

THE COMPARISON OF THE ROLES OF HARDINESS AND SOCIAL SUPPORT IN DIFFERENT FORMS OF COPING

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Abstract: This paper shows the influence of hardiness and social support on coping strategies used in stressful situations. In the present research adolescents, adults and old age males-females were taken. The tools used to assess hardiness; social support and coping were Dispositional Resilience Scale by Sinclair & Oliver, Social Provision Scale (Cutrona & Russell) and Coping Strategies Inventory (Tobin) respectively. The results show that significant difference was found among all age groups in hardiness. In social support significant interaction between age and gender was found. For high-low hardiness, significant difference has been found for adolescents and adults in engagement coping but not for disengagement coping. For high-low social support, engagement coping is significantly different in all age groups while in disengagement coping, significant difference has been found only for adults. All age groups were different in problem-focused engagement coping, for hardiness and social support groups. But in emotion-focused engagement coping, high –low hardiness differ only in adolescents and old age while for high-low social support only adolescents were different. The results show that the levels of hardiness and of social support are independent in their effects on coping with adverse situations. Problem-focused engagement coping, benefits from both hardiness and social support.

IndexTerms - hardiness, social support, engagement-disengagement coping, problem-focused, emotion -focused coping.

I. INTRODUCTION

The major purpose of the present research is to study the roles that hardiness and social support plays in coping strategies. As hardiness is the personality construct that helps to deal with stressful situations and social support is the support received or perceived by an individual that depends on the type of support needed and the situation faced by an individual. It is tried to find out whether hardiness and social support both are equally important or separately can help an individual to deal with stressful circumstances. The influence of the level of hardiness and social support on coping strategies used by an individual was also studied.

Hardiness is the concept introduced by Kobasa (1979) as a personality trait that helps an individual to appraise the adverse situations as less stressful. Maddi (1994) defined it as the courage to cope with adverse or threatening situations. Kobasa (1984) studied a group of executives and found that those with high hardiness were more committed, have more control, and always ready to face challenge. Maddi (2002) analyzed them as three C's.

Social support has been given by Sarason (1983), the support based on the interactions and relationships in the forms of functional, tangible, instrumental, and emotional support that acts as protective buffer and helps in coping. It can be received social support when an individual asks for help and receives it and perceived social support where a person appraises that others will provide help or support if needed even when not asked for. Cohen & Wills (1985) in the study concluded that social integration influences well-being in ways that do not necessarily involve improved means of coping with stressful events.

Coping can be defined as the ability of an individual to deal with stressful situations. Coping defined by Lazarus & Folkman (1984), as cognitive and behavioral efforts that a person use to deal with the specific external and or internal demands that are appraised as taxing or exceeding the resources of a person.

II. HYPOTHESIS

- High hardiness subjects will use more engagement coping and problem focused coping than low hardiness subjects while low hardiness subjects will use more disengagement coping and emotion focused coping than high hardiness subjects.
- High social support subjects will use more engagement coping and problem focused coping than low social support subjects while low social support subjects will use more disengagement coping and emotion focused coping than high social support subjects.

- Age and gender differences will be found in both hardiness and social support.

III. METHODOLOGY

3.1 Sample

For the present research, the sample includes three different age groups namely adolescents, adults and old age.

In adolescent group, students of higher secondary and colleges, of age 16 to 22 and average age of 20 years were taken, including 80 males and 79 females. The students were from private and government, M.P. & CBSE board schools, also from private coaching institutes and college students of different streams from Devi Ahilya University, Indore.

In adult group were 70 males and 97 females, of 30 to 50 years age, single and married belonging to different occupations namely lawyers, clerks, doctors, nurses, lab technicians, government and private school teachers. Apart from working population, house wives were also taken. For lawyers the high court lawyer chamber, Indore was visited. For clerical group, private and government banks of Indore and private offices like insurance office and private concerns like travel agencies and stores were visited. For doctors, nurses, lab technicians the private and government hospitals were visited. Government and private schools of Indore were visited and teachers were approached. For the group of house wives different localities were visited.

In old age group, 81 males and 85 females were taken, of age 60 and above, who were retirees and house wives. They were approached in temples, jogging park, homes of some known people were also visited after taking previous appointments.

To fulfill the objectives of the study 492 subjects in three different age groups were taken, out of which 231 were males and 261 were females.

3.2 Plan and design

The standardized tools were selected for hardiness, social support and coping. It was planned to give all the tests to all the subjects. Due to non-availability of the large numbers of sample in occupational group at the same time it was decided to explain the full tests and to collect them later after two days. In adolescent group, due to exams and related commitments they were allowed to submit their filled tests the following day. In old age group after taking suitable time from them, the items were read for them and responses were taken for each test separately. It took around eight months to collect the data.

For hardiness and social support differences the present research design was of 3 X 2 (age and gender) for which ANOVA has been used. For coping differences high and low levels of hardiness and social support groups were formed on the basis of first and third quartiles and t-test was applied.

3.3 Tools

The brief description of the standardized tools used in the research-

3.3.1 Dispositional Resilience Scale

Hardiness has been measured by the Dispositional Resilience Scale (DRS-ii) developed by Sinclair, Oliver, Ippolito, & Ascalon (2003). It includes 18 items with positive-negative components, commitment- alienation; control-powerlessness & challenge-rigidity. It has five options strongly agree, agree, don't agree, disagree and strongly disagree. The positive dimensions with item numbers are – control (1,7,13); commitment (3,9,15) and challenge (5,11,17). The negative dimensions are-powerlessness (2,8,14); alienation (4,10,16) and rigidity (6,12,18). For scoring all the positive keyed items were computed by summing the items.

3.3.2 Social Provisions Scale

Social support has been measured by the Social Provisions Scale, developed by Cutrona, C.E. and Russell, D. (1987). It includes 24 items divided in 6 categories there name with item numbers are- attachment (2R, 11, 17, and 21 R); social integration (5,8,14R, and 22R); reassurance of worth (6R,9R,13,and 20); reliable alliance (1,10R,18R,and 23); guidance (3R,12,16,and 19R); opportunity for growth (4,7,15R,and 24R). For response, it ranges from 1(strongly disagree) to 4(strongly agree).The negatively worded items (indicated by an “R” above) are reversed & then a total score is computed by summing up all items. Subscale scores can also be computed by above description. The maximum possible score is 96 which indicate high perceived support.

3.3.3 Coping Strategies Inventory

Coping has been measured by using the Coping Strategies Inventory developed by David L. Tobin (1984, 2001). It includes 72 items with 14 subscales comprised of 8 primary scales, 4 secondary scales, & 2 tertiary scales. 23 items were taken from the

“Ways of Coping” questionnaire (Folkman & Lazarus, 1981) & 49 items were written to reflect the dimensions of hypothesized subscales.

The Primary Scale consist of specific strategies namely Problem Solving, Cognitive Restructuring, Social Support, Express Emotions, Problem Avoidance, Wishful Thinking, Social Withdrawal, & Self Criticism. The Secondary Scale has four scales namely -Problem Focused Engagement (including Problem Solving & Cognitive Restructuring Subscales); Emotion Focused Engagement (Social Support & Express Emotions); Problem Focused Disengagement (including Problem Avoidance & Wishful Thinking); & Emotion Focused Disengagement (including Social Withdrawal & Self Criticism). The Tertiary Scale has two parts namely – Engagement, summing of Problem Focused & Emotion Focused Engagement and Disengagement, summing of Problem Focused & Emotion Focused Disengagement.

IV. ANALYSIS AND DISCUSSION

4.1 Results of Descriptive Statics of Study Variables

Table 4.1: Hardiness and Social Support mean scores and f-ratios

	Adolescents		Adults		Old age		F-ratio	f-ratio	f-ratio
	Males	Females	Males	Females	Males	Females	age	gender	Interaction
Hardiness mean scores	35.091	34.70	37.636	36.114	38.543	37.667	11.742**	2.900	.359
Combined means	34.896		36.875		38.105				
Social support mean scores	68.371	71.914	76.914	61.657	75.886	76.257	2.074	1.629	3.847**
Combined means	70.143		69.286		76.072				

** Significant at .01 level.

The mean and f-ratios has been shown in Table 4.1 which suggests that level of hardiness has been found to be significant in age groups where the level of hardiness is higher in old age group and lowest in adolescent group. In social support significant interaction has been found between age and gender.

Table 4.2: Mean scores for engagement & disengagement coping and problem-focused & emotion-focused engagement coping for high & low level of hardiness.

	Adolescents		Adults		Old age		t-ratios		
	High	Low	High	Low	High	Low	Adolescents	Adults	Old age
Engagement coping	121.50	103.017	121.510	101.231	121.014	99.788	4.271**	4.293**	.576
Disengagement coping	97.955	102.206	84.608	92.128	84.577	76.273	.929	1.511	1.701
Problem-focused coping	65.773	52.879	68.745	53.077	66.901	52.091	4.645**	5.705**	6.607**
Emotion-focused coping	55.727	50.138	52.765	48.154	54.113	47.697	2.023*	1.771	2.462*

** Significant at .01 level. *Significant at .05 level.

The means and t-ratios for engagement coping and disengagement coping along with problem-focused and emotion-focused engagement coping for hardiness has been presented in Table 4.2.

Table 4.3: Mean scores for engagement & disengagement coping and problem-focused & emotion-focused engagement coping for high & low level of social support.

	Adolescents		Adults		Old age		t-ratios		
	High	Low	High	Low	High	Low	Adolescents	Adults	Old age
Engagement coping	121.292	106.018	121.132	105.094	117.695	102.139	3.825**	3.374**	3.081**
Disengagement coping	91.208	104.547	76.263	96.396	77.339	85.139	.701	4.424**	1.689
Problem-focused coping	63.833	54.377	68.132	54.981	62.542	54.806	3.517**	4.840**	2.394*
Emotion-focused coping	57.458	51.642	53	50.113	55.153	47.333	2.341*	1.032	.419

** Significant at .01 level. *Significant at .05 level.

The means and t-ratios ratios for engagement coping and disengagement coping along with problem-focused and emotion-focused engagement coping has been presented for social support in Table 4.3.

4.2 Discussion

In the present study, the findings for both high-low hardiness and high-low social support has been to be similar in direction for problem-focused engagement coping i.e. high hardiness and high social support groups use more problem-focused engagement coping. It might be due to the reason that those high in hardiness consider the stressful situation as a challenge, and high social support appraise situation as less stressful because of the promise of supportive relationship. As Lazarus (1993) has defined problem-focused coping as the way to change the troubled person-environment relationship by acting towards it or oneself, these individuals might be more equipped to have control over the situation. In many studies it was found that, in controllable situations more problem-focused coping is used (Billings et al.1983; Coyne, Aldwin, and Lazarus 1981; Folkman 1984; Folkman and Lazarus 1980, 1985;Folkman et al. 1986; Forsythe and Compas 1987; Stone and Neale 1984; Thoits 1991).

Wineman, Durand, and Steiner (1994) have found that those high in hardiness consider stressful situation as an opportunity for growth and use more problem-focused coping. Similar findings have been found in a study reported by Rosenthal et al. (1989) for neonatal intensive care nurses who found problem-focused coping as more helpful in their duties. The present finding has been paralleled by Fleming, Baum, Gisriel, &Gatchel, (1982); Stok, Harvey, &Reddihough, (2006) for social support that those with high perceived support use approach coping (Problem-focused coping).

In high-low level of hardiness, engagement coping was found to be significantly different in only adolescent and adult groups but not in the old age group. As engagement coping involves the participation of a person to solve the problem, it appears that adolescents and adult groups may be facing more life stress than old age group.so t hardiness may be more relevant for adolescents and adults . It may be due to the reason that adolescents are rmore engaged in stress related to studies and career related decisions while adults remain busy with their jobs and family related matters. Both these age groups may be facing stress but by considering the situations as challenge and by controlling their emotions and behavior they use engagement coping in a more efficient way. Carston and Gardner (2009) found that hardiness is positively related with challenge and negatively with avoidance coping. So they seem to be more committed towards the stressful events and remain involve in finding solution of the problem by using engagement coping. In old age, with time the event that seems like problem to other age groups may not appraised as stressful, so hardiness may not be making a difference in their engagement coping. That hardy persons use more task-oriented coping (engagement coping) than avoidance coping (disengagement coping) has been supported by many studies (Gentry &Kobasa, 1984; Kobasa, 1984; Kobasa, 1979; Kobasa, Maddi; Kahn, 1982; Kobasa, Maddi, &Puccetti, 1982; Maddi& Hightower, 1999; Maddi, Khosha&Pammenter, 1999;Soderstrom, Dolbier, Leiferman, & Steinhardt, 2000).

In high-low groups of social support, engagement coping was significantly different in all the age groups including old people. From the present result it can be said that all the three age groups benefit from perceived social support and therefore are more likely to use engagement coping. As an individual first appraise the situation then decides whether the circumstances can be handled by self or by help of others, in such time if support is perceived by a person then it indirectly increases self-efficacy and engagement coping strategies may be used more. The findings in previous research suggest that when an individual appraises a situation as having social support it helps to develop his self-efficacy (Bandura, 1982). It can be said that hardiness provides a personality component in coping while social support provides a social or a contextual component for similar coping mechanisms. Another aspect differentiating hardiness and social support effects is of disengagement coping which has been found to be different only for high-low social support (adults only) but not for high-low hardiness groups. The adults with low social support may feel in stressful situations the need to avoid such negative circumstances and opt strategies like criticizing self and withdrawing from others, thus using more disengagement coping. It gets support from the findings of Mikulincer & Florian, (1995) that those who use avoidance were likely to use emotionally distancing coping strategies, that is somewhere linked with disengagement coping. Hardiness does not seem to be relevant to such strategies at any age.

Both for high-low level of hardiness and social support (In adolescents,) emotion-focused coping has been found to be different i.e. the high level groups have shown a higher level of emotion-focused coping. It might be due to the cause that in adolescents so many physical and social changes occur, as Erikson, H.E. (1968) suggested that in this age, the person searches for his/her identity, tries to act according to social demands and challenges, and has to understand the choices & commitments of life. They respond more emotionally because of social support, as Santrock, J.W. (2008) suggested that priority differs in all age groups, adolescents perceive them (emotional events) as more stressful. Due to such reasons they may be using more emotion-focused coping. As in the study by Hogan &DeSantis (1994) on the children who had lost their siblings it was found that emotion-focused coping was more effective for them. In diabetic children improvement was seen due to social support as emotion-focused coping by Grey, Cameron, and Thurber (1991). This may be related to the present finding that adolescents use more emotion-focused coping. This may be related to the finding provided by Rabbani et.al. (2014) on 150 Iranian adolescents living in Malaysia that social support gets positively influenced by emotion-focused coping.

In old age emotion-focused coping was found to be significantly different between high-low social support . In old age, as life changes and there are more rich experiences, an individual due to maturity learns to give more importance to emotions which probably increases their positivity towards life. (Carstensen, 1991,1992; Labouvie-Vief, Chiodo, Goguen, Diehl, & Orwoll, 1995; Magai, 2001), High asocial support group use more emotion-focused coping in old age which may be due to appraising the physical and psychological components of stress differently, as was suggested by (Folkman & Lazarus, 1988a).

V. CONCLUSION

From the above results it can be said that hardiness is the personality trait that help to appraise stressful conditions as less difficult. It has been found that hardiness level in all three age groups was significant whereas in social support significant interaction between age and gender was found. Problem-focused coping was found significant in three age groups which show that hardiness and social support have equal importance in problem-focused coping. Engagement coping has been found to be significantly different in high-low level of hardiness and social support. It can be concluded that situation can be appraised as less stressful if an individual's hardiness level as well as social support is enhanced.

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