

Title- Preference of Coping Strategies during Stressful Situations among General People

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Abstract

The sensation of being overburdened, anxious, or exhausted is a common description of stress. People of all ages, genders, and circumstances can be impacted by stress, which can result in problems with their physical and mental health. At times, a little stress can be good for you. Extreme stress, however, can have negative effects on the immunological, cardiovascular, neuro-endocrine, and central neurological systems. Extreme stress can also have a devastating emotional impact. Minor episodes of stress can be managed by using one's body's inherent defenses to adjust to shifting circumstances, but persistent, excessive stress that lasts for a lengthy period of time can be physically and psychologically crippling. Coping can be defined as those thoughts and actions which we deal with a threatening situation. Coping strategies can be of various types, among which most common types are: Problem focused coping strategy, Seeking Social support coping strategy, Passive acceptance coping strategy, Avoidance coping strategy, Religious Coping strategy and Emotion focused coping strategy. This study was based on survey method technique from few sites of Kathmandu valley. Data is in quantitative nature. The questionnaire of socio-demographic variables and coping strategy was distributed among 302 participants for quantitative data. People were selected conveniently during this study. Coping check list developed by Rao, Subbakrishna and Prabhu was used for this study. In this research it was found that, for preference of type of coping strategy by total number of respondents, problem focused coping strategy had the maximum score whereas religious coping strategy had its minimum score.

Keywords: *Stress, coping strategies, problem focused, social support, religious coping*

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Introduction

Background of the study

Stress

The American Psychological Association defines stress as "any uncomfortable emotional experience accompanied by predictable biochemical, physiological and behavioral changes." The sensation of being overburdened, anxious, or exhausted is a common description of stress. People of all ages, genders, and circumstances can be impacted by stress, which can result in problems with their physical and mental health. At times, a little stress can be good for you. It gives you more motivation and energy to get through things like exams or work deadlines. Extreme stress, however, can have negative effects on the immunological, cardiovascular, neuro-endocrine, and central neurological systems. (American Psychological Association, 2016).

Extreme stress can also have a devastating emotional impact. Minor episodes of stress can be managed by using one's body's inherent defenses to adjust to shifting circumstances, but persistent, excessive stress that lasts for a lengthy period of time can be physically and psychologically crippling. In contrast to regular stressors, which may be addressed with healthy stress management behaviors, untreated chronic stress can lead to major health problems such as anxiety, insomnia, muscle soreness, high blood pressure, and a compromised immune system. According to research, stress can have a role in the onset of serious conditions like heart disease, depression, and obesity. Some studies even claim that improper chronic stress management, such overindulging in "comfort" foods, has contributed to the rising obesity epidemic (Centre for studies on Human stress, 2010).

Chronic stress can result from exposure to catastrophic events as well as from regular stressors that are disregarded or poorly managed. Chronic stress has detrimental effects, especially as it fuels sadness and anxiety. Anxiety and depression patients have a twofold increased chance of developing heart disease compared to healthy individuals. Additionally, studies have demonstrated a link between both acute and long-term stress and a person abusing addictive substances (Mayo clinic, 2014).

Coping strategy

Coping can be defined as those thoughts and actions which we deal with a threatening situation. Coping strategies can be of various types, among which most common types are: Problem focused coping strategy, Seeking Social support coping strategy,

Passive acceptance coping strategy, Avoidance coping strategy, Religious Coping strategy and Emotion focused coping strategy.

By addressing the issue or stressful scenario that is creating stress, problem-focused coping directly reduces the stress by focusing on the sources of stress in practical ways. Problem-solving, time management, and securing helpful social support are just a few problem-focused tactics that try to eliminate or lessen the stressor. Getting assistance from society, friends, and family where one expects of emotional support like empathy, or tangible support, also known as instrumental support, informational support, or companionship support are the aims of social support seeking coping. (McLeod, 2015).

Passive acceptance is a coping mechanism that involves initially feeling powerless to deal with the stressor and depending on others to handle the unpleasant circumstance or occurrence, followed by accepting the reality of the stressor and dealing with it as it arises. An avoidance coping strategy involves making an effort to avoid having to deal with a stressor. It is a type of dysfunctional coping. The goal of a religious coping strategy is to obtain religious support to reduce stress. This support can be obtained through engaging in activities like worshipping at temples, receiving astrological advice, and participating in religious engagement programs. The goal of an emotion-focused coping approach is to lessen the negative emotional reactions to stress, such as shame, fear, anxiety, despair, excitement, and irritability. This can involve behaviors such as emotional disclosure, meditation, increased eating, shopping, cognitive assessment, and repression(McLeod, 2015).

Objectives

- i. To find out the different types of coping strategies used by people during stressful situations
- ii. To find out the coping strategies during stressful situations according to age.
- iii. To find out the coping strategies during stressful situations according to gender.
- iv. To find out the coping strategies during stressful situations according to education.

Literature review

Rescue professionals with more work experience were found to be at a higher risk of acquiring psychiatric disorders and posttraumatic distress, according to a study by Chang et al. (2003) on the topic of posttraumatic distress and coping mechanisms

among rescue workers following an earthquake. In the wake of the earthquake that struck Taiwan on September 21, 1999, this study looked at the prevalence rates of psychiatric and posttraumatic distress as well as the connection between psychiatric and posttraumatic morbidity and coping mechanisms among rescue workers. Five months after the incident, eighty-four male firefighters who had participated in earthquake rescue operations were evaluated.

A study was done to assess the stress-reduction techniques used by IT (Information Technology) professionals and to recommend practical solutions to IT firms for lowering workplace stress. "Stress Coping Strategies by IT Professionals in South India" was the study's subject, and it was conducted in 2015 by V. Sreecharan and his team. The study's findings indicated that problem-focused coping was the IT professionals' preferred method of coping, followed by social support.

A 2013 study by Ravneet Kaur and colleagues titled "A psychological study of stress, personality, and coping in police personnel" revealed that social support, acceptance/redefinition, and problem solving were the most often employed coping mechanisms in the sample.

A descriptive study on the subject of "Stress and coping mechanisms of Adolescents" was conducted in government and private schools in Pokhara, Kaski district. The study's objective was to determine how adolescents in the Pokhara district coped with stress. According to the study's findings, adolescents chose more good coping strategies than negative ones. Additionally, it was discovered that females used more effective coping mechanisms than did males.

There were no significant differences between pupils from government and private schools in the study "Perceived stress, life events & coping among higher secondary students of Hyderabad, India: A pilot study" by L.F. Augustine and colleagues.

C. Sharma and colleagues did another study on "Stress and Coping Mechanism of Infertile Women Attending Infertility Clinic in Kathmandu". According to the findings, people who experienced high levels of stress were more likely to employ religious coping mechanisms than emotional coping, problem-solving coping mechanisms, or coping mechanisms that involved social support. The topic "Stress and Coping among Adolescents in Selected Schools in the Capital City of India" was the focus of a descriptive, cross-sectional study carried out by N. Mathew and colleagues. According to the study's findings, planning, active coping, positive reframing, and instrumental assistance were the coping techniques that adolescents employed the most frequently.

Methodology

Research design

A cross-sectional study design has been adopted to complete this study. Primary data was collected through using Survey method. Convenient sampling method was employed for this study.

Study site

Different locations of the Kathmandu Valley were the site of the study.

Study population

Different locations of the Kathmandu Valley were chosen as the site of the study. People who were residing inside valley were chosen as the study population. Three hundred and eighty-four of convenient sampling were used from different locations of the Kathmandu Valley from ages 19 to above 65 years old. A survey method was used by assessing socio-demographic status and Coping Strategy Checklist. The demographic characteristic of the study population include age, sex, education, marital status, occupation, ethnic group, religion, area of living and type of family.

Data collection instrument

Semi-structured questionnaire

A questionnaire has been developed as a data collection tools. Questionnaire has been divided in two parts. First part is socio-demographic status. Second part is Nepali version of Coping Strategy Checklist. Both of these scales are already translated in Nepali version with appropriate translation method.

Coping strategy checklist

Rao, Subbakrishna, and Prabhu (1989) created a checklist with the goal of assessing a person's coping style in challenging circumstances. The cognitive model of stress and coping serves as its foundation. The items for the coping checklist were gathered from diverse coping literatures. Six mental health professionals (psychiatrists, clinical psychologists, and psychiatric social workers), the leaders of two religious organizations, and two lay counsellors with experience in counselling or treatment were interviewed in order to generate items specific to the socio-cultural contexts of India. In the same way, some neurotic and normal people were also questioned to learn more about various stress-reduction techniques.

The final edition of the coping check list (CCL) contains 70 items that cover a wide variety of behavioural, emotional, and cognitive reactions that may be utilized to manage stressful situations. Items that indicate the presence or absence of a specific coping behavior are rated as either yes or no. Items were created with the socio-cultural environment of the Indian populace in mind, especially in metropolitan areas. Both sexes can use the coping check list in Indian culture. The CCL has been validated in a community sample and has a test-retest reliability of 0.74 and internal consistency of validity of 0.92. The Nepalese context and the Indian context share sociocultural similarities; hence the CCL is used in the current study as a tool of measuring the coping strategies.

Data collection procedure

This study was based on survey method technique from few sites of Kathmandu valley. Data is in quantitative nature. The questionnaire of socio-demographic variables and coping strategy was distributed among 302 participants for quantitative data. People were selected conveniently during this study. Consent was obtained and introduction was given, first the basic information about the respondent was obtained. Basic information includes their name, age, sex, address and experience of earthquake then test was administered. Data were collected individually. The responses of the respondents were noted and checked by researcher themselves. All the instructions on the manual were followed and necessary instruction and significance of the study was explained to each respondent.

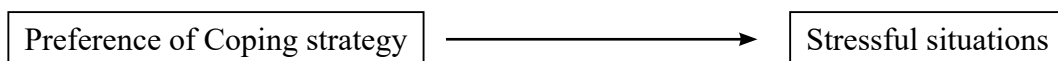
Conceptual Framework

Figure 1.1 shows below the preference of coping strategy and stressful situations has relations.

In this research, Preference of coping strategy variable play important role for stressful situations. Therefore, coping strategy moderates the relationship between dealing with stressful situations during our daily life.

Figure 1.1

Schematic diagram of the conceptual framework



Limitations of the study

Sample in this study constituted of people above eighteen years who had experienced stressful life situations and were residing in Kathmandu valley so the result of this study could not be generalized to all people of having same background.

Ethical considerations

A verbal informed consent was taken from the participants. Interviews were arranged at a time convenient for them. The participants were provided with enough information about nature and objectives of the research prior to the participation in the study, which should help them for decision making regarding their participation and contribution in the study. The participants were requested to participate in the study voluntarily. The participants were assured that all the data obtained during the research would be kept anonymous and confidential. The current study is committed to adhere to ethical considerations mentioned above. Upon obtaining ethical approval was conduct for the research. The study was conducted under proper guidance of supervisor.

Validity and Reliability

To ensure the validity of the study, the tool used in this research was selected after the adequate review of literature and after gathering the adequate information about the tool. The pre-test was done before carrying out the research so that the nature of the test could be known.

Data analysis

The data obtain from the study were processed and analyzed in accordance with the outline of the research problem. The quantitative data which were generated from survey was processed through Excel, Python programming language and SPSS for analysis. Preference of Coping Strategy was obtained through different independent variables that are age, gender, education, marital status, occupation and family type. The coping strategy status has been calculated through coping strategy checklist, which is a dependent variable. Results were entered in SPSS. With this respect, all result has been analyzed.

Results/Findings

Objective 1: Prevalence of different types of coping strategies used by people during stressful situations

Table 1.1

Preference of type of Coping Strategy	Frequency(n=302)	Percent
Problem focused coping strategy	81	26.82
Seeking social support coping strategy	44	14.56
Passive acceptance coping strategy	48	15.9
Avoidance coping strategy	51	16.9
Religious coping strategy	38	12.6
Emotion focused coping strategy	40	13.22
Total	302	100

Source: Field study, 2023

Table 1.1 represents the preference of type of coping strategy among total respondents. Here, the data shows that 26.82% of respondents preferred Problem focused coping strategy, which is the highly preferred type of coping strategy, while the least respondents preferred religious coping strategy being chosen by 12.6% of total respondents as their type of coping strategy. Other type of coping strategy, which are Seeking social support, Passive acceptance, Avoidance and Emotional focused coping strategy were preferred by 14.56%, 15.9%, 16.9% and 13.22% of total respondents respectively.

Objective 2: Preference of coping strategies during stressful situations according to age

Table 1.2

Preference of type of Coping Strategy	19-40 years		40-65 and above	
	frequency	percent	Frequency	Percent
Problem focused coping strategy	95	35.19	12	37.5
Seeking social support coping strategy	42	15.56	7	21.9
Passive acceptance coping strategy	37	13.7	5	15.6
Avoidance coping strategy	38	14.07	4	12.5
Religious coping strategy	35	12.96	3	9.37
Emotion focused coping strategy	23	8.52	1	3.13
Total	270	100	32	100

Source: Field study, 2023

Table 1.2 represents the preference of type of coping strategy with respect to age. Here, the data shows that 35.19% of 19-40 years and 37.5% of total 40-65 and above preferred Problem focused coping strategy, which is the most preferred type of coping strategy by both age group. Emotion focused coping strategy was least preferred by both 19-40 years (8.52%) and 40-65 and above years (3.13%). Seeking social support coping strategy was preferred by 15.56% and 21.9% 19-40 years and 40-65 and above years respectively. Passive acceptance coping strategy was preferred by 13.7% and 15.6% of 19-40 and 40-65 and above age group respectively. As the data shows, Avoidance and Religious focused coping strategy was preferred by 14.07% and 12.5%, and 12.96% and 9.37% of total 19-40 and 40-65 and above respectively.

Objective 3: Preference of coping strategies during stressful situations according to gender.

Table 1.3

Preference of type of Coping Strategy	Male		Female	
	frequency	percent	Frequency	Percent
Problem focused coping strategy	48	27.11	33	26.4
Seeking social support coping strategy	27	15.25	17	13.6
Passive acceptance coping strategy	26	14.68	22	17.6
Avoidance coping strategy	29	16.38	22	17.6
Religious coping strategy	23	13	15	12
Emotion focused coping strategy	24	13.58	16	12.8
Total	177	100	125	100

Source: Field study, 2023

Table 1.3 represents the preference of type of coping strategy with respect to gender. Here, the data shows that 27.11% of male and 26.4% of total female preferred Problem focused coping strategy, which is the most preferred type of coping strategy by both genders. Religious coping strategy was least preferred by both male (13%) and female (12%). Seeking social support coping strategy was preferred by 15.25% and 13.6% male and female respectively. Passive acceptance coping strategy was preferred by 14.68% and 17.6% of male and female respectively. As the data shows, Avoidance and Emotion focused coping strategy was preferred by 16.38% and 17.6%, and 13.58% and 12.8% of total male and female respectively.

Objective 4: Preference of coping strategies during stressful situations according to education.

Table 1.4

Preference of type of Coping Strategy	Below SLC		SLC and above	
	frequency	percent	Frequency	Percent
Problem focused coping strategy	45	26.03	36	27.9
Seeking social support coping strategy	30	17.34	20	15.5
Passive acceptance coping strategy	28	16.18	19	14.73
Avoidance coping strategy	27	15.6	19	14.73
Religious coping strategy	19	10.98	17	13.18
Emotion focused coping strategy	24	13.87	18	13.96
Total	173	100	129	100

Source: Field study, 2023

Table 1.4 represents the preference of type of coping strategy with respect to education. Here, the data shows that 26.03% of below SLC and 27.9% of total SLC and above preferred Problem focused coping strategy, which is the most preferred type of coping strategy by both education level. Religious coping strategy was least preferred by both below SLC (19%) and SLC and above (17%). Seeking social support coping strategy was preferred by 17.34% and 15.5% below SLC and above SLC respectively. Passive acceptance coping strategy was preferred by 16.18% and 14.73% of below SLC and above SLC education level respectively. As the data shows, Avoidance and Emotion focused coping strategy was preferred by 15.6% and 13.87%, and 14.73% and 13.96% of total below SLC and above SLC respectively.

Conclusion

In this research it was found that, for preference of type of coping strategy by total number of respondents, problem focused coping strategy had the maximum score whereas religious coping strategy had its minimum score. According to previous studies, most common type of coping strategy people select is problem focused coping strategy then emotion-focused coping strategy. According to previous studies done among depressed people, it was found that their preference of the type of coping strategy was Avoidance/ denial coping strategy, whereas this study indicated that respondents preferred problem solving coping strategy. The second

most preferred coping strategy of that of respondents was found to be Avoidance coping strategy. Passive acceptance coping strategy was preferred by 15.9% of respondents, which was the third most preferred type of coping strategy.

According to gender-based preference of type of coping strategy, problem based coping strategy was again the most preferred one by both male and female, whereas, the least preferred one was religious coping strategy by both genders.

As seen in previous studies problem focused coping strategy is most preferred by respondents who have no evidence of depression like symptoms, while respondents with depression like symptoms were found to prefer avoidance coping strategy. The statistical analysis explained that preference on one of the types of coping strategy had direct relation with each other.

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