Coping Mechanisms Used by Women with Major Depression

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Abstract

The purpose of this study is to compare women with major depression against their matched healthy controls about their coping mechanisms and the severity of their symptom condition.

Method: This cross-sectional hospital-based survey recruited 37 women with major depression and 40 non-depressed women as healthy controls. Simple random sampling was used to select the participants. Data was collected by using self-reported tools. Descriptive statistics and interpretative analysis of data was performed by using independent-samples *t*-test, ANOVA, and post hoc Tukey HSD multiple comparison tests to find out the accurate differences between levels of depression.

The **results** show that women who used more self-blame, rumination bordering on to brooding, and less positive reframing had higher levels of depressive symptoms. Among the positive coping mechanisms, it was noted that in the clinical sample used instrumental and emotional supports. With regard to negative strategies for coping depression, self-blame, self-distraction, denial and venting were common. The use or non-use of a given coping mechanisms varied with the severity of depression.

Conclusion: The study concludes that women with major depression use qualitatively different coping mechanisms for coping depression than healthy controls. This has implications for planning psychotherapeutic programs for the affected women.

***Keywords**: Coping, major depression, venting, self-blame, denial.*

Introduction

Adequate coping mechanisms are a prima necessity for successful adaptation for depression. Women cope with stress in social contexts differently [1]. They use emotion-oriented behaviors and seek social supports. They tend to be less instrumental or direct in their approach to social stress problem-solving. They engage in a discussion of their problems and emotionally vent[2]. The extent to which women with major depression use adaptive or maladaptive coping mechanisms has not been fully evaluated.

Depression being the second cause of disease burden for the year of 2020, affects around 57 million people in India[3]. The prevalence of depression is 9%, for the major depressive episode is 36%, and the average age of onset of depression is 31.9 years in India. Studies suggest higher disease burden in females than males[4,5].

The status-role of women is fast changing in India. From a homemaker, modern Indian women are doing several occupations that were earlier exclusive for men. They are gaining economic and personal independence. Along with it, adjustment challenges, interpersonal interactions, and heterosexual relationships are changing at home and in their workplace. Their stress coping mechanisms are in flux[6,7]. Therefore, identifying the most effective adaptive coping mechanisms is associated with better quality of life and the maladaptive coping mechanisms happen to negatively affect individuals the most.

Review of Literature

Available literature shows that women are more likely to use maladaptive coping mechanisms[8,9,10,11].

When emotion-focused coping mechanisms are used in response to stress women experience more depressive

and anxiety-related symptoms[12,13]. In terms of gender variable, significant differences are found men coped by increasing their sports activity and consumption of alcohol and women through emotional release and religion. Women felt the effects of depression in their quality of sleep and general health, whereas men felt it more in their ability to work[14]. Going by all this, there is no complete picture about women, depression and its coping. There is need for more work on this theme. Therefore, it was the generic aim of this inquiry to investigate the coping mechanisms used by women with MDD. More specifically, the objectives were:

(i) To study whether women with MDD differ from healthy controls in their coping mechanisms.

(ii) To examine whether women with MDD differ in the use of their coping mechanisms about the severity of their symptoms.

(iii) To determine whether women with MDD use more maladaptive or adaptive coping mechanisms.

Method

It is a cross-sectional hospital-based study. Data collected from outpatient psychiatric department at IMS & SUM Hospital, Bhubaneswar, Odisha from Nov 2019 and Jan 2020. The clinical sample included were women with the diagnosis of MDD currently in acute phase as well as those already diagnosed but currently under remission as confirmed by screening by psychiatrists based on criteria prescribed by the Diagnostic and Statistical Manual of Mental Disorder-IV-TR. The written consent was taken from the patients and confidentiality was assured. The ethical clearance was taken from IMS and SUM hospital, Siksha O Anusandhan (Deemed to be University) Ethical committee.

Sample:

A total 37 women with major depression and 40 healthy controls were taken for the study using simple random sampling. The age range of participants was 20 to 65 years. Out of 37 most of depressed women were educated up to graduation (49%), homemaker (67%), married (78%), hailing from joint family (62%), middle socioeconomic status (57%), rural with a family history of depression (54%) and more than three years duration of illness (43%).

Tools:

The HAM-D[15] with a score of at least seven or more was used to support diagnostic procedures. This scale has 17 items, rated from 0 to 3 or 0 to 5 Likert-type in terms of intensity. The study recruited 37 women participants with clinical diagnosis of major depression ranging from ages 20 to 65. For the normal healthy controls, participants who scored at least five or more on GHQ[16] were used. The Brief COPE[17] was used to capture the frequency of coping strategies of respondents. This tool has 28 statements across two scales. The focus is on understanding the frequency with which people use different coping strategies in response to various stressors. Respondents score from 1-4 from least to most. Internal reliabilities for the subscales range from $\alpha = 0.57$-0.90. The study included 40 age-matched healthy controls. An investigator developed Socio-Demographic Personal Data Sheet was used to elicit background details of participants.

Data Analysis

SPSS 20th version was used to analyze the data. Descriptive methods were used to study the demographical variables and frequency of other variables. Inferential statistics were used to compute the statistical differences between the two groups by using independent sample t-tests.

Results

The findings of this study are presented under the following sub-headings:

(i) Women with major depression and healthy controls;

(ii) Coping mechanisms with the severity of their symptoms; and,

(iii) Maladaptive and adaptive coping mechanisms.

(iv) **Women with major depression and healthy controls:**

On the whole, it is seen that women with MDD show an overall greater score for depression on HAM-D (N: 37; Mean: 25.20; SD: 3.42) than their matched HC (N: 40; Mean: 2.11; SD: 0.74). The difference between the two groups is statistically significant (t: 41.6792; df: 75; p: 0.0001).

Various adaptive coping mechanisms reportedly by the clinical sample (Table 1) are use of religion, emotional social support and instrumental social supports are high, attempts at active coping and acceptance of the condition are medium, while positive reframing, humor, and planning is least used. Among the negative or maladaptive coping mechanisms used by them, venting, self-blame, self-distraction, behavioral disengagement and denial are foremost, as compared to substance use which is the least. Contrasting this, the HC reportedly use wider variety of adaptive coping mechanisms including planning and positive reframing that are used less by the clinical group of women. The use of humor as means of positive coping and substance use as negative coping is minimal in both groups (p: <0.01).

Table 1: Distribution of scores measuring different coping strategies for MDD and HC

Coping Strategies	MDD (N: 37) Mean ± SD	HC (N: 40) Mean ± SD	T value	P
Active coping (+)	4.38± 0.80	5.70±1.20	5.43	.000
Planning (+)	2.27±0.65	4.80±1.04	12.4	.000
Use of instrumental social support (+)	5.11± 0.88	5.65±0.98	2.55	.013
Use of emotional social support (+)	6.54±0.87	5.70±1.34	3.17	.002
Acceptance (+)	4.38±1.94	5.70±1.27	5.39	.000
Positive reframing (+)	3.24± 0.64	3.95±0.75	4.42	.000
Religion (+)	6.70±0.97	5.65±0.98	4.75	.000
Humor (+)	2.27±0.45	2.53±0.64	2.00	.049
Self blame (-)	5.86±1.45	3.15±0.86	10.03	.000
Self distraction (-)	5.43±0.96	3.48±0.99	8.86	.000
Behavioral disengagement (-)	5.22±1.31	2.90±0.84	9.28	.000
Denial (-)	4.49±1.77	2.50±0.60	6.69	.000
Venting (-)	6.57±0.90	5.35±1.21	4.98	.000
Substance use (-)	-	-	-	-

[Key: MDD: Major Depression Disorder; HC: Healthy Controls;

(+): indicate positive, adaptive or healthy coping mechanisms;

(-): indicate negative, mal-adaptive or unhealthy coping mechanisms]

(i) **Coping mechanisms with the severity of their symptoms:**

The analysis of the type of coping mechanisms used by women with MDD based on severity of their symptoms was attempted across three groups (Table 2). One-way ANOVA comparison between the three groups, assuming that the samples are independent, the variable is normally distributed, and the variances of populations are equal, shows there is no significant difference (p: >0.05) only for the domain of using humor as coping mechanism by this sample of women. It is an effective coping mechanism when things are not going well even for healthy people. In this study, no humor appears to have been invoked by women respondents to combat their depression or supplement their even healthy lifestyle.

A significant result on ANOVA indicates that at least three groups differ from each other. It does not identify which of the groups differ. Therefore Tukey test was attempted to determine where the differences lie exactly among three groups in coping mechanisms. Such a test will keep the level of Type I error (i.e., finding a difference when none exists) equal to the chosen alpha level (e.g., α=0.05 or α=0.01).

Table 2: Coping mechanisms with the severity of symptoms

Coping Mechanisms	Mean ± SD			F	p value
	HC (n=40)	Moderate(n=19)	Severe(n=18)		
Active coping (+)	5.70[bc]±1.20	4.63[b]±0.90	4.11[a]±0.58	16.2	.000
Planning (+)	4.80±1.04	5.21±0.85	5.00a±0.91	38.72	.000
Use of instrumental social support (+)	5.65±0.98	6.63±0.96	6.44±0.78	3.49	.036
Use of emotional social support (+)	5.70[b]±1.34	3.89[a]±1.29	4.22[ab]±1.22	5.08	.009
Acceptance (+)	5.70±1.27	3.11±0.66	3.39±0.01	14.89	.000
Positive reframing (+)	3.95±0.75	6.74±0.99	6.63±0.97	10.64	.000
Religion (+)	5.65±0.98	2.37±0.50	2.17±0.38	11.16	.000
Humor (+)	2.53±0.64	5.79±1.62	5.94±1.30	2.62	.079
Self blame (-)	3.15±0.86	5.53±0.96	5.33±0.97	49.90	.000
Self distraction (-)	3.48±0.99	5.26±1.45	5.17±1.20	38.72	.000
Behavioral disengagement (-)	2.90±0.84	4.48±1.80	4.11±1.71	42.53	.000
Denial (-)	2.50±0.60	6.63±0.96	6.50±0.86	24.44	.000
Venting (-)	5.35±1.21	2.00±0.00	2.00±0.00	12.33	.000
Substance use (-)	-	-	-		

Note: mean values with different superscripts are significantly different from each other as indicated by Tukey's HSD (alpha=.05)

Post hoc measures indicate that "active coping" strategy (F: 16.2; p: 0.001) and "use of emotional social support" (F: 5.08; p: 0.009) are the only two coping mechanisms that distinguish the three groups. There is a linear decrease in the mean scores with increase in the severity of depression. The sample of women respondents with severe symptoms show the least "active coping" strategies (Mean: 4.11; SD: 0.58) compared to those with moderate depression (Mean: 4.63; SD: 0.90) and HC (Mean: 5.70; SD: 1.20).

(ii) **Maladaptive and adaptive coping strategies:**

In this study, it is noted that almost five out of eight positive domains, viz., active coping, planning, use of instrumental social support, use of emotional, social

support, and positive reframing are used as coping mechanisms as compared to the less use of humor, and religion by the women with MDD. Among the negative coping mechanisms, denial, self-blame, and self-distraction are used more by them. There appears to be a generic disinclination by all women to use emotional humor as coping mechanism. The women with moderate-severe depression are prone to use social-behavior than cognitive based strategies to cope with depression. Unlike in the reports from the West, the use of substance is not at all found in this clinical sample of women with MDD[18].

Discussion

The study sought to see if there are any differences in coping mechanisms used by women with MDD and HC. The results match many previous studies that women with MDD have fewer or poor coping mechanisms than matched HC. It is found that they are more likely to cope using emotion-based mechanisms like denial, behavioral disengagement, self-blame and by seeking social supports[10]. By contrast, the healthy non-clinical sample of women use additional cognitive based strategies like planning, positive reframing, and religion rather than negative strategies like self-blame, rumination, catastrophizing, and other-blame. There exists positive correlation between depression symptoms and use of maladaptive coping mechanisms[19]. Negative thoughts and wrong beliefs about events and use of dysfunctional coping methods are the result of inability to take control of negative emotions which can lead to depression. Individuals with improper use of coping mechanisms have lower mental health and life satisfaction[20,21].

Complex relationship between gender, coping, and psychopathology targeting at-risk populations can be validated by further research. The relationship between the coping mechanisms and depressive symptoms

Such as self-blame, positive reframing is the cause or consequence of depression is not still very clear.

Finally, the other aspects of etiological factors of the disease may tend to perpetuate or maintain the negative affectivity in women i.e., stressful life events, genetic predispositions, or social learning contingencies. In sum, this study attempts to establish a relationship between adaptive-maladaptive coping mechanisms and depression.

The present study has few limitations. Some responses were retrospective due to the use of self-reported measures. There is likelihood of response bias, influence of social desirability and retrospective falsification in reporting. Finally, the design of the study is cross-sectional and does not allow for the evaluation of causal relationships. Generalization of the findings is limited because of the relatively small size of the non-depressed adult sample.

Conclusion

Despite these limitations, this study suggests that women experience major depression. Their coping mechanisms are more emotion-focused and less problem-centered. Helping women to achieve a greater sense of control over their circumstances and to engage in problem-solving rather than emotionality when dealing with stressors, as well as changing the social circumstances that cause these reactions, would be useful. Coping mechanisms are also associated with the patient's understanding of their symptoms and how one manages the illness.

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