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Cognitive and Behavioural Coping Strategies of Depressive Patients To Cope With Psycho-Social Stressors

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Abstract

Cognitive theories of depression posits that people's thoughts inferences, attitudes and interpretation and the way in which they attend to and recall information can increase their risk of depression . This paper provides an overview of the cognitive approaches that have recently been used to cope with stress in patients with depression. Thirty cases of depressive patients have assessed. The scores were compared with thirty normal individual. Statistical analysis suggests that depressive patients have higher stress and less approach coping than normal individuals.

Keyword: Depression, Psychosocial Stress, Coping Strategies

Introduction

Depression, the silent Killer, has become one of the disturbing crises in today's rapid paced society. Even without the occurrence of any actual illness, major depression hold up all self value, self esteem, self reliance and self image. People live in a fast paced world. The forces under which they are to perform and create outcomes are insuperable. On account of various studies, it was found that the central traits of all depressive states include emotional, motivational, cognitive and somatic manifestations (Clark, 1995; Compass & Lema, 1997). During adulthood depression has been linked with a number of factors, including a breakdown, insecure attachment, resistance, resentment, lack of warmth (Gottib & Hammen, 1999; McCauley, Greenberg, Burike, & Mitchell, 2002) and family environment (Blatt, Wein, Chevron & Quilan, 2001; Sinha, 2004).

Psychosocial stressors or stressful life events have consistently been implicated in the onset and course of depression (Fondacaro & Moos, 1989; Kendler, et. al., 1999; Satija, et. al., 1998). Negative life events, especially failure in the achievement domain and actual or threatened loss in the interpersonal domain have been found to be particularly salient (Beck, 1987; Champion & power, 1995; Stader & Hokanson, 1998).

If stress is a trouble in homeostasis, coping is whatever people to do reestablish their homeostasis balance. Different type of factors can effect the severity of a stressor and also effect coping as well. The process by which an individual attempts to manage stressful demands is called coping strategies. The transactional theory of stress and coping (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984) proposes that people use two different strategies to deal with stressful events. When stressful events are perceived as controllable, efforts to cope with them are direct attempts to eliminate or alter the stressful situation, which is called 'problem focused coping'. On the other hand, when stressful events are perceived as uncontrollable, efforts to cope are directed at influencing how one reacts to stressful situation, which is called emotion-focused coping.

Review of Literature

A study by Clark et al. (1997) found that persons who are susceptible to having panic attacks be likely to infer body sensations in a more disastrous way than patients who do not experience panic attacks.

In a study Compas et al. (2001) found that daily hassles and significant life events have been linked with increasing symptoms of psychopathology over time, including depression, anxiety, and delinquent behavior.

In order to understand the development of psychopathology, Taylor & Stanton (2007) found that the experience of stressful life events is a risk factor for children and adolescents. It is important not only to attend to the intensity and chronicity of stressful events, but also to take into account individuals' appraisals of stress, their coping responses, their feelings of worth in being able to carry out successful coping attempts, and their personal and social sources for coping.

Appleton et al., (2013) have considered a wide range of outcomes, most frequently depression, anxiety, loneliness, suicidal ideation, self-esteem, and positive well-being in the relationship of problem-focused and emotion-focused coping strategies with psychopathology.

Problem

A comparative study of psychosocial stress and cognitive-behavioural coping strategies of depressive and normal individuals.

Objectives

1. To compare the level of psychosocial stress of depressive and normal group.
2. To compare the level of behavioural approach coping strategies of depressive and normal group.
3. To compare the level of cognitive-approach coping strategies of depressive and normal group.
4. To compare the level of cognitive-behavioural approach coping strategies of depressive and normal group.
5. To compare the level of behavioural avoidance coping strategies of depressive and normal group.
6. To compare the level of cognitive avoidance coping strategies of depressive and normal group.

Hypotheses

1. There exists no difference in the level of psychosocial stress of depressive and normal group.
2. There exists no difference in the behavioural approach coping strategies of depressive and normal group.
3. There exists no difference in the cognitive approach coping strategies of depressive and normal group.
4. There exists no difference in the cognitive-behavioural approach coping strategies of depressives and normal group.
5. There exists no difference in the behavioural avoidance coping strategies of depressive and normal group.
6. There exists no difference in the cognitive avoidance coping strategies of depressive and normal group.

Sample

The study included two samples, one of depressives (N=30, 15M and 15F). The study with depressive subjects was conducted at outpatient department of Psychiatry, M.L.B. Medical College, Jhansi, from where consecutive patients fulfilling the criteria of study were selected. These patients were diagnosed as depressives by the psychiatrist of the hospital who used 'Hamilton Depression Rating Scale' for the diagnosis of depression. The comparison group of normal individuals (N=30, 15M and 15F) was selected from the community. They were matched with depressives on age, gender, education and socio-economic status.

Tools

ICMR Psychosocial Stress Questionnaire

It was developed by Srivastava (1992). It consisted of 40 items representing seven categories of social situation of life. Besides these 40 specific stress situations, an inventory of 13 stressful life events was prepared. The coefficient-alpha reliability of the test is .88, split-half (.88), test retest (.72) and internal consistency (.65).

Coping Strategies Scale

It was developed by Srivastava (2001). The present measure of coping strategies comprises 50 items, to be rated on five-point scale, describing varieties of coping behavior. The retest reliability of the scale is .92 (N=76) and split half reliability [approach coping strategies, .78 (N=120); avoidance coping strategies, .69 (N=120)]. Content validity of the tool ascertained by examining the extent of homogeneity (rbis) among the items constituting "approach": (behavioural+cognitive+cognitive-behavioural) and "avoidance" (behavioural+Cognitive) coping strategies sub-scales on a sample of 206 randomly selected subjects of different age, sex and socio-economic status. The range of rbis approach coping is 0.18 – 0.53 and median of rbis 0.39 and avoidance coping range rbis 0.16 – 0.48 and median of rbis 0.34.

Result and Discussion

The study revealed significant difference in psychosocial stress and coping behavior of depressive and normal group. However the findings of this study also revealed significant difference in mean scores between the depressive and normal group. Mann Whitney U test has been used for testing the significant difference between the means of two groups (depressive & normal).

Hypothesis -1

"There exists no difference in the level of psychosocial stress of depressive and normal group."

To test the first hypothesis under investigation i.e. whether the two groups differ from each other with regard to psychosocial stress 'Zu' value was calculated using Mann-Whitney 'U' test. Table no. 1 shows the mean, S. D, and Zu value of depressive and normal group.

Psychosocial Stress

Groups	N	Mean	S.D.	Zu value	Significance
Depressive	*30*	*33.03*	*10.42*	5.660	p< .01
Normal	30	1 7.47	4.09		

It is clear from the above table that the 'Zu' value obtained for the two groups is significant at .01 level. Thus hypothesis no. 1 is rejected which indicates that there is significant difference between depressive and normal group with regard to psychosocial stress. The reason for this may be that when stressful situation occurs, depressive persons become overwhelmed and

they have less tolerance ability to deal with stress because of their cognitive appraisal of the situation while normal persons try to perceive the stressful situation as the situation exist so they have low stress than depressive persons.

Similar results were found in many studies e.g. Hammen and Constance (1991) found that unipolar women were exposed to more stress than the normal women, had significantly more interpersonal event stress than all others, and tended to have more dependent events than the others.

Hypothesis - 2

"There exists no difference in the behavioural-approach coping strategies of depressive and normal group."

Table no. 2 shows the mean, S. D, and Zu value of depressive and normal group.

Behavioural Approach Coping Strategies

Groups	N	Mean	S.D.	Zu value	Significance
Depressive	*30*	*14.689*	*0.87*	6.433	P< .01
Normal	*30*	*30.758*	*1.032*		

It is clear from the above table that the 'Zu' value obtained for the two groups is significant at .01 level. Thus hypothesis no. 2 is rejected which indicates that there is significant difference between depressive and normal group with regard to the use of behavioural-approach coping strategies. The reason for this may be that during stressful situations depressive individuals do not want to approach the problem and don't take action to resolve it whereas normal individuals take direct action and become physically active to meet the demands of the situation.

Similar results have been found in many studies e.g. Moos (1991) in a study with depressed patients found that compared with case controls, depressed patients at treatment intake relied less on problem solving coping and more on emotional discharge coping.

Hypothesis – 3

"There exists no difference in the cognitive approach coping strategies of depressive and normal group."

Table no. 3 shows the mean, S.D, and Zu value of depressive and normal group.

Cognitive Approach Coping Strategies

Groups	N	Mean	S.D.	Zu value	Significance
Depressive	*30*	*6.241*	*0.522*	6.008	P< .01
Normal	*50*	*13.758*	*0.704*		

It is clear from the above table that the 'Zu' value obtained for the two groups is significant at .01 level. Thus hypothesis no. 3 is rejected which indicates that there is significant difference between Depressive and Normal group with regard to the use of cognitive approach coping strategies. The reason for this may be that Depressives at the time of stress become so overwhelmed by the situation that they are not able to think over the problem or analyze the problem in a positive manner and find a solution of it. They are not able to think about the different aspects of the problem. Thus instead of focusing on the current performance, they think about the consequences, the division of attention reduces their information processing ability and interferences directly with their cognitive functioning.

Satija, Adwani, and Nathawat (1997) found a significant difference in the use of cognitive approach coping between depressive and normal group. The normal group scored significantly higher than the depressive group on 'Logical analysis' and 'Positive reappraisal' which indicates that the normal use cognitive approach coping strategies more than the depressed persons.

HYPOTHESIS – 4

"There exists no difference in the cognitive-behavioural approach coping strategies of depressive and normal group."

Table no. 4 shows the mean, S.D, and Zu value of depressive and normal group.

Cognitive-Behavioural Approach Coping Strategies

Groups	N	Mean	S.D.	Zu value	Significance
Depressive	30	.862	0.648	6.435	P< .01
Normal	30	18.275	0.859		

It is clear from the above table that the 'Zu' value obtained for the two groups is significant at .01 level. Thus hypothesis no. 4 is rejected which indicates that there is significant difference between depressive and normal group with regard to the use of cognitive-behavioural approach coping strategies. The reason for this may be that when Depressive individuals face stressful situations or circumstances, they perceive the situation uncontrollable and become worried about it. They are unable to think more purposefully for solving the problem. They can't analyze it and cannot take more effective action to solve it as compared to normal individuals. When normal individuals are confronted with stressful situations, they think over the different aspects of the problem and take adequate action.

Hypothesis – 5

"There exists no difference in the behavioural avoidance coping strategies of depressive and normal group."

Table no. 5 shows the mean, S.D, and Zu value of depressive and normal group.

Behavioural Avoidance Coping Strategies

Groups	N	Mean	S.D.	Zu value	Significance
Depressive	30	23.379	0.96	4.147	P<.01
Normal	30	15.931	1.22		

It is clear from the above table that the 'Zu' value obtained for the two groups is significant at .01 level. Thus hypothesis no. 5 is rejected which indicates that there is significant difference between depressive and normal group with regard to the use of behavioural avoidance coping strategies. The reason for this may be that depressive individuals use restraint coping i.e. turning towards religion; withdrawal; feeling helpless; inhibition of action; escaping and behavioural disengagement, when they are in stressful situation as compared to normal

individuals. Normal individuals face the situation and try to solve it by taking action. They do not avoid the problem.

Sattar and Kumar (2005) in their study investigated the coping strategies and personality traits of depressives and normal subjects. They found that Neuroticism was correlated to depression and 'Neuroticism' in depressed group was significantly negatively correlated with two problem focused coping strategies namely restraint and suppression of competing activities. Restraint refers to coping passively by holding back one's coping attempts until they can be of useful and 'suppression of competing activities' refers to suppressing one's attention to other activities in which one might engage, in order to concentrate more completely on dealing with the stressor. Similarly these subjects used mental disengagement more than the normal individuals.

Hypothesis – 6

"There exists no difference in the cognitive avoidance coping strategies of depressive and normal group."

Table no. 6 shows the mean, S.D, and Zu value of depressive and normal group.

Cognitive Avoidance Coping Strategies

Groups	N	Mean	S.D.	Zu value	Significance
Depressive	*30*	*7.793*	*0.44*	3.800	P< .01
Normal	*30*	*11.275*	*0.73*		

It is clear from the above table that the 'Zu' value obtained for the two groups is significant. Thus hypothesis no. 6 is rejected which indicates that the difference between depressive and normal group with regard to the use of cognitive avoidance coping strategies is statistically significant.

At the surface level this fact may appear strange but actually it may reflect that although the depressives are unable to think or work in a positive manner to solve the problem but at the same time, they are unable to divert their mind and attention from the situation. Normally in life, people try to face the stressful situations and try to resolve them but when they think that the situation is inevitable and they actually can do nothing about it, they try to divert their mind through suppression etc. or making themselves busy in other activities but depressives on the other hand, although are unable to do anything positive, keep on thinking over it.

Similar results were found in many studies e.g. Folkman and Lazarus (1980) found that as compared to non-depressed individuals, depressed individuals had been found to perceive themselves as being more "at stake" while appraising stressful situations. Folkman et. al. (1984) in his study found that normally individuals accept more responsibilities and use more confrontative coping, planful problem solving and positive reappraisal in encounters that they appraise as changeable and threatening.

These studies support the results of present study that depressive individuals have higher stress and less approach coping strategies than normal individuals.

Conclusion

Becks explanation of depression involves cognitive factors. According to cognitive perspective of Beck, depressives feel as they do because their thinking is biased towards negative interpretations. According to Beck, depressives acquired a negative schema, a tendency to see the world negatively through loss of a parent, an unrelenting succession of tragedies, the social rejection of peers, criticism of teachers or depressive attitudes of parents. The negative schemas or beliefs are activated whenever depressive persons encounter a new situation that resembles in some way the conditions in which they were learned; besides this they have some cognitive biases which lead them to misperceive reality. The negative schema and cognitive biases maintain the negative triad: negative view of the self, world and future. These factors are responsible for their depression and influence their coping behaviour.

The findings of the present investigation are as follows:

1. The normal individuals use behavioural-approach coping strategies more than depressives.
2. The normal individuals use cognitive-approach coping strategies more than depressives.
3. The normal use cognitive behavioural-approach coping strategies more than depressives.
4. The depressives use behavioural avoidance coping strategies more than normal individuals.
5. The normal individuals use cognitive avoidance coping strategies more than depressives.

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