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How Major Depressive Disorder Patients Do When Coping with Stress?

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Abstract:
This study aimed to investigate the predictor role of coping with stress style subtypes on major depressive disorder (MDD). The sample sizes of 100 participants were randomly selected from clinical patients of mental health hospitals. The DASS-21 scale were applied to assess the depression and the WOCQ inventory with eight subscale of coping with stress subtypes were used to measure the encounter coping, social support search, flight, avoidance, positive evaluation, admission the responsibility, problem solving based on program and continence. Results showed that after three steps the coping with stress subtypes (positive evaluation, flight and avoidance) could predict 63 percent of major depressive disorder's variance. The most significant subtypes of coping styles are weakness in positive evaluating, flight and avoidance which could highly predict MDD.

Keywords: *Major depressive disorder, Coping with stress styles, Positive evaluating, Flight and Avoidance*

1. Introduction

According to DSMV, MDD is a mood disorder with one or more periods of major depression without manic or hippomanic periods that may last at least for two weeks. Typically, the patient is depressed and loses his/her interest in most activities. To diagnose MDD the patient should at least display five of MDD signs such as: Depressive mood, lack of pleasure, weight loss, insomnia, psychomotor dullness, tiredness, worthlessness, feeling guilty, thought of death, etc (American Psychological Association, 2014). The MDD patients lose their control when coping with stress situations.

Lazarus and Folkman (1984) explain the coping styles as cognitive-behavioral changing processes are applied by person to flight, avoid, and reduce or control the stress factors that have three major functions: first, providing desired information about situation; second, information processing and third, keeping freedom, independence and using the skills. They consider coping styles as a formal, complex and acquisitive processes that are totally divided in two categories:

1. Problem focused coping (PFC) involves logical responses to change the stressor origin (e.g. solving the problems, responsibility, positive evaluating and continence). This coping style focuses on threat source and aims at cognitive evaluation, rational analysis; and identifying the problem solutions. PFC includes consultation, taking action to change the situation and using others experiences. Coping styles are inter-dependent or outer-dependent. Those who apply outer-dependent coping styles resist situational changes; however, those with inter-dependent coping styles try to develop attitudes and beliefs and subsequently develop the new skills and responses.
2. Emotion focused coping (EFC) involves coping with emotions due to threat source that eventually leads to reduce or manage the distress (Lazarus & Folkman, 1984). It includes avoidance, escape or flight, support search, and encounter. Generally, PFC is activated in controllable situations conversely EFC is activated in uncontrollable situations; nevertheless, the influx of psychological stressors arouse both styles. PFC is dominating when people believe that their targeted efforts are effective to overcome the problem and on the contrary, low sense of control increases the emotional distress and causes the EFC (Lazarus and Folkman, 1984). Moreover, coping process is not automatic but it rather learned pattern of purposeful response to manage the stressful situations that may lead to anxiety when it fails to control the stress sources.

2. Literature Review

Negative events often precede MDD periods (Haman, Freeman, Gallop, 2005). Why some people depress after the negative events experiment? This issue depends on both the stressful events' excessiveness and context. The people who prone to be depress consider the events as uncontrollable, undesirable and negative situation (Beck, 2001). Extreme events cause depression in people who do not have social support (Patel, 2007). When the person's internal coping styles defeat against stressful situation, the external support systems provide a support sources for him. Therefore, while the negative events of life impact on depression the available psychosocial sources mediate the situation which increase or decrease the possibility of depression (Robinson, Sahakian, 2008).

It seems that the depression is significantly correlates with defect on social skills, interpersonal problems and marital conflicts. People may reject the depressed person assessing him/her as a non-sociable person. Depressed people express less emotion when speaking and widely pause before answering to dialogue questions. Furthermore, they choose the subjects with sorrow, disaster and negative self reflects (Human & Colleagues, 2006). Evidences show that coping process effect on psychological health. Both compatible and incompatible coping strategies are applied in stressful situations (Jenkins, Eliot, 2004; Abdolrahim, 2013) and coping styles directly effect on mental health (Zandkarimi, Yazdi, Khosravi & Dehshiri, 2015; Beasley, Thompson, Davidson, 2003). Beasley and Colleagues (2003) underscore that men and women similarly apply the coping styles and also when using the avoidant coping style they experience more high level of depression. Furthermore, depression cause people to choose the incompatible coping styles whereas the absence of depression make people choose the more rational coping styles to adapt with situations. This is one of the characteristics of depression that the person could not use the problem focused styles that make depressed patients to be unable being recover (Kato, 2014). Studies show that the depressed people use more emotional coping styles when contacting with stressful situations. (Lazarous & Folkman, 1986). Most of these studies have titled that the depressed people apply emotion focused coping style (Rashnou, Arfaei, 2014; Ebrahimi, Bolharo & Zolfaghari, 2012). The findings of Ebrahimi and Colleagues (2012) represent that the people without depression significantly choose the problem focused styles in coping with stress. In contrast, the MDD patients have interpersonal conflicts when contacting with stressful situations. One study represents that the problem focused coping style is very important in prognosis the depression (Rady, Mashayekhi & Noori, 2013). The correlation between depression and coping with stress styles is significantly bilateral. In one hand, the depressed patients are excited and lose their control in difficult situations for the lack of hope, negative feelings and inefficiency assumptions. On the other hand, the people who use the problem focused styles believe in the problem is solvable and search the ways to exit the crisis. This process improves the hope feeling and reduces the hopelessness and depression (Rady, & Colleagues, 2013).

Folkman and Lazarous (1991) express eight subtypes of coping styles:

1. Positive evaluation: this subtype involves the efforts that use to finding a positive meaning for the stressful experiences.
2. Admission the responsibility: A person orient on the action which is in his/her responsible.
3. Problem solving based on program: This involves in thinking about the confrontation of stressful situation and reflection to find the best way to control the stress.
4. Continence: This involves the efforts that a person uses to regulate his/her emotions and feelings.
5. Encounter coping: This subtype is characterized by physical efforts to change the situation and encounter with it.
6. Support searching: Efforts to achieve the emotional peace and giving the information.
7. Flight: Stay away from competition and lack of attention to the other issues.
8. Avoidance: This involves wishful thoughts or efforts to avoid and release the stress such as overrating, alcohol and cigarette abuse.

On the basis of the researches on these eight subtypes, problem solving based on program is the most effective and the avoidance is the most incompatible coping styles (Shirazi, 2010).

Despite the most notable researches on coping with stress styles in MDD, there are some questions that may be important to answer. For example, we need to know which one of these eight subtypes of coping with stress closely correlates with MDD. We know that the MDD patients emotionally cope with stress situations but it is important to represent the subtypes of coping with stress in MDD. Moreover, it is notable to find the contribution of each one of these eight subtypes in predicting MDD.

3. Methods

The clinical sample consisted of 100 MDD patients from Tehran mental health clinics and hospitals. The participants' entry criteria were MDD clinical diagnosis without co-morbid anxiety disorders which was previously diagnosed by health centers' psychiatrists. The eight subtype of coping with stress styles were predictor variables and the criterion variable was MDD. The participants were between 25-45 years old (38 men and 62 women) with the mean of 30.5 and 54 percent of them had high school diploma, 15 percent a college degree and 31 percent a Bachelor degree. Participants should not have taken medications or psychological treatments before the assessment so that the effects of these interventions could be controlled.

Patients' diagnosis was performed by DASS-21 scale: The depression anxiety stress scale was developed to measure the constructs of depression (Lovibond & Lovibond, 1995). DASS-21 contains depression, anxiety and stress subscales that are able to detect the symptoms by assessing the past week in adults. For assessing the eight subtype of coping with stress styles, the working conditions and control questionnaire (WOCQ) were used (Lazzarous & Folkman, 1986). WOCQ consists of 65 items to assess the eight subtypes of coping styles. The validity of the DASS-21 were assessed trough the investigating the correlation with Beck Depression Inventory (BDI) (Beck, 1967) which was 0.74 that was significant. Aghausefi (2010) have reported that the construct validity of WOCQ is significant too. The internal consistency method was used to evaluate the reliability of the tests. The Cronbach's alpha coefficients for depression subscale of DASS-21 were 0.87 and for the eight subtypes of WOCQ test were between 0.82 and 0.85.

4. Results

Variables	1	2	3	4	5	6	7	8	9
1. MDD	1								
2. Encounter	.14	1							
3. Support Search	-.18	-.06	1						
4. Flight	.53**	.02	-.19	1					
5. Avoidance	.54**	-.01	-.15	.20**	1				
6. Positive evaluation	-.68**	-.14	.31**	-.25**	-.53**	1			
7. Responsibility	-.03	.50**	.17	.01	-.15	-.09	1		
8. Problem solving	-.48**	-.13	.07	-.17	-.45**	.56**	.06	1	
9. Continence	-.04	.42**	-.06	.00	-.08	-.07	.44**	-.05	1
Mean	14.89	6.75	7.91	11.40	10.48	8.01	6.30	7.62	10.26
STD	2.23	2.66	3.44	3.94	5.14	4.29	2.05	3.79	2.66

Table 1: the descriptive statistics and correlation matrix of predictor and criterion variables
$**p< 0.01$

The results of the stepwise regression of predictor variables are shown below:

Model	R	R^2	R	Std.	F	Sig.
1	0.68	0.46	0.46	1.64	84.614	.000
2	0.77	0.60	0.60	1.42	73.930	.000
3	0.80	0.63	0.62	1.37	55.560	.000

Table 2: results of stepwise regression analysis depend on predictors
Note. According to stepwise regression after three steps predictor variables predict 63 percent of MDD variance [R=0.80, R2=0.63, F (1, 99) = 55.560, p<0.001].

Model	Unstandardized Coefficient		Standardized Coefficient	T	Sig.
	B	Std. Error			
Constant	13.254	0.722		18.740	.000
Positive evaluation	-0.247	0.038	-0.475	-6.418	.000
Flight	0.210	0.036	0.372	5.815	.000
Avoidance	0.100	0.032	0.208	2.839	.006

Table 3: the regression coefficients for significant predictor variables
Note: On the basis of the coefficients the effect of three subtype of coping with stress could predict the MDD:
*MDD = 13.254 - (0.247*Positive evaluation) + (0.210*Flight) + (0.100*Avoidance)*

5. Discussion

Problem focused coping subtypes (positive evaluation and problem solving) negatively correlate with MDD. This finding is in line with the finding (Ebrahimi & Colleagues, 2012; Rady & Colleagues, 2013; Zandkarimi & Colleagues, 2015). In contrast, MDD positively correlates with emotion focused coping subtypes (flight and avoidance) (Rashnou & Arfaei, 2014; Babajani, & Colleagues, 2014). The results showed that after three steps positive evaluating, flight and avoidance subtypes of coping styles could predict 63 percent of MDD variance. The results of our research represented the flight and avoidance style of coping with stress and weakness in applying the positive evaluation of situation predict major depression with a high probability in future. It seems that flight and avoidance reinforce the symptom of depression when contacting with stressful situation.

The people who are weak in positively evaluating the stressful events may increase the feeling of hopelessness and sorrow which are the most important symptoms of major depression (American Psychologist Association, 2014). This leads them to negatively assessing the self, world and future (Beck, 1991) and sinking in depression. Our finding pointed that the participants significantly show negative correlation with positive evaluating the stressful situation that powerfully predicts MDD symptom.

The other subtypes of emotion and problem focused coping with stress styles such as encounter, support search, responsibility and continence were not correlate with MDD; nevertheless, problem solving significantly correlates with MDD but its effect were excluded from the regression steps. In conclusion the most meaningful and significant subtypes of coping styles are weakness in positive evaluating, flight and avoidance which could highly predict the MDD.

The results obtained from this study must be interpreted in the context of its strength as well as its limitations. On the one hand, the positive aspects such as assessing all the subtypes of coping with stress styles would help to increase the current knowledge about the MDD patients coping with stress strategies. Accordingly, these findings should be interpreted in the context of limitations such as disregarding the gender of the participants in coping with stress. It is probable that women may be different in coping with stress against men. The study on the subtypes of coping with stress styles regarding the gender and participants' intelligences in depression and anxiety disorders are the criteria that is suggested for future studies.

6. References

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