Anima, Indonesian Psychological Journal
2007, Vol. 22, No. 4, 301-308

The Effects of Hassles (Stressors) and Different Coping Styles on Tertiary Students' Mental Health.

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Abstract. The purpose of this study is to look at the relationship between stressors (hassles), coping and mental health. This study also tried to analyze which factor (coping or hassle) is more important in predicting mental health. Tertiary students (N = 152) from different racial groups participated in this study. The participants filled out the General Health Questionnaire (GHQ), the Hassle scale and the Functional Dimensions of Coping Scale (FDC). Results indicated that stressfulness of hassles, rather than the total number of hassles, was a better predictor of various mental health problems. In addition, people who use avoidance or isolation as their coping strategy has higher mental health problems. Most importantly, the coping strategy (isolation or avoidance) was more important in predicting mental health than the severity of hassles. These findings are congruent with several studies done overseas and theories postulated by other researches.

Keyword: stressors, coping, mental health

Abstrak. Tujuan kajian ini adalah melihat hubungan antara stresor, cara mengatasi tekanan dan kesehatan mental. Kajian ini juga menganalisis faktor yang lebih penting memprediksi kesehatan mental seseorang. Sejumlah mahasiswa (N = 152) dari berbagai kelompok etnis berpartisipasi dalam kajian ini. Para subjek mengisi borang *General Health Questionnaire, The Hassle Scale* dan *Functional Dimensions of Coping Scale.* Hasil-hasil menunjukkan bahwa intensitas stres akibat *hassles* ("kesulitan"), dan bukan jumlah total *hassles* yang merupakan prediktor yang lebih baik untuk berbagai masalah kesehatan mental. Di samping itu, mereka yang memakai penghindaran atau isolasi sebagai strategi mengatasi masalahnya memiliki masalah kesehatan mental yang lebih tinggi. Yang terpenting, strategi mengatasi masalah (isolasi atau penghindaran) lebih penting memprediksi kesehatan mental daripada parahnya perselisihan. Temuan ini selaras dengan berbagai kajian yang telah dilakukan di mancanegara dan teori yang dipostulatkan peneliti lain.

Kata kunci: tekanan, mengatasi tekanan, kesehatan mental

Everyone experiences stresses at different points of their life. These hassles or stressors may range from finance, health, grief, disputes to having too many things to do. Hassles are irritating, frustrating, distressing demands that to some degree characterize everyday transactions with the environment (Kanner, Coyne, Schaefer, & Lazarus,1981). Some people have many hassles going on in their lives but yet they go about managing their lives well without being affected by those hassles. Some people cope by doing something about the hassles yet others resign to fate and choose not to deal with them. Why is it that some people are not affected by the hassles they experience but others are? What is the unhealthy way of coping?

Several theories about hassles or stressors have been postulated. These theories look at the different aspects of stressors and how one copes with stressors. According to Dohrenwend and Dohrenwend (1981), stressor or major life events (i.e. hassle) affects our mental health and may generate psychopathology. In fact, there are many evidences to support the notion that stressful life events such as loss of job, divorce, and health concerns are related to various physical and mental illness (Dohrenwend, Dohrenwend, Dodson, & Shrout, 1984). These illnesses include depression, acute episodes of schizophrenia, heart disease and fractures.

Lazarus and Folkman (1984) postulated that when we perceive an event to be harmful, threatening, challenging or a loss, we would be affected. Thus, it is not he number of stressors (hassles) that affects us but our perception of the stressors. According to them, we use cognitive appraisal when we encounter potential stressors (i.e., hassles). The cognitive appraisals include

primary and secondary appraisals. In primary appraisal, when we evaluate the potential stressors, we ask ourselves " What is this going to cost me?" We are less affected physically and mentally when we view that the potential stressor has less or not much of an impact on us. With secondary appraisal, we ask ourselves "How can I handle this?" If one perceives that he/she has no problem in handling the stressors, the stressor will not have a lot of impact on him/her physically and psychologically.

Lazarus and Folkman (1984) also proposed that human beings might employ either problem-focused or emotion-focused coping when they encounter stress. Coping that aims at altering or dealing directly with the stressor (hassle) is termed as problem focused coping. In addition, we tend to use problem-focused coping when we think that we can change or manage the stressor. For example, workers who approach their employers directly to clarify misunderstanding are employing problem-focused coping. Coping that aims at regulating one's emotions when dealing with stressor is termed as emotion-focused coping. Usually, the situation may not be changed such as someone having cancer. By using emotion-focused coping, we can look at the stressor from a different perspective by downplaying the stressor and reducing the tension. Thus, someone may say "There are other patients whose conditions are worse than mine," or "I have done my part, and my conscience is clear when employing emotion-focused coping."

Antonovsky (1979) postulate that every coping strategy comprises three major components and effective coping requires all the three strategies to be used. The three components are farsightedness, flexibility, and rationality. People with farsightedness look at the consequences of their actions meanwhile people who are flexible are not rigid in their thinking. They are willing to try new suggestions and look at things from a different perspective. People who are rational assess the stressor objectively, and are realistic in evaluating their stressor.

In general, all the theories look at the different aspects of hassles or coping. One theory stated that stressful events affect our mental health (Dohrenwend & Dohrenwend, 1981). The next postulated that our perception of the hassles or stressors and not the number of stressors affect our mental health (Lazarus & Folkman, 1984) We tend to employ problem-focused coping when we think we can do something about the stressor (Lazarus & Folkman.) Antonovsky (1979) stated that effective coping requires farsightedness, flexibility, and rationality.

Currently there are no studies done on the Malaysian population. It would be interesting to see how hassles affect the Malaysian population and the way we cope. Most importantly, are the results done in other countries generalizable to our population? This study intends to investigate several issues, (a) Firstly, the relationship between stressor (hassles) and mental health will be explored. Crucial aspect of hassles that can predict mental health will also be examined; (b) Secondly, the relationship between coping and mental health will also be looked into. Different aspects of coping (styles of coping) that could predict mental health will be scrutinized; (c) Finally, this study also tries to analyze which factor (coping or hassle) is more important in predicting mental health.

Method

Participants

One hundred and fifty-two nursing, medical and occupational therapy students participated in this study. There were 138 females and 14 males with the mean of 20.27. The sample consisted of Malays, Chinese and Indians. No significant differences were noted between groups on gender, race and participants' age.

Procedure

Firstly, the participants were told that confidentiality was ensured for all the information that they provided in the questionnaires. The questionnaires were administered by the researchers (Clinical Psychology Intern). Each participant was assigned a number and the participants wrote the assigned number and their demographic data (i.e., age, gender, race) in each of the questionnaire. After that, they were asked to complete the questionnaires after the researcher gave detailed instructions and explained the method of approaching the three different questionnaires. The participants were also encouraged to check with the researcher should there be any questions. In addition, the researcher went around checking and assuring that the

participants filled out the questionnaires in the correct manner. Lastly, the questionnaires were collected after the participants finished filling them out.

Measurement instrument

The general health questionnaire (GHQ). The GHQ (Goldberg, 1978) was designed as a self-administered screening test with the purpose of identifying psychiatric disorder among the respondents. The standard 28-item GHQ, which was used in this study comprises four different subscales: Somatic symptoms (GHQ-A), Anxiety and Insomnia (GHQ-B), Social Dysfunction (GHQ-C), Severe Depression (GHQ-D). Each subscale consists of 7 questions, where the respondents rated their current situation on a 4-point scale (better than usual, same as usual, worse than usual, much worse than usual). Lower scores signify better general adjustment. The total score of all the subscales yields GHQ-Total. Split half reliability for the GHQ-28 was 0.78. The GHQ-28 factor scales correlated with Leeds scales for self-assessment of depression and anxiety ranging form 0.75 to 0.87 for 50 maternity patients who had lost a baby in the previous 6 months

The functional dimensions of coping scale. The functional dimensions of coping scale (Ferguson & Cox, 1997) is a self-administered inventory assessing coping styles among the respondents. Comprising 24 items, the functional dimensions of coping scale identifies four styles of coping: approach, avoidance, reapprisal and emotional regulations. The respondents rated how often they employ each coping style on a scale of 0 (not at all) to 6 (very much so). Lower scores signifies lesser use of a particular coping style.

The Hassle scale. The hassle scale (Kanner, Coyne, Schaefer & Lazarus, 1981) was designed to include a list of 117 hassles. The areas covered range form health, work, legal problems, climate to crime and pollution. The respondents had to circle the hassles that happened to them in the past 1 month. Then, they had to indicate the severity of the hassle by circling (somewhat severe), 2 (moderately severe) or 3 (extremely severe). In addition, they were also asked to write down the hassles they experience that were not included in the list of 117 hassles. The total number of hassles occurring in the past 1 month is the total hassle score (hassle-total, HASL-T) whereas the cumulated score of the severity of hassles is the hassle-severity score (HASL-S)

Statistical Procedure

A single survey was used to gather information for this study. The dependant variables consist of the participants' reported mental health in the General Health Questionnaire (GHQ). The independent variable consisted of the participants' reported coping style and hassles that they experienced using the Functional Dimensions of Coping Scale and the Hassle scale.

Results

The purpose of this study was to look at several issues. Firstly, the relationship between major life events (hassles) and mental health were explored. Secondly, the relationship between coping and mental health were also looked into. In addition, this study attempted to look at the crucial aspects of coping (i.e., styles of coping) and hassles that could predict mental health, if there was a relationship between them. Finally, this study also tried to analyze which factor (i.e., coping or hassle) was more important in predicting mental health.

Table 1 listed some of the most hassles among the Malaysian sample. From an examination of the content of the items, troubling thoughts about one's future is the most common hassles among the Malaysian tertiary students. Kanner, Coyne, Schaefer, and Lazarus' (1981) study of middle age adults found that concerns about weight was the leading hassle in their sample. However, hassles such as concerns about weight, health of a family member, having too many things to do and misplacing or losing things are the common top ten item in both Kanner et al.'s (1981) and this study. It is interesting to note that since this sample consisted of students, the common hassles are related to attending collage (inability to express oneself, having trouble making decisions, concerns about one's weight, too many things to do, etc). On the other hand, Kanner et al.'s sample consisted of middle age sample and hence their hassles were related to health, rising prices of goods, home maintenance, taxes, etc.

Table 1
Most Hassles among Malaysian People

Questions Number	Question(s)	% of respondents
Q5	Troubling thoughts about your future	85.5
Q47	Inability to express yourself	72.4
Q26	Trouble making decisions	71.7
Q91	Concerns about weight	65.8
Q7	Health of a family member	63.8
Q79	Too many things to do	62.5
Q1	Misplacing or losing things	62.5
Q71	Not getting enough rest	60.5
Q92	Not getting enough time to do things you need to do so	60.5
Q103	Difficulties with friends	59.9
Q24	Concern about the meaning of life	59.2
Q12	Concern about money for emergencies	57.9
Q72	Not getting enough sleep	56.6
Q23	Planning meals	55.9
Q60	Wasting time	55.3
Q42	Being lonely	50.0
Q97	Regrets over past decisions	50.0

Relationship between Hassles and Mental Health

In order to find out how hassles predicted mental health, a multiple linear regression was conducted where the dependant variable was mental health and the independent variable was hassles. The severity of hassles (hassle-severity, HASL-S) and the total number of hassles (hassle–total, HASL-T) were initially regressed on different aspects of mental health i.e., somatic complaints (GHQ-A), anxiety and insomnia (GHQ-B), social dysfunction (GHQ-C), and severe depression (GHQ-D). Tables 2 to 5 summarize the findings.

Table 2
Summary of Ordinary Least Squares Multiple Regression Analysis for Hassles Predicting Somatic Symptoms in Mental Health (GHQ-A)

	B	SEB	B
GHQ-A			
HASL-S	0.036567	0.019923	0.357662
HASL-T	-5.39345E-04	0.042557	-0.002470

Note $R = 0.13$ [$F(2,149) = 10.77$, $p < 0.01$]

To obtain an indication of which aspects of hassles predicted somatic complaints (GHQ-A), the severity of hassles (hassle-severity, HASL-S) and the total number of hassles (hassle-total, HASL-T) were initially regressed on somatic complaints (GHQ-A). 13% of the variance of GHQ-A was accounted for by measures of hassles [$F(2,149) = 10.77$, $p < 0.01$] (see Table 2) Even though severity of hassles (hassle-severity and the total number of hassle (hassle-total) did not reach full significance, hassle-severity is more significant in predicting somatic symptoms than hassle –total. Thus, the severity of hassle (i.e. the stressfulness of the event and not the number of stresses) has more impact and predicts somatic symptoms better.

To ascertain which aspects of hassles predicted anxiety & insomnia (GHQ-B), the severity of hassles (hassle-severity, HASL-S) and the total number of hassles (hassle-total, HASL-T) were initially regressed on anxiety & insomnia (GHQ-B) Thirteen percent of the variance in GHQ-B was accounted for by measures of hassles [$F(2,149) = 11.17$, $p < 0.01$] (see Table 3). The severity of hassle (hassle–severity) has

Table 3
Summary of Ordinary Least Squares Multiple Regression Analysis for Hassles Predicting Anxiety and Insomnia in Mental Health (GHQ-B)

	B	SEB	B
GHQ-B			
HASL-S	0.057195	0.023126	0.480837*
HASL-T	-0.034175	0.049398	-0.134504

Note $R = 0.13$ [$F(2,149) = 10.77$, $p < 0.01$]

Table 4
Summary of Ordinary Least Squared Multiple Regression Analysis for Hassles Predicting Severe Depression in Mental Health (GHQ-D)

	B	SEB	B
GHQ-D			
HASL-S	0.045005	0.17911	0.499389*
HASL-T	-0.044204	0.038259	-0.229628

Note $R = 0.091$ [$F(2,149) = 7.48$, $p < 0.01$] *$p < 0.05$

reached the significant level of 0.05 nearing closely to 0.01 reading, whereas the total number of hassle (hassle-total) failed to reach any significant level. Thus, the severity of hassle (i.e. the stressfulness of the event) as compared with the number of stresses has more impact in predicting anxiety & insomnia.

To obtain an indication of which aspects of hassles predicted severe depression (GHQ-D), the severity of hassles (hassle-severity, HASL-S) and the total number of hassles (hassle-total, HASL-T) were initially regressed on severe depression (GHQ-D). Nine percent of the variance in GHQ-D was accounted for by measures of hassles [$F(2,149) = 7.48$, $p < 0.01$] (see Table 4). The severity of hassle (hassle-severity) reached the significant level of 0.05 whereas the total number of hassle (hassle-total) failed to reach any significant level. Thus, the severity of hassle (i.e. the stressfulness of the event and not the number of stresses) has more impact in predicting severe depression.

To obtain an indication of which aspects of hassles predicted the total scores of all the subscales in mental health (GHQ-Total), the severity of hassles (hassle-severity, HASL-S) and the total number of hassles (hassle-total, HASL-T) were initially regressed on all categories in mental health (GHQ-Total). 15% of the variance in GHQ-Total was accounted for by measures of hassles [$F(2,149) = 13.08$, $p < 0.01$] (see Table 5). The severity of hassles (hassle-severity) reached the significant level. Thus, the severity of hassles (i.e. the stressfulness of the event and not the number of stresses) has more impact and is quire accurate in predicting severe depression.

Table 5
Summary of Ordinary Least Squared Multiple Regression Analysis for Hassles Predicting All Subscales in Mental Health (GHQ-Total).

	B	SEB	B
GHQ-Total			
HASL-S	0.167035	0.058405	0.549922*
HASL-T	-0.120235	0.124757	-0.185316

Note $R = 0.091$ [$F(2,149) = 13.08$, $p < 0.01$] *$p < 0.05$

Analysis of Coping Scale

The 24 items of coping scale were subjected to a factor analysis with varimax rotation. The purpose of this analysis was to examine how many factors these items fall into. The Factor Analysis yielded 7 factors with an eigen value above 1. The factors accounted for 65% of the variance. Using Cattel's scree plot, only the first 5 factors were selected. They were grouped into the following factors: Appraise, Approach, Avoidance, Emotional Support and Isolation. In comparison to Ferguson and Cox's (1997) study, this study has an additional factor, i.e. isolation. In this study, 86.54 % respondents deliberately isolated themselves and 81.8% completely cut themselves off from other company (refer Appendix). One of the possible reasons why isolation is another prominent coping style for the Malaysian population may be because of cultural and upbringing influences. It is also interesting to note that the 93.22 % respondents in our study turn to others to discuss their problems, 87.84 % respondents sought emotional support and comfort which 86.54% respondents deliberately isolated themselves

Discussion

This study aimed to investigate several issues. Firstly, the relationship between major life events (hassles) and mental health were explored. Crucial aspect of hassles that could predict mental health was also examined. Secondly, the relationship between coping and mental health were also looked into. Different aspects of coping (styles of coping) that could predict mental health were scrutinized. Finally, this study also tried to analyze which factor (coping or hassle) was more important in predicting mental health.

Several conclusions can be drawn from this study. Firstly, there was a relationship between hassles and mental health. Data indicated that a significant rela-

tionship existed between stressfulness of hassles (Hassle-Severity) and total GHQ score. Furthermore, the severity of hassles (Hassle-Severity) predicted somatic symptoms (GHQ-A), anxiety and insomnia (GHQ-B), and severe depression (GHQ-D). Generally, stressfulness of hassles, rather that the total number of hassles, was a better predictor of various mental health problems (i.e., somatic symptoms, anxiety and insomnia, and severe depression). Thus, we can conclude that having a lot of negative things going on in one's life does not necessarily create mental health problems. Instead, it is how stressful we perceive the events, which finally determine whether we have mental health problems.

Secondly, it was also found that the various coping styles predicted mental health. A significant relationship existed between styles of coping, particularly avoidance and isolation and total GHQ score. Furthermore, avoidance and isolation consistently predicted somatic symptoms (GHQ-A), anxiety and insomnia (GHQ_B), social dysfunction (GHQ-C) and severe depression (GHQ-D). Hence, the more people use avoidance and isolation as a coping strategy, the higher their overall mental health problems will be.

Thirdly, knowing that the severity of hassles, isolation and avoidance significantly predicted mental health, further analysis was done to identify which factor was more important in predicting mental health. It was found that across all the subscales of mental health (i.e., somatic symptoms, anxiety and insomnia, and severe depression) and the total scores of GHQ, either isolation or avoidance consistently predicted mental health problems. The severity of hassles only predicted mental health in somatic symptoms (GHQ-A), anxiety and insomnia (GHQ-B, and total scored of mental health (GHQ-Total). Hence, when one copes using either isolation or avoidance strategies, he or she is more likely to have mental health problems.

Indeed, the results of this study are consistent with previous studies. Goodyer (1990) stated that those who perceive events that might be a threat or of negative impact were more likely to have psychiatric disorder. In addition, Whipple and Webster-Stratton (1991) found that mothers who perceived themselves to have more negative events tend to have higher rates of both depression and anxiety. The saying of "There is nothing good or bad but thinking that makes it so" by Shakespeare applies here. This study has shown that it is not the number of hassles (i.e., stressor) that cause us distress. However, it is the severity of the hassles that affect our mental health. In other words, how we appraise our hassles determine whether we will be affected (i.e. be distressed or having mental health problems). According to Lazarus (1984), when we encounter stressful situations, we ask ourselves two crucial questions, i.e., "What is this going to cost me?" and "How can I handle this stressor?" When we perceive a stressor as harmful, threatening, challenging, or loss, we will appraise it as stressful. However, we will not be affected if a hassle is not seen as a stressor. In addition, we will be less affected when we perceive that we could handle an event. For example, you have to hand in your Ph.D. dissertation within a few weeks. If you have not been working on you dissertation, you may perceive it as stressful event when you realized that you have to hand it in within a few weeks. You will be even more distressed when you realize that you do not have the resources (relevant journal articles) or support needed to finish your dissertation. However, if you have been consistently working on your dissertation you will not see it as a stressful event. In fact, your consistency in working on the dissertation will enable you to handle the deadline well.

The notion of how we appraise the situation (e.g. hassles) determines whether we will be affected is also in line with Beck's cognitive model of depression. According to Beck, it is not the events, which make us sad. However, it is the way we construe the event that affects us. Thus, it is not the hassles that upset or bring about distress. Instead, it is the way we interpret the hassles that affect us. For example, you boss scolds you. If you think negatively that it is all your fault and you are incompetent, you would definitely feel sad. However, if you think that your boss was at the time an unreasonable person and was in the bad mood, you will not be very much affected by it. Hence, this may be one of the reasons why the severity of hassles (i.e., how we perceive the hassles) affects mental health.

Lazarus and Folkman's (1984) problem or emotion-focused coping and Antonovsky's (1979) coping strategies shared some common elements. Their coping strategies require one to approach, appraise or come out with solutions to deal with the event (i.e. hassle). Even if someone realized that there was nothing could be done in a situation, his/her reappraisal of the event was also a health coping skill (e.g., "There are previous findings. It was found that when someone iso-

lated himself or avoided the situation and did not even do anything about his hassle—including reappraisal of the situation—he/she was more likely to have mental health problems."

The results of this study has important implications for clinicians. It is crucial for clinicians to look for their patients' appraisal of their health/concerns. When patients start to view their health/concerns negatively their mental health will be compromised. They may be more anxious, depressed or experience insomnia. Hence, once clinicians detect such negative appraisal, they should challenge their patients thinking and help them see their conditions in another perspective. In addition, patients may also be taught alternative coping skills such as problem solving and generating more support in dealing with their concerns.

Most important of all, clinicians should determine what sort of coping style their patients utilize. Clinicians can check and see if their patients use avoidance or isolation when coping with their problems. Patients who answer "yes" to these coping styles are in risks for mental health problems: (a) Refusing to believe that the event had happened, it was not real, (b) completely cutting themselves off from other company, (c) deliberately isolate yourself (i.e., staying in the room etc.) (d) accepting the situation for what it was and doing nothing to alter or change it, (e) not doing anything about the problem straight away, but waiting for a more appropriate time to do so, (f) just going with the flow.

There were several limitations in this study. The sample of this study was restricted to college students who were involved in the health discipline. The age range in this sample was restricted and thus results may not be generalizable to other age groups. In addition, this sample comprised mostly female subjects. It would be better if future studies employ more male subjects.

Future studies may want to investigate the coping styles of males and females to see if gender differences affect coping styles. Furthermore, it would be worthwhile to investigate why some people turn to others to discuss their problems (93.22% in our sample) whereas other isolate themselves (86.54%). Does the nature of the hassles influence how one copes? In addition, it will also be interesting to look at other factors like social support, and personality traits that may also contribute to a person's stress level, coping style and mental health.

In short, the results of this study supported previous findings. It is how stressful we perceive the hassles and not he number of hassles that determine whether we have mental health problems. Finally, the more people use avoidance or isolation as their coping strategy, the higher their overall mental health will be.

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APPENDIX

Appraise:

Question number	Questions	% of respondents
Q4	Not directly doing anything to alter the situation, stepping back from and looking at the situation in a different manner to make it seem better	81.45%
Q3	Looking for the best things in the situation	75.72%
Q15	Taking an optimistic outlook on things. That is, believing that things would be better in the future and would work out all right	68.31%
Q5	Realizing that something could be done to alter the situation an then doing it	64.80
Q24	Going back over previous actions and procedure to see if a mistake has been made	51.36%

Approach:

Question number	Questions	% of respondents
Q14	Turning to others who are more expert for detailed advice on how to deal with the problem	74.31%
Q7	Using relaxation and meditation techniques to calm myself	65.75%
Q9	Indulging in other activities that you are good at, in an attempt to make yourself feel better before trying to tackle the problem	64.24%
Q8	Keep busy so as not to think about the problem at hand	52.69%

Avoidance:

Question number	Questions	% of respondents
Q21	Accepting the situation for what it was and doing nothing to later or change it	76.36%
Q23	Just going with the flow	71.28%
Q12	Refusing to believe that the event had happened, it was not real	64.20%
Q22	Not doing anything about the problem straight away, but waiting for a more appropriate time to do so	64.40%

Emotional Support:

Question number	Questions	% of respondents
Q1	Turning to others to discuss the nature of the problem	93.22%
Q2	Using other as a shoulder to cry and form whom to seek emotional support and comfort	87.84%
Q20	Deliberately isolating yourself	86.54%
Q19	Completely cutting yourself off form other company	81.87%