# ORIGINAL ARTICLE

CONSTRUCTIVE COPING STRATEGIES AS PREDICTORS OF POSITIVE MENTAL HEALTH IN YOUNG ADULTS

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## ABSTRACT OBJECTIVE

To study the relationship between constructive coping strategies and positive mental health (flourishing) among university students. It also aimed to investigate the predictive role of constructive coping strategies in determining positive mental health.

## STUDY DESIGN

Correlational research design.

## PLACE AND DURATION OF THE STUDY

The study was conducted in HEC recognized public universities of Lahore during 2016-2017.

## SUBJECTS AND METHODS

A sample of 223 undergraduate and postgraduate students with age range of 19 to 28 years was selected for research. Constructive coping strategies were measured by COPE Inventory and positive mental health was measured by Diener's flourishing scale.

## RESULTS

The results showed that active coping, religious coping, positive reinterpretation and growth, and use of instrumental social support were positively correlated with the positive mental health among students. Active coping was the strongest predictor of positive mental health followed by religious coping and positive reinterpretation.

## CONCLUSION

Active coping, religious coping, positive reinterpretation and social support were helpful in enhancing positive mental health among university students. The study has important implications in student counseling. It implies how coping can enhance subjective positive mental health among students.

## KEY WORDS

Stress, constructive coping strategies, positive mental health.

## INTRODUCTION

Young adults tend to experience stressful events in life 1 which enhance the risk of common health problems e.g. hormonal abnormalities, respiratory illness, cardiovascular and psychological complications as stress jeopardy, rage, sleep apnea etc2. However, their ability to overcome these problems and prevent psychological distress is closely related to the effective use of constructive coping strategies3.

Constructive coping strategies are the efforts including behavioral and psychological factors which are employed by a person to command, bear, decline, or minimize events which are stressful 4. Archival studies on coping ways showed that the coping plays a pivotal part in dealing hectic life forms 5. Moreover, constructive coping strategies are the most important factors in the development of positive mental health. The person experiences the condition of flourishing, happiness, contentment, comfort, feeling healthy and doing well on their implementation6.

Different coping strategies were employed to deal with stressful situation. Some commonly used coping strategies were active coping, religious coping, positive coping, gaining emotional and instrumental social support7. Active coping was defined as the process or measures employed aimed at taking action for the purpose of reducing stress. Moreover, it involves planning that is focused on approaching stress for improving the level of psychological functioning8. Religious coping embraces religiously oriented behaviors, thoughts and feelings which help to combat stress. It may include the intimacy, expectation and harmony with God which leads towards realization of meaning in life, better association with others and self-development9. Another form of coping is positive reframing which involves interpreting the situation in a positive manner and also using strategies aimed at rationalization of the outcomes10. Coping mechanisms are selected according to particular personality and past experiences11.

Life stressors and psychological health of students were studied in Singapore. The students were facing difficulties in studies and felt peer pressure and competition leading to uncomfortable mind state. Result showed that students' participation in activities (active coping) helped them in dealing with academic pressures12. Results of another study concluded that one third of medical students had stress ranging from mild to severe. Acceptance and Active coping strategy was being used by a number of students as coping mechanisms. Rest of strategies were used less commonly13. A study was done to investigate the constructive coping strategies among 376 undergraduates in Malaysia. Study concluded that most widely used coping strategy was religious coping whereas avoidant and denial strategies were not as commonly used 14. Another research found that students used problem solving coping style to deal with academic workload15.

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Previous literature on boarders had indicated the psychosocial problems faced by them16. For example, an indigenous research compared boarders and non-boarders on the degree of anxiety, depression and social support system available to them. The findings of the study indicated that boarders had significantly higher level of depression as well as anxiety. Moreover, social support was higher in day-scholars17. Another study indicated that boarders were dissatisfied from food provided by hostel mess whereas day scholars had excellent food items18.

Current research is planned to investigate the relationship between constructive coping strategies and positive mental health in university students and the role of constructive coping strategies in predicting positive mental health in university students. The study hypothesized that there is likely to be significant positive relationship between constructive coping strategies and positive mental health. Moreover, constructive coping strategies are likely to be significant positive predictor of positive mental health in university students.

## SUBJECTS AND METHODS

### Participants

The participants of this study were 223 students, in which 88 were males and 135 were female students. Their age range of was from 18 to 24 years with different residential status; among which 126 were boarders and 97 were day-scholar university students. The sample was collected from different universities and hostels involving both public and private sector.

### Instruments

COPE was developed by Carver in 1989 and help to assess a wide range of coping responses19. The items 1, 29, 38 and 59 were selected for assessing positive reinterpretation and growth coping strategy. In the same way items 4, 14, 30 and 45 for use of instrumental social support coping, items 5, 25, 47, 58 for active coping style, items 7, 18,

48 and 60 for religious coping strategy, items 8, 20, 30 and 50 for

humor coping strategy, items 11, 23, 34 and 52 for use of emotional

social support and those items 13, 21, 44, 54 for acceptance were selected.

Diener's flourishing scale developed in 2010 was used to assess positive mental health20. It consisted of 10 items having seven response categories from strongly disagree to strongly agree. The instrument helps understands feelings of capability, affirmative relationships, meaning and determination in life, positivity, acceptance of self, concentration, influence in the positive mental health of others and being appreciated. The reliability of scale reported by author was high (á=.86)

### Procedure

At the first step, research proposal was approved from departmental

### Table 1

board of studies. Then vice chancellors of universities were contacted to seek formal permission for data collection from university students. University students taking psychological help from professionals were excluded. Data were collected from both government and private university students. The consent was obtained from the participants and were instructed to respond honestly. It was made sure that their opinion is kept confidential and their identity is not be disclosed. Statistical analyses conducted on the data were the reliability analysis of scales, Pearson correlation and multiple regression. Data for present study was analyzed by using SPSS. Descriptive statistics were computed to analyze demographic attributes of sample.

## RESULTS

Analyses of descriptive statistics indicated that all the participants were young university students with mean age of 21.8 years (SD= 1.47), sample consisted of comparatively greater number of females (*n*=135) than males (*n*=88). Results also showed that boarders were greater in number (*n*=126) than day scholars (*n*=97). Day scholars belonged to Lahore whereas boarders were residents of different cities of Punjab. All of them were single.

Internal consistency of all the scales was estimated by using cronbach alpha coefficient. The alpha reliability estimate of Cope scale (á=.82) and Diener positive mental health scale (á=.80) was high. Univariate normality analysis confirmed that all the scores were normally distributed i.e. value of skewness was less than 2.

Table 2 shows that active Coping (*r*=.47, *p*<.001), positive reinterpretation and growth (*r*=.37, *p*<.001), religious coping (*r*=.32, *p*<.001), acceptance (*r*=.30, *p*<.001) and instrumental social support (*r*=.27, *p*<.001) were positive correlates of positive mental health in university students.

Results of hierarchical multiple regression indicated that in step 1, active coping significantly predicted positive mental health of university students, *F* (1, 222) = 61.166, *p<.*001. The value of *R2* =.21 indicated that active Coping explained 21% variance in the positive mental health of university students. Step 2, stepwise regression analysis revealed that both active coping and religious coping collectively predict positive mental health of university students, *F* (2, 222) =11.943, *p<.*001. The value of *R2*=.05 indicated that religious coping added 5% variance in the religious positive mental health of university students. In step 3, active coping, religious coping and positive coping collectively predicted positive mental health of university students, *F* (3, 222) = 4.893, *p<.*001. The value of *R2*=.01 indicates that positive coping added 1% variance in the positive mental health of college students. Altogether, active coping, religious coping and positive coping explained 26% variance in the positive mental health of university students.

### Descriptive Statistics and Alpha Reliabilities for Study Variables (N = 223)

Range

Scales

*k*

*M*

*SD*

α

Potential

Actual

Skewness

COPE 223 19.77 11.24 .82 1-4 49-112 .038

Positive mental health 223 41.7 8.74 .81 1-4 15-56 -.827

**Table 2**

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### Correlation Matrix between Constructive Coping Strategies and Positive Mental Health (N=223)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1. | PRG | - | .35\*\* | .32\*\* | .24\*\* | .20\*\* | .47\*\* | .48\*\* | .37\*\* |
| 2. | ISS |  | - | .27\*\* | .06 | .41\*\* | .31\*\* | .41\*\* | .26\*\* |
| 3. | RC |  |  | - | .03 | .08 | .22\*\* | .27\*\* | .32\*\* |
| 4. | HC |  |  |  | - | .41\*\* | .43\*\* | .20\*\* | .02\*\* |
| 5. | ESS |  |  |  |  | - | .34\*\* | .26\*\* | .09 |
| 6. | A |  |  |  |  |  | - | .47\*\* | .30\*\* |
| 7. | AC |  |  |  |  |  |  | - | .47\*\* |
| 8. | PMH |  |  |  |  |  |  |  | - |

*Note*. PRG=Positive reinterpretation and growth; ISS=Instrumental social support; RC =Religious Coping; HC=Humor; ESS= Emotional Social Support; A=Acceptance; AC = Active Coping; PMH = Positive Mental Health.

\*\**p*<. 01; \**p*<. 05.

### Table 3 Constructive Coping Strategies as Predictors of Positive Mental Health

|  |  |  |
| --- | --- | --- |
| Predictors | *R2* | *β* |
| **Step 1** Active Coping **Step 2**  Active Coping | .21 | .47\*  .41\* |
| Religious Coping | .05 | .21\* |
| **Step 3**  Active Coping |  | .35\* |
| Religious Coping Positive Coping | .01 | .18\*  .15\* |

Total *R2 N=*223

*\* p*<.001

.26

## DISCUSSION

Stress negatively affects the positive mental health of students21. The use of effective constructive coping strategies were helpful to improve mental health of students22. The first hypothesis was that there would be significant relationship between constructive coping strategies and mental health of university students and the findings of this study supported the hypothesis. Results showed that positive reinterpretation and growth coping strategy, instrumental social support coping strategy, active coping strategy and religious coping strategy positively correlated with psychological positive mental health. Active coping, religious coping and positive coping were productive, adaptive and constructive styles of coping23. Hence these coping styles were helpful in enhancing the subjective positive mental health of students 24.

The second hypothesis stated that constructive coping strategies would significantly predict mental health in university students and findings of the study supported this hypothesis. Active coping contributed the most in enhancing positive mental health of young adults. This style of coping enabled the young students to find out practical solution of their problems25. Active coping style stimulated them experiment new strategies to find new ways to counter their challenges26,27.

Religious coping was also a significant contributor in raising the mental health of young adults. This style of coping provides mental and spiritual satisfaction to them when they connect themselves to God28. Their emotional well-being is increased when they pray to God in difficult times. This emotional attachment with divine makes them feel psychologically better. Consequently, they get a spark of energy to deal with their academic challenges successfully29.

Positive coping style also emerged as a predictor of positive mental health. It helps in the development of proactive personality reflecting positive thoughts and feelings30. It stimulates the desire to bring positive changes in their own lives as well as lives of others. They tend to show altruistic behavior towards the needy students31. They also extend their graciousness on prosocial acts of their fellows. These positive attitudes and behaviours add to their subjective well-being and positive mental health32,33.

## CONCLUSION

In the light of above mentioned findings, it can be concluded that constructive coping strategies and positive mental health were positively correlated. Among constructive coping strategies, active coping was the most significant predictor of subjective positive mental health of students.

**Implications**

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faculty in Malaysia. The Malaysian journal of medical sciences:

This indigenous study will be of great use for Pakistani young students. Findings of this research will be helpful for counselling of students who experience stress due to academic responsibilities. There should be student counseling services for students especially for boarders in their boarding houses. Effective coping should be encouraged to enhance positive mental health among young students. There should be training for students to adopt effective constructive coping strategies through seminars and workshops. Active coping along with other strategies should be taught to students so that they can cope with stressful academic environment in an effective way. By taking direct action and finding solutions for problem students can have enhance positive mental health.

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