

# Emotion and Problem Focused Coping Strategies: A Comparative Study of Psychiatric Patients and Normal Adults

Erum Moosa<sup>1+</sup> and Seema Munaf<sup>2</sup>

Institute of Clinical Psychology, University of Karachi, Karachi, Pakistan

**Abstract-** The present research aims to find out the difference in coping strategies of psychiatric patients and non clinical group. It was hypothesized that 1) Emotion focused coping strategies would be adopted more by clinical group than non clinical group, and 2) Problem focused coping strategies would be adopted more by non clinical group than clinical group. Through purposive sampling patients of both genders, with depressive, anxiety, schizophrenic and substance-related disorders from different psychiatric departments of various hospitals and drug treatment centers were selected to form clinical group. There were 30 patients in each diagnostic category, whereas 120 normal participants were selected to form non clinical group. Along with other questionnaires, Urdu version of The Coping Response Inventory-Adult Form (CRI-Adult, Moos, 1993) was administered on them. Results revealed that the first hypothesis is disproved as there is an insignificant difference between scores of emotion focused coping strategies adopted by clinical and non clinical group for combined sample, as well as for separate samples of male patients and male normal adults and also between female patients and female normal adults, while second hypothesis is proved; as problem focused coping strategies was adopted more by non clinical group than clinical group for combined sample as well as for separate samples of male patients and male normal adults. However insignificant difference was noted between female patients and female normal group.

**Keywords-** Emotion Focused Coping Strategies; Problem Focused Coping Strategies; Psychiatric Patients; Depressive; Anxiety; Schizophrenic; Substance-Related Disorders; Clinical Group; Nonclinical Group; Normal Adults.

## 1. Introduction

Coping is most extensively studied in the field of contemporary psychology (Somerfield & McCrae, 2000) [1]. It is defined by Folkman and Moskowitz (2004) [2] as “a thought and behavior, used to manage the internal and external demands of situations that are appraised as stressful”. The function of copying as consider by Ray, Lindop and Gibson (1982) [3] is to solve the daily life stressors and problems. Moos (1993) [4] give importance to two main types of coping strategies, first is problem focused, where individual use approach coping responses and second is emotional focused, where person adopts avoidance coping responses.

Usually coping suppositions has centered on the handling of difficulties. Under extreme distress, association of coping style and optimistic psychological conditions was highlighted in a study of Folkman (1997) [5]. Selye (1978) [6] focused on ways to fight against biological and psychological stress. Beside these effective coping strategies were emphasized in order to handle the stresses of everyday life. Person's worth can also be identified through coping styles adopted during illness (Manne, 2002) [7]. Wang and Miao (2009) [8] in his study on medical students found that coping was closely related with psychological health. Studies also indicate the link of coping with mental disorders (Uehara, Sakado, Sakado & Someya, 1999) [9]. The study of Barnett, Lowe, Mayfield and Morgan (1999) [10] explained that patient's mood and behaviors were related with coping strategies adopted by them.

Hence it is clear from above literature that there appears to be a strong relationship between coping styles and psychological as well as physical health of a person; therefore it is important to understand different coping approaches utilized by psychiatric and normal adults.

### 1.1. Objective

---

<sup>+</sup> Corresponding author: Erum Moosa, PhD Intern / Institute of Clinical Psychology, University of Karachi, Pakistan. Tel. + 923242054066, E-mail address: erumc.psychologist@hotmail.com

The purpose of present study is to find out the difference in types of coping approaches i.e., emotion and problem focused coping strategies of patients diagnosed as having psychological disorders and normal adults. Very rare work has been done with relevance to coping strategies with reference to psychopathology in Pakistani culture; as a result there is a strong need to study this field especially with reference to Pakistan. This research will be helpful for mental health practitioners in understanding, how individuals cope with specific stress and what specific coping styles they use. It would be beneficial for them in determining treatment plans of their patients through understanding their coping approaches.

## 1.2. Hypotheses

- Emotion focused coping strategies would be adopted more by clinical group than non clinical group.
- Problem Focused coping strategies would be adopted more by non clinical group than clinical group.

## 1.3. Independent/Dependent Variables

This is a comparative study. In both hypotheses clinical and non-clinical groups were independent variables and their coping strategies were dependent variables.

## 2. Methodology

### 2.1. Participants

Through purposive sampling 120 patients of both genders (80 males & 40 females), with depressive, anxiety, schizophrenic and substance –related disorders from different psychiatric departments of various hospitals and drug treatment centers were selected to form clinical group. In each diagnostic category there were 30 patients. To form nonclinical group 120 normal participants (80 males & 40 females), were selected. Age range of all the participants was from 18-45 years with educational qualification of minimum of 10th grade. Selected female patients were 50% of selected male patients due to non availability/not having consent of family members, of female patients. Similarly in non clinical group selected normal female were also 50% of selected normal males.

### 2.2. Measures

- *Personal Information Form*

It gathers information related to personal life of the participants.

- *Case History Sheet*

It gathers information of past and present psychological problems of the participants.

- *The Coping Response Inventory-Adult Form (CRI-Adult, Moos, 1993) [4]*

It consisted of 48 items which assesses eight varieties of coping responses of the person through eight scales, i.e. logical analysis (LA), positive reappraisal (PR), seeking guidance and support (SG), problem solving (PS), cognitive avoidance (CA), acceptance or resignation (AR), seeking alternative rewards (SR), and emotional discharge (ED). The first four scales focuses on approach coping responses and come under problem focused strategies whereas other four scales measures avoidance coping responses, and are considered as emotional focus coping strategies. Each scale consists of six items to which individual is suppose to rate themselves on 4 point scale, where 0 = Not at all and 3=fairly often.

### 2.3. Procedure

First consent was taken from hospital authorities and family members of the patients. Then patients were individually approached. They were requested to fill, Information to participants and Informed consent form, Personal information form and the Urdu version of CRI-Adult. Case history sheet was filled by the researcher through taking information from the case history files of the patients.

For nonclinical group, consent was taken from normal adults to participate voluntarily in the research. Then the same procedure was followed. However case history sheet was filled by the researcher, after taking information regarding their psychological problems (if any) from the participant. If any participant who was found to have history of psychopathology and /or was found to fit in any of the diagnostic category of Diagnostic and Statistical Manual of Mental Disorder (DSM-IV-TR, 2000) [11] then that participant was excluded from the non clinical group.

## 2.4. Statistical Analyses

Through SPSS, t' test was computed to assess the difference in adoption of coping styles between clinical and non clinical group.

## 3. Results

Table 1: Difference in mean scores of emotion focused coping of clinical and non clinical group

Coping strategy	Groups	N	Mean	SD	SEM	t	df	Sig.
Emotion Focused	Clinical	120	35.17	38.42	3.50			
	Non clinical	120	28.70	11.52	1.05	1.76	238	.079
	Male clinical group	80	30.41	14.94	1.67			
	Male non clinical group	80	27.01	11.47	1.28	1.61	158	.109
	Female clinical group	40	44.68	62.55	9.89			
	Female non clinical group	40	32.08	11.00	1.74	1.25	78	.213

It is clear from the table 1, that emotion focused coping is adopted by clinical and non clinical group in similar way.

Table 2: Difference in mean scores of problem focused coping of clinical and non clinical group

Coping strategy	Groups	N	Mean	SD	SEM	t	df	Sig.
Problem Focused	Clinical	120	33.59	14.70	1.34			
	Non clinical	120	39.13	11.51	1.05	-3.24	238	.001
	Male clinical group	80	31.94	14.74	1.64			
	Male non clinical group	80	37.85	11.97	1.33	-2.78	158	.006
	Female clinical group	40	36.90	14.25	2.25			
	Female non clinical group	40	41.70	10.206	1.61	-1.73	78	.087

It is clear from the table 2, that problem focused coping is adopted more by non clinical group than clinical group.

## 4. Discussion

The first hypothesis regarding the difference in adopting emotion focused coping between clinical and non clinical group appeared disproved which indicates insignificant difference between scores of emotion focused coping strategies of clinical and non clinical group for combined sample as well as for separate samples of male patients and male normal adults and between female patients and female normal adults. It reveals that both groups' i.e. psychiatric patients and normal adults use emotion focused strategy at the similar level. Several factors can be attributed behind insignificant difference such as the busy schedules and work environmental pressures for example Kerry (2011) [12] work reveals that emotion focused coping used more by students due to the busy work schedule and favoritism from the authorities. Hence it is expected that

somewhat similar reasons may be considered for our insignificant results. In present research although the first hypothesis was disproved, but there is an indication that there is insignificant mean difference between clinical and nonclinical group i.e. former use more emotion focused coping strategies than the later group.

Further it is clear from the findings that our second hypothesis is proved; as problem focused coping strategies was adopted more by non clinical group than clinical group by combined sample as well as by separate samples of male patients and male normal adults. Knight, Silverstein, McCallum and Fox, (2000) [13] also determined the relationship of emotion-focused coping with high emotional distress. Lechner, Bolman and Van Dalen (2007) [14], further found from their study that, passive coping style was positively and active coping style was negatively associated with depression and anxiety. Likewise problem solving strategies also has positive influence on work (Glen and Marilyn, 1995) [15]. Moreover Aitkon and Crawford (2007) [16], found that in stressful work condition, the use of active coping and planning strategies by the administrator was related to positive outcome.

When we turn our attention towards female clinical and non clinical group, we find that there is an insignificant difference between two female groups when problem solving coping is concern. The possible reason can be that as our sample size of female groups was only 50 percent of the male sample (Due to non availability of female patients in same proportion), therefore it might have influenced our results of female groups. However, overall results indicate that there exist significant differences in adoption of problem focused coping strategies, by non clinical and clinical groups.

#### **4.1. Conclusion and Recommendations**

Coping plays a great role in the lives of individuals especially with reference to psychological well-being. Findings of the study indicate that there is insignificant difference in emotion focused coping used by clinical and non clinical group whereas there is significant difference in problem focused coping used by clinical and non clinical group. It is therefore recommended that coping strategies can be a focus of attention and targeted in clinical settings for people having psychological problems or it may help psychotherapist in making interventions in order to improve coping strategies of psychiatric patients and to make them able to deal with environmental stressors and to improve social occupational functioning.

#### **4.2. Limitation of the Research and Avenue for Future Research**

- Future studies should be conducted on a larger size including equal numbers of males and females and on more diverse groups to generalize the results.
- Moreover the sub-domains of both coping were not targeted; therefore future researcher may also take sub-domains into account for deep root analysis.
- Further other variables like gender, age, education, marital status and ordinal position also need to be studied in order to have complete picture of impact of variety of variables on adoption of coping strategies.

### **5. Acknowledgment**

Authors are grateful to Psychological Assessment Resources, Inc., for granting permission to reproduce Urdu version of CRI-Adult and its use for research purpose, through letter dated July 24, 2011.

We are also thankful to all the authorities of various organization, psychiatric settings and drug centers for giving their consent for data collection and all the participants for their voluntary participation in the study.

### **6. References**

- [1] M.R.Somerfield, and R.R.McCrae. Stress and coping research: methodological challenges, theoretical advances, and clinical applications. *American Psychologist*, 2000, **55**(6): 620-625. doi: 10.1037/0003-066X.55.6.620. Retrieved from <http://psycnet.apa.org/journals/amp/55/6/620/>
- [2] S. Folkman, and J.D.Moskowitz. Coping: pitfalls and promise. *Annu. Rev. Psychol*, 2004, **55**,745–74 doi: 10.1146/annurev.psych.55.090902.141456. Retrieved from <http://www.psy.ed.ac.uk/people/mtaylor3/psychology4.htm> l/seminar.htmlFolkman%20et%20al%20(2004).pdf

- [3] C.Ray, J.Lindop, and S.Gibson. The concept of coping. *Psychol Med*, 1982, **12** (2), 385-95. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/7100361>
- [4] R.H.Moos. *The Coping Response Inventory-Adult Form. Professional Manual*. Psychological Assessment Resources, Inc, USA, 1993.
- [5] S.Folkman. Positive psychological states and coping with severe stress. *Soc. Sci. Med*, 1997, **45**(8), 1207-1221. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/9381234>
- [6] H.Seyle. The stress of life. 1978, 2, 516. Retrieved from <http://www.barnesandnoble.com/w/stress-of-life-hans-seyle/1102880312?ean=9780070562127>
- [7] S.Manne. Chronic illness, psychosocial coping with. *International Encyclopedia of the Social and Behavioral Sciences*, 2002, 1773-1779. Retrieved from <http://www.sciencedirect.com/science/article/pii/B0080430767038092>
- [8] W.Wang and D.Miao. The relationships among coping styles, personality traits and mental health of Chinese students. *Social Behavior and Personality: an International Journal*, 2009, **37**(2), 163-172(10). Retrieved from <http://www.ingentaconnect.com/content/sbp/sbp/2009/00000037b/00000002/art00004>
- [9] T.Uehara, K.Sakado, M.Sakado and T.Someya. Relationship between stress coping and personality in patients with major depressive disorder. *Psychotherapy and Psychosomatics*, 1999, **68**(1), 26-30. DOI: 10.1159/000012307. Retrieved from <http://content.karger.com/ProdukteDB/produkte.asp?Aktion=ShowAbstractBuch&ArtikelNr=12307&ProduktNr=225157>
- [10] P.Bennett, R.Lowe, T.Mayfield and M.Morgan. Coping, mood and behavior following myocardial infarction: *Coronary Health Care*, 1999, **3**(4), 192-198. Retrieved, from <http://www.sciencedirect.com/science/article/pii/S1362326599800443>
- [11] Diagnostic and Statistical Manual of Mental Disorder (DSM-IV-TR, 2000) (4<sup>th</sup> ed.) *American Psychiatric Association*, Washington DC.
- [12] A.N.Kerry. Stress and coping style: an extension to the transactional cognitive-appraisal model. *FIU Electronic Theses and Dissertations*, 2011, 41. Retrieved from <http://digitalcommons.fiu.edu/etd/346>
- [13] B.G.Knight, M.Silverstein, T.J.McCallum and L.S.Fox. A Sociocultural stress and coping Model for Mental Health Outcomes Among African American Caregivers in Southern California. *The Journals of Gerontology*, 2000, **55**(3), 142-150. doi: 10.1093/geronb/55.3.P142. Retrieved from <http://psychsocgerontology.oxfordjournals.org/content/55/3/P142.abstract>
- [14] L.Lechner, C.Bolman and A.V.Dalen. Definite involuntary childlessness: associations between coping, social support and psychological distress. *Human Reproduction*, 2007, **22** (1), 288-294. doi: 10.1093/humrep/del327. Retrieved 2011, from <http://humrep.oxfordjournals.org/content/22/1/288.abstract>
- [15] B. D.Glen and S.Marilyn. Adjustment to occupational stress: The relationship of perceived control to effectiveness of coping strategies. *Journal of Counseling Psychology*, 1995, **42**(3), 294-303. Retrieved from <http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=1995-45331-001>
- [16] A.Aitken and L.Crawford. Coping with stress: Dispositional coping strategies of project managers. *International Journal of Project Management*, 2007, **25**(7), 666-673. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0263786307000361>