

Stressful life events and coping strategies among patients with generalized anxiety disorders

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Abstract

Introduction: Anxiety disorders are the most frequently occurring mental disorders resulting in psychological and physical problems. Coping is a healthy response to stress that helps in restoration to homeostasis. The aim was to identify gender and age difference on stressful life events and coping strategies among patients with generalized anxiety disorder.

Methods: In the study, 60 subjects above 15 years of age were recruited from Psychiatric OPD of Tribhuvan University, Teaching Hospital. Subjects were assessed with Presumptive Stressful Life Events Scale and standard Coping Check List was used. Mean difference in stressful life events and coping strategy was compared by age and gender by using paired t-test. Pearson correlation coefficient was calculated for association between stressful life events and coping strategy.

Results: Female experienced significantly more stressful life events (SLE) than males (2.2 ± 2.0). No age different in SLE was observed. Passive acceptance coping strategy was significantly higher among females than males ($p=0.01$). Passive coping strategy and problem focused coping strategy were most frequently adopted coping strategies.

Conclusion: Females with generalized anxiety disorder experienced more SLE than males. Coping strategies were most commonly associated with SLE among middle adults than young adults. Problem focused coping and passive acceptance coping were the mostly adopted coping strategy among patients with generalized anxiety disorder and were significantly correlated with males.

Key Words: Generalized anxiety disorder, coping strategy, stressful life event

Introduction

The anxiety disorders are the most common, or frequently occurring, mental disorders manifested by disturbances of mood, as well as of thinking, behavior, and physiological activity.¹ Anxiety disorder has been reported to be 5.3% among patients attending neuropsychiatric OPD at the Western Regional Hospital, Nepal.² The likelihood of developing anxiety involves a combination of life experiences, psychological traits, and genetic factors. Cognitive factors, especially the way people interpret or think about stressful events, play a critical role in the etiology of anxiety.

Generalized anxiety disorder (GAD) is one of the more common anxiety disorders, with a lifetime prevalence of 5.7% in the general population.³ Patients with

GAD reported to have more negative life experiences in the year preceding the diseases onset than healthy subjects.^{4,5}

The term stress can be conceptualized as a physical and emotional state always present in a person; one influenced by environmental, psychological, and social factors but uniquely perceived by the person and intensified in response to environmental change or occurs internally or externally that a person must respond.⁶ Stressful life events involving threat were more likely to lead to anxiety whereas stressful events involving loss led to depression.^{7,8} Coping as a healthy response to stress has been defined as restoration to homeostasis to the internal environmental system.

This includes responses directed at stabilizing internal biological processes and psychological preservation of self-identity and self-esteem.⁶

The treatment of anxiety disorders includes some form of counseling or psychotherapy or pharmacotherapy. Psychotherapy basically focuses on positive or adoptive coping strategy. So, stressful life events are inevitable in human life but ineffective coping strategy may predispose to anxiety disorder. So the present study is carried out to find out association between weighted score of stressful life event and coping strategy in patients with generalized anxiety disorders.

Methods

Study design and sample size: In a descriptive study, 60 consecutive subjects comprising of 30 males and 30 females, diagnosed as generalized anxiety disorders and aged above 15 years were enrolled in to the study. The setting of the study was Psychiatric OPD of Tribhuvan University, Teaching Hospital (TUTH), Maharajgunj.

Informed consent: A formal permission was sought from the authority of concerned hospital. All the subjects were described the purpose of study, and consent was sought from them. The approval of implementation of the study was sought from the ethics review committee of Tribhuvan University. The research protocol adhered to the provision of the Declaration of Helsinki for research involving human subjects.

Tools: Semi-structured interview proforma, Presumptive Stressful Life Events Scale and Coping Check List were used in the study. Six subjects were presented with the questionnaires in Psychiatric OPD of TUTH to observe possibility of its implementation and obtain realistic information related to stressful life events and coping strategy before implementing it into the study.

Presumptive Stressful Life Events Scale (PSLES): PSLES was assessed with 51 items stressful life events. Subjects had to rate whether the events occurred in their life during last one year. Singh, Kaur and Kaur (1983) developed the PSLES in Indian setting.⁹ Items were taken from the Social Readjustment Rating Questionnaire (SRRQ).¹⁰ Norms obtained in the study

on Indian population suggest that an average individual experiences an average of ten common stressful events in a lifetime without suffering any obvious adverse physical or psychological disturbance. Weighted mean scores for each stressful event were derived by the relative stress experienced by the subjects on a particular event. The total sums of all weighted scores of positive events were calculated. The authors mentioned that the cut-off score for the Indian population was 300. If a person scores less than 300, then he/she is considered to be under a manageable level of stress.

Coping Check List: The Coping Check List (CCL) comprises of 70 items, covering a broad range of behavioral, emotional and cognitive responses that may be used in handling stressful situations. This checklist was developed by Rao, Subbakrishna, and Prabhu (1989) in an Indian setting and aimed to measure the type of coping used by a person in stressful situations. It is based on a cognitive model of stress and coping.¹¹

Items were scored, in terms of, yes or no, indicative of the presence or absence of a particular coping behavior. The test-retest reliability of the CCL was 0.74 and it was validated in a community sample, with internal agreement of the validity being 0.92.

Data analysis: All consecutive cases of generalized anxiety disorders were interviewed individually and each tool was administered one by one. Data were entered into Statistical Package for Social Science (SPSS) software. Mean difference in stressful life events and coping strategy was compared by age and gender by using paired t-test. Pearson correlation coefficient was calculated for association between stressful life events and coping strategy. The p-values was significant at <0.05.

Results

Distribution of participants based on demographic variable is presented in table 1. Majority of subjects belonged to urban living area (76.7%), Hindu religion (97.7%) and Newar ethnic group (36.7%). They were mostly married (80%) and received education below School Leaving Certificate level (46.7%).

Table 1. Demographic characteristics of subjects

Characteristics	Category	N (%)
Age (years)	<30	30 (50)
	>30	30 (50)
Area of living	Urban	46 (76.7)
	Rural	14 (23.3)
Ethnicity	Newar	22 (36.7)
	Chhetri	19 (31.7)
	Brahmin	16 (26.7)
	Other	3 (5)
Education	Illiterate	8 (13.3)
	Below SLC	28 (46.7)
	Above SLC	24 (40)
Marital status	Unmarried	12 (20)
	Married	48 (80)
Religion	Hindu	58 (96.7)
	Buddhist	2 (3.3)
Occupation	Agriculture	15 (25)
	House hold	13 (21.7)
	Service	9 (15)
	Business	7 (11.7)
	Student	6 (10)
	Other	10 (16.7)
Family	Nuclear	28 (46.7)
	Joint	32 (53.3)
Income	<8000	19 (31.7)
	>8000	41 (68.3)
SLC= School Leaving Certificate		

Stressful life events by age and gender

Table 2 represents stressful life events (SLE) based on age and gender in one year. Female (4.1 ± 2.0) experienced significantly more ($p=0.00$) number of SLE than males (2.2 ± 2.0). Similarly, females (208.5 ± 112.2) significantly ($p=0.00$) experienced more mean weighted score of SLE than males (103.0 ± 91.4). However, mean difference in number and weighted score of SLE were found to be insignificant between the two age groups.

Table 2. Stressful life events in one year

Stressful life event		Total number	Weighted score
Gender	Males	2.2 ± 2.0	103.0 ± 91.4
	Females	4.1 ± 2.0	208.5 ± 112.2
	P*	0.00	0.00
Age	Young Adult (<30 years)	3.3 ± 2.2	163.0 ± 105.9
	Middle adult (>30 years)	2.9 ± 2.2	148.6 ± 124.0
	P*	0.48	0.63
*represents significant by t-test for <0.05			

Coping Strategies by age and gender

Table 3 shows coping strategies by age and gender. Problem focused coping strategy ($p>0.19$), Seeking social support coping strategy ($p>0.11$), and Avoidance coping strategy ($p=0.42$) were insignificantly different by age and gender. Passive acceptance coping strategy was significantly different by gender ($p=0.01$). Passive acceptance coping strategy was 4.5 ± 2.0 for males and 6.0 ± 2.4 for females. Religious coping strategy was significantly more ($p=0.01$) among middle adults (1.5 ± 1.3) than young adults (0.8 ± 1.1). Emotional focus coping strategy was significantly more (0.03) among young adults (2.2 ± 1.7) than middle adults (1.4 ± 1.0).

Table 3. Coping strategy by age and gender

Coping strategy	Age			Gender		
	Young Adult (<30 yrs)	Middle Adult (>30yrs)	P*	Males	Females	P*
Problem Focused Coping	7.9 \pm 3.9	7.1 \pm 3.4	0.42	8.1 \pm 3.9	6.9 \pm 3.3	0.19
Seeking Social Support Coping	2.2 \pm 0.7	2.6 \pm 1.0	0.11	2.3 \pm 0.9	2.5 \pm 0.8	0.42
Passive Acceptance Coping	5.2 \pm 2.3	5.2 \pm 2.4	0.06	4.5\pm2.0	6.0\pm2.4	0.01
Avoidance Coping	5.3 \pm 2.4	4.8 \pm 2.4	0.42	4.8 \pm 2.1	5.3 \pm 2.6	0.42
Religious Coping	0.8\pm1.1	1.5\pm1.3	0.01	1.2 \pm 1.2	1.1 \pm 1.3	0.61
Emotion Focused Coping	2.2\pm1.7	1.4\pm1.0	0.03	1.6 \pm 1.2	2.0 \pm 1.6	0.24

*significant by t-test for $p<0.05$

Correlation between Coping Strategies and Stressful Life Events by age and gender

Table 4 represents correlation between coping strategy and stressful life events. Problem focused coping strategy was positively correlated with total number ($r=0.51$, $p<0.01$) and mean weighted score ($r=0.51$, $p<0.01$) of SLE among middle adults and total number ($r=0.65$, $p<0.01$) and mean weighted score ($r=0.22$, $p<0.01$) of SLE among males. Passive acceptance coping strategy was positively correlated with total number and weighted score of SLE for both the age groups and with total number ($r=0.63$, $p<0.01$) and weighted score ($r=0.75$, $p<0.01$) of SLE for males. Religious coping strategy was negatively correlated with total number ($r=-0.55$, $p<0.01$) and weighted score ($r=-0.52$, $p<0.01$) of SLE among young adults. Emotional focused coping strategy was significantly correlated with total number ($r=0.54$, $p<0.05$), and weighted score ($r=0.59$, $p<0.01$) of stressful life event among middle adults.

Table 4. Correlation between Coping Strategies and Stressful Life Events by age and gender

Coping Strategies	Stressful life event by age				Stressful life event by sex			
	Total number		Weighted score		Total number		Weighted score	
	Young Adult	Middle adult	Young Adult	Middle adult	males	females	males	females
Problem Focused Coping	0.04	0.51**	- 0.08	0.51**	0.65**	0.07	0.22**	0.14
Seeking Social Support Coping	-0.16	0.22	0.03	0.19	- 0.09	0.16	0.01	0.16
Passive Acceptance Coping	0.57**	0.38*	0.67**	0.38*	0.63**	0.19	0.75**	0.21
Avoidance Coping	0.28	0.37*	0.27	0.36	0.34	0.31	0.29	0.32
Religious Coping	-0.55**	-0.02	-0.52**	-0.02	- 0.36	- 0.20	-0.36	- 0.14
Emotion Focused Coping	0.03	0.54*	0.05	0.59**	0.01	0.31	0.02	0.34

** Correlation is significant at the 0.01 level (2-tailed)
 * Correlation is significant at the 0.05 level (2-tailed)

Discussion

Francis (2012) study reported that stressful life events (SLE) impact the course of generalized anxiety disorder.¹² This study aimed to identify the total number and weighted score of stressful life events and coping strategy adopted by patients with generalized anxiety disorders (GAD) based on age and gender. Compared to males, females experienced more stressful life events ($p=0.00$) in GAD. Bhattacharya and Basu (2007) revealed that men experienced more stress than women in the area of Information Technology.¹³ Stefani (2004) revealed that there were non-significant gender differences in the types of stressful situations in his attempt at exploring gender-related differences in the types of situations perceived as potentially menacing.¹⁴

Kendler et al (2001) reported that women experienced more interpersonal, whereas, men experienced more legal and work-related stressful life events.¹⁵ Rose & Rudolph (2006) have highlighted that girls devoted more time to establish relationships and friendships with their peers in search of social support.¹⁶ Girls reported significantly more interpersonal problems with peers and with the immediate family than boys. Conflict in interpersonal and social relationships was the foremost problem reported by girls and cause for a greater concern.^{17,18} Girls shows a greater empathy and care which would also imply that women have more interdependent social networks.¹⁶

Young adults experienced more number and intensity of SLE than middle-aged adults. However, the difference was not statistically significant. This finding can be related to greater experience of older adults. They may have developed more coping resources and judge problems as less stressful^{19,20} and older people report fewer hassles than do younger adults¹⁴. Similarly, young adult experienced significantly more stress than older one.¹³ However, the finding was contradicted from the Holmes and Masuda (1974) report that young adults between (20-30) years of age report twice as many stressful events on applied test scale as compared to older adults.²¹

Regarding coping, there was no significant difference in strategy adopted by males and females except passive acceptance coping that was greater among females ($p=0.01$) in the study. The finding was supported by the Sigmon et al (1995) study that gender difference in coping strategies revealed no significant gender differences for problem-focused coping strategy and

high among females for emotion-focused coping strategies.²² But the finding is contradicted with the Billings and Moos (1981) finding as cited in the Sigmon et al (1995) study.²² Despite mixed empirical support, a stereotypical view persists that when confronted with a stressful event, males are socialized to be more instrumental problem-solvers.²² Finding on passive acceptance coping among females was supported by the socialization theory which states that women are taught to express their emotions more openly and to act in a more passive manner.²² Moreover, coping strategy is reported to be related to problems and lesser extend to a gender.¹⁸ Event controllability influences the choice of coping strategies.²³ In literatures males have been found to adopt more problem focused strategies and females have been found to adopt more emotion focused approach.²⁴ Lawrence (2006) reported that individuals high in self-esteem tend to perceive situations as controllable and react with a strategy aimed at changing the cause of the problem.²⁵

Religions coping strategy was found to be more in middle adults than young adults ($p=0.01$). While considering moral and spiritual development, faith and trust in god or another source of spiritual strengths are increased during middle adulthood. In middle adulthood, as the person becomes more introspective, studies self and life from new perspectives, ponders the meaning of life, and faces crises, he or she is likely to return to study of religious literature, practices of former years and organized religious groups for strength, comfort, forgiveness and joy.²⁶ Emotion focused coping was found to be more in young adults than middle adults ($p=0.01$). Related to the finding, middle aged people can no longer dream of infinite possibilities.²⁶ The person is forced to acknowledge that he or she has worked up to or is short of personal capabilities while, during young adulthood, there remains more challenge to develop empathy, to learn in detail, and to reevaluate self and the world. There is always an attempt to develop expanded source of happiness including day dreaming and imagination.

The finding related to the seeking social support which was not significantly different, might have buffered anxiogenic effects of stressful life events for both age group and the similar finding was also revealed in the Kendler et al (2001) study.¹⁵ The finding related to passive coping which was not significantly different

could be related to the fact that GAD is more common in people who act in a passive manner.²² Avoidance coping which was not significantly different, could be related to the fact that denial exacerbates the anxiogenic effects of life events.¹⁵ After all avoidance coping is more related with the psychopathic outcome.²⁷ Hampel and Peterman (2005) and Kirchner et al (2010) reported that avoidance coping was its lack of problem situation specificity.^{28,29} The use of avoidance coping was also very similar by age and gender. These findings are in agreement with the Hoar et al (2010) study.³⁰ However, the finding is contradicted with the Sigmon et al (1995) report that male used more avoidant strategies ($p < 0.05$) than females did.²² The literature on gender and the use of coping also suggested that females made greater coping efforts only in the two specific situations already identified interpersonal problems with peers and personal illness.

After all, our study was in close agreement with the Diehl (1996) study that greater numbers and intensities of coping strategies were associated with stressful life events among middle adults (Table 4).³¹ Social support coping and avoidance coping was found to be the least associated with SLE. Passive acceptance coping and problem focused coping were mostly associated with SLE. Age was negatively correlated with problem-focused coping and total number of coping responses. Diehl (1996) reported that older individuals reported greater use of coping strategies that involved the cognitive reinterpretation of situations both through the use of general principles and truisms and through emphasizing their positive aspects.³¹ Furthermore, middle adults reported a greater inclination than younger adults to use suppression, indicating their tendency to react to conflict situations by withholding inappropriate feelings and thoughts until a more appropriate setting is available. In contrast, younger adults were more inclined to use coping and defensive strategies that were outwardly aggressive or involved immature psychological processes such as displacement, projection, regression, or rationalization.

This work has several limitations. The sample size was very small and limited to the patient with generalized anxiety disorders and no controls were employed in the study. Caution should be exercised to generalize the data to other populations. The findings were based on structured interview questionnaires to assess stressors and coping behaviors. Additional information related to stressor appraisal and coping was limited.

Study findings can be taken into consideration for the understanding of basic psychological mechanism that is coping with stressors particularly in patients with generalized anxiety disorder, and can have an implication on patient care, especially in counseling.

Conclusion

Females with generalized anxiety disorder experienced more stressful life event than males. Coping strategies were most commonly associated with SLE among middle adults than young adults. Though, female mostly used passive acceptance coping strategy that was most commonly associated with SLE in males. Problem focused coping and passive acceptance coping were the mostly adopted coping strategy among patients with generalized anxiety disorder and were significantly correlated with males.

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