© Journal of the Indian Academy of Applied Psychology,
July 2007, Vol. 33, No.2, 161-168.

Coping Strategies and Life Satisfaction: Chronically Ill Patients' Perspectives

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The present study tried to identify the effective coping strategies, which leads to satisfaction with life, even if one is afflicted with a chronic disease, such as cancer, diabetes or heart ailment. The sample comprised of 180 chronically ill patients (55 diabetics, 55 heart patients, 35 cancer patients and 35 patients who have both diabetes and heart disease). To assess the coping strategies and satisfaction with life, questionnaires were used. The results of the stepwise multiple regression analysis indicated that the use of active coping strategies were effective in promoting the level of satisfaction as a whole and also the present and future satisfaction with life. The findings were discussed in the light of inculcating the use of active coping strategies amongst chronically ill patients.

***Keywords**:* Satisfaction with life, Coping strategies, Chronically ill.

Life satisfaction was conceptualized as a key indicator of well being. In judging about the satisfaction with lives, individuals set a standard, which they perceive appropriate for circumstances of their lives (Diener, Emmons, Larson, & Griffin, 1985). It may be possible that a person is satisfied with almost all domains (e.g. health, wealth, marriage, education etc.) of his life but may still be not dissatisfied with a particular domain which he/she weights as most important and dissatisfaction with this particular domain may negatively affect his/her overall judgment about life satisfaction. Health has been identified as one of the most important factor related to life satisfaction (Dubey, 2003). Although life satisfaction assessed as life as a whole refers to stability but sufficient body of researches (e.g. Pavot, Diener & Suh, 1998) suggest that judgment based on temporal aspects is relatively more reliable and accurate. The temporality while evaluating life satisfaction focuses on the past, present and future levels of global life satisfaction. Positive thinking about future has important implications for how well a person might cope with his adverse conditions. Future orientation predicted significant positive variance in present, as well as, future satisfaction with life (Dubey & Agarwal, 2004). In the present investigation an attempt has been made to identify effective coping strategies which lead to satisfaction with different temporal aspects of life even when one is afflicted with a chronic disease. Mayer and Diener (1995) refuted that 'satisfaction is less a matter of getting what you want than wanting what you have'. For example- after a period of adoption (about 3 months) even people who have experienced serious life events again report near baseline levels of well being (Suh, Deiner & Fujita, 1996). Preventing relapse and hospitalization, promoting social support and enhancing sense of freedom are found to be good predicators of overall life satisfaction for people with long

term mental illness (Young, 2004).Previous studied in U.S. on satisfaction with life have found positive relationship between employment status, age at the onset of disability, marital status, educational attainment, social support and life satisfaction (Boschen, 1996; Decker & Schulz, 1985; Krause & Davis, 1992; Mehnert, Krause, Nadler & Byod, 1990). Researchers also pointed out that individuals' cognitive evaluation of their lives is influenced by the salient values and that these values are learned through socialization in their culture (Diener & Diener, 1995; Keith, Heal & Schalock, 1996; Oishi, Diener, Suh & Lucas, 1999). Diener and Deiner (1995) found that four variables (satisfaction with self, family, friends ans finances) were related with life satisfaction in all the participants of 31 nations. However, the size of correlation between life satisfaction and satisfaction with self was higher in individualistic countries (e.g. United States) and lower in collectivistic countries (e.g. Korea). Waltz and Bandura (1988) reported that life satisfaction of cardiac male appeared to be influenced by sense of self efficacy, subjective health perceptions and relatively stable socio economic conditions.

Diener (1984) has suggested that perceived control is positively associated with life satisfaction, as the feeling of control over one's life empowers people to deal effectively with life circumstances (Lefcourt, 1991; Dubey & Agarwal, 2004). The link between optimism and life satisfaction has been examined by many investigators in subjective well-being research (Bourland, Stanley, Snyder, 2000). The relation between optimism and life satisfaction has also been found in collectivistic cultures (Cha, 2003; Dubey, 2003; Dubey & Agarwal, 2004; Chan, Kowk, & Yeung, 2004). Major personality factors have been shown to be important determinants of life satisfaction (Diener, 1984). Four traits have been identified from the profiles of happy people: self-esteem, personal control, optimism, and extraversion (Myers & Diener, 1995). Very little number of studies has taken into consideration the role of effective coping strategies in judging satisfaction with life. Having effective coping mechanisms may be one of the most important predictors of well being across the life span. Life satisfaction was positively correlated with greater use of cognitive self control coping and negatively correlated with maladaptive escapism and solace seeking (Lewinshon, Render & Seely, 1991). Life satisfaction is actually an attribute of person which has several implications for the persons' evaluations of social support, health, own thoughts and feelings and methods of dealing with stress and coping with them. Perception of control and future orientation (Dubey & Agarwal, 2004) and using planning and reinterpretation of situation may be an important way to improve life satisfaction (Lewinshon et al., 1991).

It was hypothesized that active coping strategies will enhance the evaluation of life satisfaction, whereas maladaptive coping strategies will make hindrance in it.

Method

Sample:

The sample comprised of 180 chronically ill patients (90 male and 90 female) suffering from diabetes, cancer or heart diseases, aged between 40-60 years (mean age 52 years). All the participants belonged to middle class (income Rs. 1, 00,000 - 2, 25,000 Per annum). Amongst the cancer patients all of the 15 male patients were afflicted with oral cancer and all the 20 female patients were afflicted with breast cancer. They were either in second or third stage of the disease. The prognosis of their cancer to be treated and cured was very good according to their doctors. All the diabetic patients had type II or non insulin dependent diabetes. All the heart patients had angina or myocardial infraction. The diabetic and heart patients gone through an acute episode of complications related with their disease nearly

one month ago, when they were contracted to participate in the study.

Materials:

(i) Coping Operation Preference Inquiry (COPE) - Carver, Scheier and Weintraub (1989) developed this scale to assess dispositional coping style. COPE consists of sixty items, which were divided into fifteen subscales having four items in each scale. These subscales were- Positive reinterpretation and growth, active coping, planning, seeking social support for emotional reasons, seeking social support for instrumental reasons, suppression of competing activities, religion, acceptance, mental disengagement, behavioral disengagement, focus on and venting of emotions, restraint coping, alcohol and drug use and humor. The respondents were asked to give their responses on a 4 point scale as- (i) I usually don't do this at all (ii) I usually do this a little bit (iii) I usually do this a medium amount (iv) I usually do this a lot. The scale has moderately high test- retest reliability (Carvar et al., 1989). The Hindi version of this scale was developed by Misra (2000), which had a retest reliability of 0.80 (4 week interval).

(ii) Temporal Satisfaction with Life Scale (TSWLS): This scale was developed by Pavot, Diener and Suh (1998). It contains fifteen items which were related with past, present and future satisfaction with life. The scoring ranges from (1) strongly disagree to (7) strongly agree. All items were positively worded. The retest reliability (4 week interval) was 0.83 and alpha reliability was 0.92 (Pavot et al., 1998). The retest reliability (8 week interval of Hindi version was 0.77 (Dubey & Agarwal, 2004; Dubey, 2003). The Hindi version of this scale was significantly correlated with (r =0.79) with original English version.

Procedure:

The diabetic and heart patients were contacted at the OPD of B.R.D.Medical, Gorakhpur and some of the private clinics of Gorakhpur. All the cancer patients were contacted at the Hanuman Prasad Podder Cancer Hospital, Gorakhpur. The purpose of the study was disclosed to them and their consent was taken to participate in the study. Their doctors were also contacted to know the condition of the patients to be fit in the criteria of participation in the study. The patients were given the scales and their responses were collected. If there were some probing was needed it was done.

Results

Table1: Coefficient of Correlation between Coping strategies and Satisfaction with Life

	Groups	Active	Adaptive	Maladaptive	Acceptance	Humor
			Coping Strategies			
Past SWL	CIG	-.04	-.01	.08	.13	-.23**
	HG	-.01	-.08	-.05	.08	-.18
Present SWL	CIG	.48**	.01	.01	-.03	.05
	HG	.18	.07	.10	-.02	-.07
Future SWL	CIG	.45**	-.02	-.15*	.01	.07
	HG	.20	-.06	-.25	.26	.17
Total SWL	CIG	.44**	-.01	-.04	.06	-.08
	HG	.18	-.07	-.15	.21	-.04

Note: CIG= Chronically Ill Group **P<0.01
HG= Healthy Group *P<0.05

Table-1 presents the coefficient of correlation between different coping strategies and satisfaction with life. On the basis of the significant correlations between coping strategies and satisfaction with life stepwise multiple regression analysis was computed to identify the role of coping strategies in the judgment of temporal satisfaction with life, as well as, satisfaction with life as a whole.

Table 2: Coping Strategies as Predictors of Satisfaction with Life

Criterion= Total SWL Predictors	R	R^2	R^2 Change	Beta	t
Combined Active Coping	.44	.19	.19	.49	7.07**
Humor Coping	.46	.22	.03	-.16	-2.36**
Criterion= Total SWL					
Active Coping	.35	.15	.12	.23	3.23**
Planning	.42	.17	.05	.22	3.17**
Restraint Coping	.45	.20	.03	.18	2.69**
Criterion= Past SWL					
Humor Coping	.23	.05	.05	-.23	-3.15
Criterion= Present SWL					
Combined Active Coping	.48	.23	.23	.28	7.13
Adaptive Coping	.50	.25	.02	-.15	-2.22
Criterion= Future SWL					
Combined Active Coping	.45	.21	.21	.51	7.52**
Adaptive Coping	.49	.24	.03	-.18	-2.72**

**P<0.01 *P<0.05

Coping strategies as predictors of Total TSWL: In the first instance all the components of active, adaptive and maladaptive coping strategies were combined to give one score each of active, adaptive and maladaptive coping strategies respectively. These combined scores and acceptance and humor co-ping strategies were entered as predictors. Table-2 presents the results of stepwise multiple regression analysis which shows that total TSWL was best predicted by a set of two coping strategies, namely, combined active coping and humor coping [F (1,179)= 26.31, P<.000]. These two predictors together explained 23 percent variance in the criterion variable. Combined active coping strategy explained 20 percent variance independently and positively, followed by humor coping strategy which accounted for 3 percent variance negatively. When the different components of combined active coping strategies were entered separately as predictors, the total TSWL was significantly predicted by three components, namely, active coping, planning and restraint coping [F (1,179)= 15.46,P<.000]. These three variables together explained 20.9 percent variance in the criterion variable. Active coping strategy had explained 12.5 percent variance, planning explained 5.1 percent and restraint coping explained 3.3 percent variance. Beta weight suggested that all these three coping strategies had positive contribution in the criterion variable.

Table 3: Coping Strategies as predictors of SWL in different patients group

Groups	Predictors	R	R^2	R^2 Change	Beta	t
Cancer Patients	Combined Active Coping	.50	.25	.25	.58	4.24**
	Humor Coping	.64	.41	.15	-.40	-2.94**
Diabetic Patients	Combined Active Coping	.34	.15	.11	.34	2.63**
Heart Patients	Combined Active Coping	.56	.11	.31	.56	4.95**
Both Heart & Diabetes	Adaptive Coping	.33	.31	.11	-.33	-2.04**

**P<0.01 *P<0.05

Coping strategies as predictors of total TSWL in different patients groups: Predictive power of coping strategies in different patient groups was also analyzed separately, which is shown in Table-3. This table presents that in cancer patients group combined active coping strategies and humor coping [F (1, 34) = 11.41, p<0.01] significantly predicted total TSWL. These two coping strategies together explained 42 percent variance, where combined active coping explained 26 percent variance independently, followed by humor coping which explained 16 percent variance in the criterion variable. Combined active coping strategies had positive contribution whereas humor coping had negative contribution in explaining total TSWL. Both in diabetic patients and heart patients groups combined active coping strategies was emerged as the best predictor of total TSWL. In diabetic group it positively explained 11.6 percent variance [F (1, 54) = 6.95, p<0.01] in the total TSWL. In heart patient group combined active coping strategies explained 31.7 percent variance [F (1, 54) = 24.59, p <0.01] in total TSWL. In the group of patients afflicted with both diabetes and heart diseases adaptive coping strategies emerged as best predictor, which negatively explained 11.2 percent variance [F (1, 34)= 4.16, p<0.05] in total TSWL.

Coping strategies as predictors of different time zones (past, present and future) of TSWL: Another regression analysis was computed to examine the role different coping strategies in predicting satisfaction in time zones of life (table2). Satisfaction with past life was found to be best predicted by Humor coping strategy, which negatively accounted for 5.3 percent variance in the criterion variable. Satisfaction with present life was found to be best predicted by combined active coping and adaptive coping strategies. These two strategies together explained 25.3 percent variance in the criterion variable. The beta weight suggested that combined active coping strategies had positive contribution, whereas adaptive coping had negative contribution in explaining present satisfaction with life. Similarly, satisfaction with future life was also predicted by these two coping strategies. Combined active coping and adaptive coping strategies together explained 24.3 percent variance in the criterion variable. Combined active coping independently explained 21.1 percent variance, followed by adaptive coping strategy, which accounted for 3.2 percent variance in the satisfaction with future life. Here also combined active had positive contribution and adaptive coping had negative contribution.

Discussion

The present findings established that the type of coping strategies one uses influences the judgment of satisfaction with life as a whole. Combined active coping strategies (B=.49, R^2 change= 19.6 %) were found to be effective in promoting the level of satisfaction. Dubey (2003) earlier found that active coping

strategies are important contributors for perception of quality in life also. Now, again active coping strategies were found significant in total TSWL. It does not mean that active coping strategies resolve all the problems, sufferings and complaints faced by the chronically ill patients, but it does mean that combined active coping strategies contribute in realistic acknowledgement of possible problems and provide effective ways of coping with it. One plans about the future, actively confront the problem and not escape of it, try to reinterpret the situation and also try to grow while facing the problem. Certain psychological characteristics like, optimism, future orientation and perceived control promote and maintain overall satisfaction with life (Dubey & Agarwal, 2004).

Humor coping strategy negatively contributed in total TSWL. Judgment of satisfaction is a cognitive process and it seems logical that only laughing on the situation may not reduce the stress induced by the adverse event. Hence, this type of coping strategy may not allow a person to evaluate his /her life satisfactory. When the predictive pattern of five global coping strategies in different patient groups were considered again, it was found that in three patient groups, namely cancer, diabetic and heart patients judgment of satisfaction in life was predicted by the more use of active coping strategies. Only in the patients afflicted with both diabetes and heart diseases adaptive coping strategies predicted satisfaction with life. The reason may be that in this group of patients the complications related to both of the diseases make them more vulnerable to severe and recurring attacks of acute episodes of complaints, so they need more emotional, as well as, instrumental social support, which characterizes adaptive coping strategies.

Life satisfaction as a whole is evaluated on the basis of past experiences, present situation and future expectations. Satisfaction with past life was not significantly predicted by any coping strategy, except humor coping (B= -.23, R^2 change= 5.3%). The past had gone, therefore, active adaptive or maladaptive coping strategies of p[resent can not do anything to change or modify the past experiences. However, laughing at the past make people more dissatisfied with their past.

Combined active coping strategies had emerged as significant predictor of predictor of present life satisfaction, as well as, future life satisfaction. The patients have to manage their treatment regimen, dietary charts, exercise schedules, meetings with doctors etc. in the presents, therefore, it is very necessary for them to act, plan and work directly. This confrontative, problem focused coping strategy, in turn, tends to assess present life as satisfactory. Those who actively cope in the present life and found its beneficial outcome, also feel that they can continue this style of coping and see their future life will also be satisfactory. As active coping strategies were predicted by future oriented and optimistic outlook (Dubey, 2003) as well as, satisfaction with future life was also predicted by future orientation (Dubey & Agarwal, 2004). What can be done to increase resilience in chronically ill patients and ensure that they are enabled to maintain stable, high levels of life satisfaction throughout the life course? The results of this study stress the importance of active coping strategies and the advantage of avoiding the use of passive, maladaptive coping, such as mental and behavioral disengagement.

Life satisfaction appears to be an important aspect of personality. Positive psychosocial attributes and constructive ways of dealing with stress are changes life satisfaction in positive directions. It is worthwhile to note this study found demographic variables to be relatively unimportant correlates of life satisfaction. This finding offers support to Krause and Davis' (1992) statement that demographic variables might hold little promise for predicting life satisfaction.

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Received: November 17, 2006
Accepted: April 28, 2007

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