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Coping Strategies Used by Individuals with Depression and Normal Individuals

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Abstract

The purpose of the study is to study the coping strategies used by individuals with depression and normal individuals. The sample consisted of 60 female individuals which 30 were diagnosed with depression and 30 normal individuals. Depression symptoms was measured using Hamilton Depression Rating Scale (HDRS) was used to measure the level of depression and Coping Orientations to Problems (COPE) questionnaire by Carver, Scheier, and Weintraub was used to measure Coping strategies. The data showed in contrast with healthy people, patients with depression in stressful situations more often use strategies based on avoidance and denial and have more difficulties in finding positive aspects of stressful events.

Keywords: Depression, Coping Strategies.

Introduction

Stress is most often thought of as something negative and harmful. In fact, stress causes adverse effects only when it is too strong or lasts too long and thus exceeds the adaptive capacity of the individual. Moderate stress facilitates adaptation to environmental demands, thereby stimulating intellectual growth. For many researchers, this kind of stress is a primary factor in mental development. However, prolonged stress increases risk of mental disorders, in particular anxiety (neurotic) disorders and depression [7].

Learning how to identify stressors gives the ability to eliminate causes of stress and thus to avoid or alleviate its effects. Coping with stress is defined as all activities undertaken in a stressful situation [5]. It is an adaptive process based on primary and secondary appraisals. Dealing with stress is predominantly classified as a process, strategy, or style. The process approach involves subcategories called strategies or ways of coping with stress. Process is understood as a series of strategies changing over time and depending on the psycho-physical characteristic of the individual. Style refers to the correlated set of coping strategies typically used in difficult situations. It is an individual pattern of reaction consistent across situations [5, 13].

In the cognitive-transactional model, coping with stress is understood as continual cognitive and behavioral effort to deal with external and internal demands, which are assessed as excessive or overwhelming [9]. The process of coping is dynamic and responsive, and some strategies and forms of behavior can be replaced by others. In this approach, greater importance is ascribed to an individual activity than to influence of the environment [2, 10].

The relationship between stress and depression is not unidirectional. Stressful life experiences and ways of dealing with them may predispose to mood disorders, and the depression itself may be the cause of severe stress and underdeveloped techniques to oppose it. Thus, the variables relevant to onset and course of depression remain in important relationships with coping strategies [11]. The experience of negative emotional states associated with depressive disorder narrows the attention span, reduces the ability for flexible and creative thinking, and also reduces the adaptive capacity. This limits effective coping in stressful situations in the present and in the future. The shortage of coping resources contributes to the deterioration of the quality of life, which adversely affects the health status [3].

Methodology

Objectives

a) To assess the type of coping strategies used by subjects diagnosed with depression and normal individuals.
b) Patients with depression more often use ineffective and avoidance strategies to cope with stress compared to normal individuals.

Variables: Depression and coping strategies.

Sample: Consisted of 60 female subjects of which 30 individuals diagnosed with depression and 30 normal individuals with no family history of psychiatric disorders.

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The sample age ranged between 20-55 years. Patients were selected from government hospital in Bengaluru.

Inclusion Criteria: Individuals diagnosed only with depression, Females aged between 20-55

Exclusion Criteria: Individuals with other psychological disorders. Male subjects,

Design: Random sample design.

Tools used for This Study: Severity of depressive symptoms was measured with the 17-point Hamilton Depression Rating Scale (HDRS) and Coping Orientations to Problems (COPE) questionnaire created by Carver, Scheier, and Weintraub. It is based on self-description, consisting of 60 statements to be answered on a 4-point scale. It measures 15 strategies of coping with stress like Active coping, Planning, seeking social support for instrumental reasons and for emotional reasons, Suppression of competing activities, Turning to religion, Positive reinterpretation and growth, Restraint coping, etc. These 15 strategies of coping with stress are elements of 4 general styles: focus on the problem, avoidance behavior, seeking support, and focus on emotions.

Procedure: The questionnaire was administered to the patients selected for the study. Instructions were given to complete the questionnaires. Necessary precautions were taken while conducting the tests. Experimental group consisted of Subjects diagnosed with depression control group consisted of normal individuals. The obtained results are analyzed and discussed.

Analysis of Results: Statistical analysis of the results was performed using STATISTICA 10.0 PL. Two-sided critical region was implied in the statistical hypothesis testing. Analysis of variables showed that there was no reason to reject the hypothesis of a normal distribution. To demonstrate the strength of the relations between analyzed variables and statistical significance of the differences between the patients treated for affective disorders and the control group, Pearson's correlation coefficient was used. The statistical level of significance was $p < 0.05$.

Table 1: Showing mean, SD and correlation between total scores of subjects diagnosed with depression and normal individual in Coping Orientations to Problems (COPE) questionnaire.

Name of the Test	Mean	SD	Correlation
Patients with depression	10.63	2.09	$r = 0.05$*
Normal individuals	12.00	1.39	

The result showed that the group treated for depressive disorder received the highest scores in the strategies like focus on emotions, active coping, planning, seeking social support for instrumental reasons and restraint coping. The subjects in the control group in difficult situations usually resorted to strategies like active coping, planning, seeking social support for instrumental reasons, seeking social support for emotional reasons, suppression of competing activities, positive reinterpretation, focus on emotions and acceptance. The analysis of differences between average scores of the 15 analyzed items in the compared groups revealed statistical significance for the majority of variables. The results are presented in Table 1.

Table 2: Table showing Statistical significance between severity of depression (HDRS) and coping with coping strategies (COPE).

Name of the Strategy	Statistical Analysis	P
Active coping & HDRS	r=0.01	0.903
Planning & HDRS	r=−0.01	0.922
Seeking social support for instrumental reasons & HDRS	r=−0.07	0.522
Seeking social support for emotional reasons & HDRS	r=−0.09	0.433
Suppression of competing activities& HDRS	r=0.09	0.422
Turning to religion& HDRS	r=−0.06	0.626
Positive reinterpretation & HDRS	r=−0.18	0.116
Restraint coping & HDRS	r=0.10	0.369
Acceptance& HDRS	r=0.14	0.228
Focus on emotions & HDRS	r=0.02	0.830
Denial & HDRS	r=0.05	0.652
Mental disengagement & HDRS	r=−0.06	0.595
Behavioral disengagement& HDRS	r=0.28	0.012
Alcohol-drug disengagement & HDRS	r=−0.13	0.249
Sense of humor& HDRS	r=−0.38	0.049

To analyze the association of severity of disease measured by the Hamilton Depression Rating Scale (HDRS) with particular strategies of coping with stress, statistical analysis of the Pearson's r correlation was performed. Results show that higher level of severity of the symptoms is significantly associated with only 2 strategies: behavioral disengagement ($r=0.28$, $P<0.05$) and a sense of humor ($r=-0.38$, $p<0.05$). Greater severity of depression was associated with decreased activity and less frequent use of humor. (Table 2).

Discussion. The presented preliminary results show that patients with depression more often use ineffective and avoidance strategies to cope with stress compared to healthy controls. Depressed patients strongly focused on emotions and the need to relieve them.

The relationship between stress and the occurrence of mood disorders like depression is described very broadly in the literature. Available studies primarily concern associations between stress and the onset of depression, its role in the induction of subsequent phases of the disease, and all the factors that mediate the stress-depression relationship. The basic concept used by researchers are significant life events like loss or overstrain, which as so-called "triggers" can cause or change the course of depression [11].

In the literature, little attention is paid to the analysis of strategies to cope with stress among patients with depression. We found only a few reports in which the COPE

questionnaire was used in the evaluation of this group of patients. Kossakowska [8] assessed the styles of coping with stress among 197 women at 4–12 weeks postpartum: 113 women without symptoms of postpartum depression and 84 women with postpartum depression. Edinburgh Postnatal Depression Scale (EPDS), COPE questionnaire, and the scale for measuring social support were used in the study. Women with symptoms of postpartum depression reported greater satisfaction with support provided by midwives rather than from family members. Depressive women chose less active ways of coping and they were more likely to use active strategies when they were satisfied with received social support.

There are some studies in the literature concerning coping strategies based on different research tools than those we used in the present study. Research by Benedysiuk and Tartas [1] on a group of 35 persons treated for major depressive disorder compared with 35 healthy subjects showed differences in ways of coping with stress. Researchers applied Moos' Coping Responses Inventory to evaluate the strategies and styles of coping with stress. People suffering from depression in the face of stressful events tended to use both confrontational and evasive coping strategies. More often, however, they used the strategy of cognitive avoidance and acceptance/resignation. These findings are in line with the present study.

Pu *et al*. [10] assessed the styles of coping with stress used by 26 patients with major depressive disorder in comparison to 30 healthy subjects, investigating the activity of prefrontal regions of the brain during cognitive verbal fluency exercises. Coping styles were assessed on the basis of the Coping Inventory of Stressful Situations (CISS). Monitoring regional hemodynamic changes during verbal tasks checking verbal fluency were performed with the 52-channel near-infrared spectroscopy (NIRS). Patients with depression mainly presented emotion-oriented style, while the task-oriented style and avoidance in this group were used significantly less often compared with the control group. Emotions-oriented style positively correlated with the subjective assessment of the severity of depression. Regional hemodynamic activity was significantly lower in depressive patients compared to the control group in the areas of the prefrontal cortex, and was positively correlated with task-oriented styles of coping. These results suggest that ways of coping with stress can be considered as an important source of information for patients who struggle with depression and specialists who work with them.

People with depression more often perceive life events as threatening and difficult to deal with. This view is consistent with the concept of Lazarus' Cognitive Appraisal Theory [11, 1], which states that the event is regarded as stressful depending on the importance assigned to it by the individual.

One concept that is more discussed is whether the symptoms of depression contribute to choosing less effective ways to deal with stress, or maybe these strategies are used by the patients before the onset of the disease and this way become risk factors for depression. This study revealed statistically significant differences between the patients and control group in most of the analyzed coping strategies. We found that longer duration of a recurrent depressive disorder was associated with greater differences in coping strategies preferred by patients, but the severity of depressive symptoms was not significantly associated with the set of picked coping mechanisms. This may suggest an important contribution of personality traits in the selection of ways of coping with stress. Coping styles are defined as an individual's established and typical approaches to dealing with problems, and coping strategy relates to personal reactions in a particular situation [7, 12].

Conclusions: Patients treated for depressive disorders in stressful situations more often than healthy people use coping strategies based on behavioral disengagement and problem denial, and have more difficulties in positive reinterpretation of stressful events. Depressive disorder or depressive episode may be an important factor contributing to the negative assessment of ability to cope with difficult situations and a greater tendency to perceive stressful events as overwhelming.

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