraisal, and coping. Springer publishing company; 1984 Mar 15.

4. Coyne JC, Racioppo MW. Never the Twain shall meet? Closing the gap between coping research and clinical intervention research. American psychologist. 2000 Jun;55(6):655.

5. de Carvalho MP, Vale MD. Roads to positive self-development: styles of coping that predict positive mental health. International Journal of Developmental and Educational Psychology: INFAD. Revista de Psicología. 2013;2(1):383-92.

6. Diener, E. D. (1992). The relationship between income and subjective well-being: Relative or absolute? *Social Indicators Research, 8(3), 195-223*. Retrieved from https://link.springer.com/article/10.1007%2FBF01079018?LI=true

7. Folkman S, Moskowitz JT. Stress, positive emotion, and coping. Current directions in psychological science. 2000 Aug;9(4):115-8.

8. Carver CS, Scheier MF, Weintraub JK. Assessing coping strategies: a theoretically based approach. Journal of personality and social psychology. 1989 Feb;56(2):267.

9. Holahan CJ, Moos RH. Personal and contextual determinants of coping strategies. Journal of personality and social psychology. 1987 May;52(5):946.

10. Thomas E, Savoy S. Relationships between traumatic events, religious coping style, and posttraumatic outcomes. Traumatology: An International Journal. 2014 Jun;20(2):84.

11. Pollard EL, Lee PD. Child positive mental health: A systematic review of the literature. Social Indicators Research. 2003 Jan 1;61(1):59-78.

12. Cunningham CJ, De La Rosa GM, Jex SM, Näswall K, Hellgren J, Sverke M. The dynamic influence of individual characteristics on employee well-being: A review of the theory, research, and future directions. The individual in the changing working life. 2008 Mar 6:258-83.

13. Chan GC, Koh D. Understanding the psychosocial and physical work environment in a Singapore medical school. Singapore medical journal. 2007 Feb;48(2):166.

14. Al-Dubai SA, Al-Naggar RA, Alshagga MA, Rampal KG. Stress and constructive coping strategies of students in a medical faculty in Malaysia. The Malaysian journal of medical sciences: MJMS. 2011 Jul;18(3):57.

15. Yusoff MS. Stress, stressors and coping strategies among secondary school students in a Malaysian government secondary school: Initial findings. ASEAN Journal of Psychiatry. 2010 Jul;11(2):1-0.

16. 16. Hanif A, Ahmad A, Noor R, Bashir MS, Gilani SA. Depression among day scholars and hostellites; A comparative cross sectional survey. Rawal Medical Journal. 2019;44(2):395-7.

17. Iqbal Z. Levl of Depression/Anxiety and social support among boarders and days scholars. Academic Research International. 2015;6(5). 101-105.

18. Bahadar N, Mahnaz W, Jadoon S, Jadoon S. A comparative analysis of the behaviors and performance of day scholar and boarder students at secondary school level. American Journal of Educational Research. 2014;2(8):600-602.

19. Carver CS, Scheier MF, Weintraub JK. Assessing coping strategies: a theoretically based approach. Journal of personality and social psychology. 1989 Feb;56(2):267. https://doi.org/10.1037/0022-3514.56.2.267

20. Diener E, Wirtz D, Tov W, Kim-Prieto C, Choi DW, Oishi S, Biswas-Diener R. New well-being measures: Short scales to assess flourishing and positive and negative feelings. Social indicators research. 2010 Jun 1;97(2):143-56.

21. Kausar R. Perceived Stress, Academic Workloads and Use of Coping Strategies by University Students. Journal of Behavioural Sciences. 2010 Jun 1;20(1).

22. Mohammed H, Hayati KS, Salmiah MS. Are fresh undergraduate students in a public university free of psychological problems: a proposed study of depression, anxiety, stress and their coping mechanisms? International Journal of Public Health and Clinical Sciences. 2015 Jan 19;2(1):174-90.

23. Muhonen T, Torkelson E. Exploring coping effectiveness and optimism among municipal employees. Psychology; 6. 2011;2.

24. Riolli L, Savicki V. Coping effectiveness and coping diversity under traumatic stress. International Journal of Stress Management. 2010 May; 17(2):97.

25. Frydenberg E, Care E, Chan E, Freeman E. Interrelationships between coping, school connectedness and wellbeing Erica Frydenberg. Australian Journal of Education. 2009 Nov;53(3):261-76.

26. Watson JM, Logan HL, Tomar SL. The influence of active coping and perceived stress on health disparities in a multi-ethnic low income sample. BMC Public Health. 2008 Dec;8(1):41.

27. Stevens-Watkins D, Sharma S, Knighton JS, Oser CB, Leukefeld CG. Examining cultural correlates of active coping among African American female trauma survivors. Psychological Trauma: Theory, Research, Practice, and Policy. 2014 Jul;6(4):328.

28. Ní Raghallaigh M, Gilligan R. Active survival in the lives of unaccompanied minors: coping strategies, resilience, and the relevance of religion. Child & Family Social Work. 2010 May;15(2):226-37.

29. Pargament KI. The psychology of religion and coping: Theory, research, practice. Guilford Press; 2001 Feb 15.

30. Pargament KI, Koenig HG, Perez LM. The many methods of religious coping: Development and initial validation of the RCOPE. Journal of clinical psychology. 2000 Apr;56(4):519-43.

31. Folkman S, Moskowitz JT. Positive affect and meaning-focused coping during significant psychological stress. The scope of social psychology: Theory and applications. 2007 Jan 10:193-208.

32. Schwarzer R, Knoll N. Positive coping: Mastering demands and searching for meaning. Positive psychological assessment: A handbook of models and measures. 2003;393409.
33. Folkman S. The case for positive emotions in the stress process. Anxiety, stress, and coping. 2008 Jan 1;21(1):3-14.

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