



A Comparative Study of Emotion Focused Coping and Problem Focused Coping Among the Patients of Psycho Physiological Illnesses and Matched Normal

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ABSTRACT:

It has been estimated that over 90 percent of people visit clinics due to health related Problems influenced by at least part by psychological causes of psycho physiological illnesses or stress related illnesses. To stay healthy, learn to deal with stressful life events and eliminate excessive stress from life people use different coping strategies. Coping is the main aspect of every stressful life circumstance. In the psycho physiological illnesses responses to stressful life events concept of coping is extensively studied in the field of health psychology. Health psychologists suggests that patients of psycho physiological illnesses adopt or use coping strategies like Problem focused and Emotion focused coping to cope with stressful events. Various previous reviews state that variety of psychological techniques, therapies also found effective in the study of coping process and psycho physiological illnesses. The present study was conducted to investigate the significance difference in coping mechanisms between clinical (patients of Asthma and Peptic ulcer) group and Matched Normal group. The samples consisted of 200 samples in which clinical group consists of 100 patients (50 asthmatic and 50 peptic ulcer patients) while 100 matched Normals. Sample was selected from Ahmednagar city. Non-probability sampling technique was used for selecting sample. The tool used to collect data was Ways of Coping Questionnaire by Lazarus and Folkman, (1984), and personal data sheet. Two coping strategies were assessed by using ways of coping questionnaire namely Problem focused and Emotion focused coping. The findings based on 't' test analysis shows significant difference between clinical (patients of asthma and peptic ulcer) group and Matched Normal with respect to Emotion focused and Problem focused coping.

Keywords: Coping, Psycho physiological illnesses, Problem Focused Coping, Emotion focused Coping, Matched Normal's.

INTRODUCTION

Decades of research in the social and medical sciences have examined coping in many domains across the lifespan. Mainstream research, focusing on measurement of individual differences and correlates of coping, suggests that coping can buffer or exacerbate the effects of stress on mental and physical health and functioning, as well as directly shape the development of psychopathology and resilience. New directions include construction of developmental theories, measurement schemes that augment self-report questionnaires and designs that capture coping processes. Health psychology is the emerging field of psychology in 21st century. Current research says, out of the 10 hospitalized cases 7 cases suffer through psycho-physiological illnesses. Air borne, water borne and through contacts are not the causes behind these illnesses but the maladjustment, disturbed lifestyle, and stressful life events are the determining causes. In addition to this, failure in coping with the stress is main cause behind these illnesses.

Psycho-physiological (psychosomatic) disorders: A group of disorders characterized by physical symptoms that are affected by Emotional factors and involve a single organ system,



usually under autonomic nervous system control (American Psychiatry Glossary, 1998). The classical psycho-physiological illnesses are generally grouped together according to the organ system affected. In the present study selected chronic psycho physiological illnesses like Asthma, Peptic Ulcer, were taken into consideration.

Asthma:

Essentially asthma is a chronic inflammation of the air ways (Bronchi) that result in obstruction of airflow. Asthma is also closely linked to allergies. Prevalence was highest among young adults and old age people. Some theorists believe that emotionality is always implicated when considering the etiology of asthma. Even when asthma is originally induced by an infection or allergy, psychological stress can precipitate attacks. Anxiety, tension, produced by frustration, anger, depression, and anticipated pleasurable excitement may lead to asthma. Research has generally found higher levels of emotionality in people with asthma. Emotional arousal has also been found to be directly related to reports of asthma symptoms and peak expiratory flow.

Peptic ulcer:

Ulcers are crater like lesions or holes in the lining of the stomach or duodenum. A peptic ulcer usually results from the excessive flow of the stomach's acid-containing digestive juices, which eat away the lining of the stomach or duodenum, leaving a crater-like wound. In the twentieth century men became far more prone to peptic ulcers than women.

Physiological predisposition:

The stress can be only part of the story of the development of ulcers. Researchers has also locate the factors that can interact with stress and greatly increase the probability that an individual that an individual having the particular characteristic will develop an ulcer. One important factor is the physiological predisposition, the amount of pepsinogen secreted by the peptic cells of the gastric glands in the stomach. Peptic Ulcers caused by exposure to gastric acid and pepsin. Mirsky (1958) found individual differences in pepsinogen were found to be members of families with a high incidence of excessive pepsinogen levels.

Coping mechanisms:

The word coping, as defined by stress scholar Richard Lazarus is "the process of managing demands that are appraised as taxing or exceeding the individual's resources." He went on to add that coping consist of both cognitive and action –Oriented (behavioral) efforts. Coping is defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folk man, 1984).

The link between stress, personal as well as physical health, and coping according to health experts is very strong. Some authorities estimate that stress and coping plays some important role in 50 to 70 percent of all physical illness. Stress has been implicated in the occurrence of heart disease, high blood pressure, hardening of the arteries, ulcers even asthmas also. Prolonged exposure to stress seems to disrupt body system as well as immune system also. For dealing with stress people used two types of coping strategies.

1. Problem focused coping: Making specific plans for dealing with the source of stress; implementing such plans.
2. Emotion - focused coping: It involves attempts to regulate the Emotional consequences of the stressful events.

Lazarus & Folkman, (1984) have identified following eight ways of coping. Confrontive coping, Distancing, Self-controlling, Seeking Social Support, Accepting Responsibility, Escape Avoidance ,Painful Problem Solving, and Positive Reappraisal.

According to Lazarus & Folkman (1984) men use Problem focused coping while female use Emotion focused coping. Some other theorists also confirm the statement. When both Problem focused and Emotion focused coping are necessary while facing stressful

situations, research suggests that people generally tend to use the former more than the latter. Emotion focused coping is more likely to be used after the stressful events are over, when the situation cannot be changed, and women tend to use more Emotion focused coping strategies than men (Billings & Moos, 1981). In most cases, however, both Problem solving and Emotion focused approaches are necessary for effective long term coping.

REVIEW OF LITERATURE

Numerous models have been used to describe the structure of coping, with distinctions between Problem and Emotion focused coping, engagement (approach, active) and disengagement (avoidant) coping, and primary (assimilative) and secondary (accommodative) control coping the most widely used. Modern coping research began with the distinction between Problem-focused coping, intended to influence the source of stress, and Emotion focused coping, intended to minimize negative emotions through strategies such as emotional expression, support seeking, and avoidance (Lazarus & Folkman, 1984).

Christine Dunkel-Schetter, Lawrence G. Feinstein, & Shelly E. Taylor, Roberta L. Falke (1992) studied Patterns of coping with psycho physiological, illness like asthma, peptic ulcer and cancer. They identified five patterns of coping in a sample of 603 patients: 'seeking or using social support', 'focusing on the positive,', 'distancing', 'cognitive escape-avoidance.' Relationships of these coping patterns to sociodemographic characteristics, medical factors, stress appraisals, psychotherapeutic experience, and distress. They discussed understanding coping processes and intervention techniques for psychophysiological illnesses. Patients of these illnesses were used significantly more coping through social support and more of both forms of escape-avoidance. Coping through social support, focusing on the positive, and distancing was associated with less Emotional distress, whereas using cognitive and behavioural escape-avoidance was associated with more Emotional distress.

Susan Folkman and Richard S. Lazarus (1980) conducted a study on an analysis of coping in a middle-aged community sample. Their study analyzes the ways 100 community-residing men and women aged 45 to 64 coped with the stressful events of daily living during one year. Both Problem- and Emotion -focused coping were used in 98% of the 1,332 episodes, emphasizing that coping conceptualized in either defensive or Problem-solving terms is incomplete-both functions are usually involved Both Problem- and Emotion -focused coping were used by the respondents. Intraindividual analyses showed that people are more variable than consistent in their coping patterns.

Cronqvist, B. Klang and H., Bjorvell (1997) studied the use and efficacy of coping strategies and coping styles of respondents. Men, as compared with women, used the confrontational and self-reliant coping styles more while women used the supportive coping style more than men. The youngest age-group used the emotive coping style more, compared with the other age groups. According to researchers the results of study may be useful reference values for comparison with the research results of studies on patients.

PROBLEM STATEMENT:

To study the coping differences among the patients of Psycho physiological illnesses and Matched Normal.

MAJOR OBJECTIVES OF THE STUDY

- To study the coping patterns of clinical group (patients of Psycho physiological illnesses like Asthma and peptic ulcer) and Matched Normal.
- To study the differences in the coping strategies of patients of psycho physiological illnesses (asthma and peptic ulcer patients) and Matched Normal.

HYPOTHESIS

- There is significant difference on Emotion focused coping and Problem focused coping among patients of psycho physiological illnesses and Matched Normal.



METHODOLOGY

Sample:

Data was obtained from various clinics from Ahmednagar city with consultation of physicians and chest specialist. Sample consists of total 200 respondents 100 clinical group (asthma and peptic ulcer patients.) and 100 matched Normal. The age group of sample was determined with the help of personal data sheet and one to one matching. The information in the personal data sheet was sort in order to match the two samples of patients and Normal on the demographic variables. Nonprobability sampling method, purposive and accidental sampling technique was used for the study. The patients who diagnoses as psycho physiological illness like asthma and peptic ulcer were taken as a sample for clinical group. In the present study, patients of psycho physiological illnesses like Asthma and peptic ulcer were selected from Ahmednagar city. The people were matched to clinical group in specific criteria included in Matched Normal group.

RESEARCH DESIGN

Ex- post facto research design

VARIABLES

Independent variable:

Type of group Clinical, Matched Normal

Dependent variable:

Emotion focused coping, Problem focused coping,

RESEARCH TOOLS

Ways of Coping Questionnaire by Folkman and Lazarus (1984):

Folkman designed ways of coping questionnaire and Lazarus (1984) to identify the thoughts and actions an individual uses to cope with stressful encounters to everyday. The ways of coping questionnaire (WOCQ) of 66 items has eight sub-scales, and it measures eight ways of coping, namely, Confrontive coping, Distancing, Self -Controlling, Seeking Social Support, Accepting Responsibility, Escape-Avoidance, Painful Problem Solving, and Positive Reappraisal. In the present study translated Marathi version of Ways of Coping Questionnaire by Folkman and Lazarus (1984) was used to collect the data.

Personal Data Sheet:

Personal data sheet was prepared by the researcher by considering help of some predisposing factors of psycho physiological illnesses. Personal data sheet consist of personal information like age, gender, socioeconomic status, birth order, history of illness, heredity, life style factors occurrence of first attack, and symptoms at the time of attack.

PROCEDURE

Sample consisted of total 200 respondents 100 for clinical group (asthma and ulcer patients) and 100 from matched normal group. Sample of Clinical group (asthma and ulcer patients) were collected from various clinical practitioners in Ahmednagar city. The age group of sample was 20 to 60yrs. is determined with the help of personal data sheet which is administered at the time of data collection. Permission was taken from general physicians, gastrointestonologists and respiratory physicians as well as surgeons of Ahmednagar city to collect the data. Data for asthmatic and peptic ulcer patients were obtained with the help of these specialists from Ahmednagar city. However, samples of normal group were collected from Ahmednagar city considering matching of demographic variables. Personal data sheet is administered to match the sample of Normal and patients with asthma and peptic ulcer. The inventory ways of coping questionnaire by Lazarus and Folkman (1984) was in English version. A number of respondents understand the Marathi language. For that purpose Marathi translation is done by using backward translation method. All participants were told that their responses were kept confidential and they were appealed to report their responses truthfully

and honestly. They were asked to follow the instructions given on the questionnaire by Lazarus and Folkman (1984). The data were collected for the statistical analysis.

STATISTICAL ANALYSIS AND DISCUSSION

Difference between Clinical group and Matched Normal group on Emotion focused and Problem focus coping.

Variable	Group	Mean	SD	S.E. Mean	N	df	't' Value
Emotion focused coping	Clinical	32.49	5.727	.573	100	198	4.593**
	Matched Normal	37.21	8.532	.853	100		
Problem focused coping	Clinical	33.41	6.360	.636	100	198	7.72**
	Matched Normal	41.49	8.299	.830	100		

**t 'value is significant at 0.01 level

P. < 0.01 level

Statistical analyses were carried out using t test. Obtained values were significant. Summary of the results are presented below. Mean scores of clinical group (patients of asthma and peptic ulcer) on ways of coping (Emotion focused and Problem focused coping) were 32.49, 33.41 and for Normal 37.21, 41.49 respectively. Mean comparison among clinical (Asthma and Peptic ulcer patients) and Matched Normal on coping mechanisms shows that patients of asthma and peptic ulcer were low on ways of coping (Problem focused and Emotion focused) than Normal. Difference between clinical group and Matched Normal on ways of coping (Emotion focused and Problem focused coping) were assessed with the help of t test. The t values were 4.593 and 7.72 respectively. It was found to be significant at 0.01 levels. Therefore the stated hypothesis there is significant difference on Emotion focused coping and Problem focused coping among patients of psycho physiological illnesses and Matched Normal gets accepted.

CONCLUSION:

This study tried to explore the role of coping mechanisms in the development of Psycho physiological illnesses like asthma and peptic ulcer and Matched Normal. The conclusions of the study are as under –

1. Significant difference was found to be existed between clinical and Matched Normal group with respect to Emotion focused coping and Problem focused coping
2. Patients of psycho physiological illnesses were found lower on coping mechanism as compared to the matched Normal.

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