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Relationship between Copings Mechanisms and Quality of Life in Young Adults

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Abstract: ***The aim of the present study is to find out the relationship between various coping strategies and various domains of the quality of life. The study was conducted on 123 participants and the questionnaire used for recording the responses were The World Health Organization Quality Of Life (WHOQOL) –Bref, and The Proactive coping inventory (PCI). It has been found that the coping mechanisms tends to have a positive moderate to mild amount of impact on all the domains of the quality of life. However it was found that there is a negative relationship between the avoidance coping mechanism and the quality of life. Any kind of gender differences among the variables were not found in this research. All the formulated objectives were successfully obtained and also the hypotheses which were constructed got accepted . At the end of the research, the possible explanation and circumstances that led to the current result were discussed in details .***

I. INTRODUCTION

A. Quality of Life

According to World Health Organization, (1995), Quality of life can be defined as, " individual's perception about their position in life in the context of the culture and the value system in which they live and in relation to their goals, expectations, standards and their concern.". Quality of life can be measured from the perspective of individual's life in a particular condition or a particular life style. It is mainly dependent upon the context, particular life circumstances.

For the better understanding of the concept behind the quality of life, the history behind the quality of life needed to be understood first. After the second World War the term "quality of life" first came into existence. Lyndon B. Johnson in the year 1964 is the first one who used this term in his socio-political book of literature. In his speech he tied to extend the topic from educations to that of social programs , formation of social communities , welfare , physical health and also housing. Later it was Wood-Dauphinee (1999), who introduced this term as a key words under he medical section of the national library of the United States. It can be seen that in some of the research articles the concept about the quality of life has been clearly provided but in maximum cases it can be seen that the research articles aims at providing different kinds of measures and degrees of the quality of life among a variant types of people and targeting different kinds of population without providing a proper conceptual definition of the term. It can also be seen that with the recent concern about quality of life, there has been a great number of published article related to the topic under scientific literature : "A Pubmed search of articles published from 1966 to 2005 identified 76,698 articles containing 'quality of life' as a Medical Subject Heading or as a title or abstract term. Since the mid-1960s, the number of publications on this subject has grown exponentially". With the passing years, the term "quality of life" has gained its subjective importance in different phases of the life cycle that is from children, to the adolescents and also in respect to elderly people.

For accurate measurement of the quality of life, it should be taken into account all the aspects or the dimensions of well – being and should be subjective in nature. To have a good mental health, sociological, biological and psychological aspects of the quality of life should be very well fulfilled and satisfied. It determines the individual well – being and the societies by outlining features of life, which are both positive and negative in nature.

As per to the American Psychological Association, quality of life can be defined as, "the extent to which a person obtains satisfaction from life. The following are important for a good quality of life: emotional, material, and physical well-being; engagement in interpersonal relations; opportunities for personal (e.g., skill) development; exercising rights and making self-determining lifestyle choices; and participation in society. Enhancing quality of life is a particular concern for those with chronic disease or developmental and other disabilities, for those undergoing medical or psychological treatment, and for the aged."

Quality of life, takes into account – life satisfaction, which includes family, physical health, education, religious beliefs, wealth, employment and the environment. It is not same as the concept of living, which is primarily based on income.

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In the field of international development, it is an important concept as it helps in the analysis of the development in a much broader sense than compare to that of the standard of living.

Quality of life of people with disabilities : According to neuro-habilitation specialists, who are responsible for taking care of the people suffering from some sort of disabilities, quality of life of those people depends much on how the those people are perceived by the society. Unfortunately , it is believed by many people of the society that the quality of life for the people having some kind of disabilities must be different from that of the people having no disabilities. But it is not true, as the goals and achievements of the those people remains same to that of the people without any disabilities. The factors which tends to influence the quality of life of those with some sort of disabilities include –

1) *Mobility* – People with disabilities can be moved with the help of wheel chairs, it has been found that people in wheel chairs are running big companies etc.
2) *Social Relations* – It comprise of how good people give company to those person with disability which will help to build a social pool and social relationships. It is usually seen that the number of people change, friends disappear when it comes to accompany to those category of people in any kind of social settings such as cafes , movie theatres, restaurants , parties, etc.
3) *Present Satisfaction* - It includes that how happy one is with their current situation. Here since people with disabilities are to some extent dependent on others for fulfilling their needs and desires , it brings many challenges in their life and hence it becomes a very tough and difficult job to make them satisfied with the current situations that they are in.
4) *Future Prospects* – We all kind of live on future goals. It is also a difficult job to give future prospects and hope to the person having disability so that they can have something to look forward to. That is not easy, but it is our responsibility, since a disabled person has the same kind of desire and wishes compared to that of a person without any disabilities.

Berger in the year 2003, also suggested that the quality of life is greatly affected by the environment. The studies done by her concluded that if an individual maintains their own surroundings, by securing the natural habitat or reducing the pollutions from the environment and also by providing the required amount of education can contribute in the positive development of the quality of life . There are many definitions of the quality of life used by different organizations all across the world for the improvement of the global quality of life . In the modern days it can be seen that the term is greatly used in the following fields , which are – politics , advertisement , sports , journalism and also in health care systems . Pais-Ribeiro, & J. L. (2004) stated that around the second half of the 20th century, changes in the notion of health in terms of “5Ds” which are dissatisfactions , disease , deaths , discomforts ad disability led to the more evolution in the different aspects and the features of the quality of life.

B. Stress Coping Strategies

Coping strategies are referred to as specific efforts psychological and behavioural in nature, employed by people for tolerating, mastering and minimizing stressful situations. According to the American Psychological Associations , coping strategies can be defined as , “an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one’s reaction to such a situation. Coping strategies typically involve a conscious and direct approach to problems, in contrast to defence mechanisms.” Stress is experienced by everyone in both their work life as well as their personal life. It is often caused due to the changes in the environment, that cannot be controlled by us but we can control how we can deal with it . According to M. Zimmer-Gembeck in the year 2016, coping mechanisms are an integral part of adaptation and survival process. Long term researches in the fields of social sciences and medical sciences have led to the foundation of various domains of the coping mechanisms . Many researchers have suggested that different coping strategies can be hampered by the level of stress on ones both physical as well as mental health of an individual. Approaches to coping with stress can be broadly categorised into following –

1) *Emotion* – Focused coping – This type of coping mainly focuses on physiological and emotional effects of stress and the goal is to make the person feel better in the midst of stress. This type of coping is generally used exclusively, for example, in inescapable situations such as traumatic stressful situations where alteration of the environment cannot be done. Avoidance is a kind of emotion – focused strategy, which can be problematic in nature. In effective emotion focused coping, some of the useful strategies include – a) Engaging in positive emotions, b) Finding out meanings, c) Processing the emotions.

2) *Problem* – Focused coping – It mainly focuses in the alteration of the cause or the source of the stress which is to alter or remove the stressor. Following are the steps that are involved in the problem focused coping –

a) Evaluation of the problem.
b) Getting the information about the problem.
c) Breaking the problem into simple parts.
d) Identification of the solution.
e) Take action.
f) Examine the result.
g) Test and review.

3) *Prevention of Stress* – It can be done by altering the physical environment and also by building resistance which results in removing future stressors. There are many things which can be done which will help in the prevention of stressors –

a) By building social support, that is by connecting with others.
b) Developing healthy life style. For example, exercising.
c) Effective management of responsibility.
d) Prepare oneself for any anticipated stressors.
e) Finding environment having less stressors.

4) *Countering Stress response* – It is also known as stress management. There are several strategies involved in this broad umbrella of stress management. It helps in the alteration of response in a stressful situation. The strategies which include can broadly divided into two types – that are i) Cognitive Methods and ii) Behavioural Methods. Cognitive methods include cognitive restructuring, used in clinical practice. Behavioural strategies of stress management include – Muscle relaxation techniques, Bio – feedback , Massage, Exercise.

Coping Models : Different coping strategies are grouped under the different subtypes of coping used as a response to different kinds of stressors.

Earlier , Richard Lazarus and Susan Folkman said that , “coping could be divided based on its function, into problem-focused coping and emotion-focused coping. Problem-focused coping includes those strategies that involve acting on the environment (e.g., seeking support from others to solve the problem) or the self (e.g., cognitive restructuring). Emotion-focused coping includes those strategies used to regulate one's stressful emotions (e.g., using substances, emotional ventilation).” Later, Susan Roth and Lawrence Cohen stated that coping types can be formed on the basis of the positive and negative directions of different responses to that of the perceived stressors. When one tries to direct the stress by doing emotional , behavioural and cognitive activities , it is known as approach based coping . Whereas, when a person does any emotional , behavioural and cognitive activities which tend to direct them away from the stress are known as avoidance based coping strategies. Both of them have their own effectiveness based on the situations these are used.

In the more recent time a comprehensive coping model has been made which is comprised of three dimensions which are – a) Involuntary verses Voluntary coping mechanisms – Involuntary mechanisms include being emotionally numb , getting intrusive thoughts and etc. Whereas, voluntary mechanisms include consciously solving the problems and restructuring the cognitive system. b) Response of disengagement verses Response of engagement – Response of disengagement means when one deliberately tries to take away his or her focus from the stressors for example distractions. Whereas , response of engagement occurs when one directs his or her response towards the problem for example problem solving behaviour . c) Primary control coping strategies verses Secondary control coping strategies - Primary control includes altering the objective of the problematic condition . Whereas secondary controls means the total acceptance of the problematic situations and thus responding towards it effectively . Since the models of coping are being elaborately described with the passing times , researches related to coping are getting more and more emphasis on the different facets of strategies. (Lazarus and Folkman, (1984) have defined coping strategies as , “ constantly changing cognitive and behavioral efforts a person makes to manage demands that tax or exceed his or her personal resources.”

It can be seen that an individual is not fixated in any single particular type of coping strategy for his or her entire life but rather used different kinds of coping strategies in his or her different phases of life.

Initially coping mechanisms were being studied under the domain of health psychology to find out how the patients who are suffering from different chronic illnesses deal with the challenge . But later it also has been extended to minor problems such as the day to day hassles faced by an individual in their daily life.

Since the quality of life is related to that of coping mechanisms of stress, special attention in this area will help us to understand, how different coping strategies are involved in improving or degrading the quality of life . Quality of life indicates perception of the individual about their position they live and also in relation to their standards goals and expectations, or in other word, it is the subjective perception of the person's own position in their life. Hence, it can be said that the factor such as different stress coping strategies, has much to do with improving the quality of life. We will further discuss these variables in details and will try to understand the relationship between the quality of life and different stress coping strategies.

II. REVIEW OF LITERATURE

This chapter deals with researches conducted to examine the relationship between different coping strategies and the quality of life. There has been many research studies reported on the influence of strategies on coping mechanisms on the quality of life.

A. Section I - Proactive coping mechanism and Quality of life

Barbara Stiglbauer & Bernad Batinic conducted a research (2015) to find out how if there is any effect on job insecurities with the use of proactive coping mechanism . All the aspects including both positive and negative which are responsible for the well being of the employee are studied carefully. The researchers also investigated if the efficacy of the coping mechanisms increased in such condition when the employee is too much involved in doing works. The test was conducted on a huge sample of population which comprised of both Autrian (N= 162) and Taiwanese (N= 444) employees. The results indicated that there is a positive and significant correlation with the use of proactive coping mechanism and the employees who are highly involve in their works . But it was also found that the beneficiary effect of the proactive coping strategy tends to deteriorate if the employee face or have any kind of insecurities related to their jobs . In a study done by Corina Bogdana , Liliane Riouxb , & Valeria Negovan (2012) aimed to discover if there is an relationship among the well being of the students , proactive coping strategies and the towards the place they are living . The data was collected on the university students of the 1st and 2nd year who are perusing the psychology course (N= 45) which comprised of different varieties of population including Frenchs and Romanians of both public as well as private university , where the number of males in the sample includes 154 and the number of females include 294 . The results indicated no difference in response among the two different category of populations (French and Romanian). It was also found that the students who are studying under the public university of Rome used more pro active coping mechanisms compared to that of the other students of other universities . Also the score for the social well being seemed to be higher among the students of the French university. The data indicated no difference in response among the 1st and 2nd year students .

B. Section II – Reflective coping mechanism and Quality of life

In a study done by Cynthia A. Frosch , Yolanda T. Mitchell , Lauren Hardgraves , & Sadie Funk in 2020 , the relationship between the coping of stress of the professionals who works as caretakers of the children and the reflective consultations given to them were found out. The study was done qualitatively to find out how the professional perceived stress in their jobs before and after reflective consultations were being given to them. The professionals were given the consultations for nine months and they were asked to fill a questionnaire related to all kinds of job experience . The results indicated that the professionals who were give reflective consultations show stress and coping on multiple levels and also have continuity in their works compared to those who have not received reflective consultations .

Another study was done on the implementation of reflective consultations in the centre of early childhood development by Robert Newcomb Emde in the year 2009 , to ensure a positive reflective environment of the centre, the consultants of the child mental health successfully implemented the reflective supervision. The factors which were being given emphasis while doing the implementation of the reflective supervision in the community include – a) Participation in the environment which is comprised of continuous learning process and also improvements . b) engaging in a certain kinds of professions that requires a certain amount of dedication and continuous commitment to the job .

Different dimensions of reflective consultations were being implemented to the society which consist of emotional support from the society , learning and sharing , dealing with the vulnerability of the stressors and also learning to be with others .

C. Section III – Strategic coping mechanisms and Quality of life

In a study done by Linda J. Luecken , Jessica Tartaro & Brad Appelhans (2004) , to find out if there is an effect of strategic coping responses to the person's perception of different factors and providing attention selectively . The research was done on 63 university students who were given some tasks which helped in the measurement of their attention span . The tasks were divided into two categories which are – i) Task above the threshold of sensation , and b) Task below the threshold of sensation . The results revealed that when the task was both above and below the threshold of consciousness and sensation , the strategic coping mechanism may had an influence on the span of attention of the sample being studied .

In another study related to strategic coping style done by Gisli H. Gudjonsson (2008) to find out how giving pressure during an investigation may bring change in strategic coping and reactive behaviour of the subjects taken under study. To conduct this research study , four cases were taken into consideration where the subjects were being given immense pressure while they were interrogated . Of four cases two of the cases were real life case where the police interrogated the subjects and it was found that under the pressure the subjects gave a "boomerang" reaction and they also withdrew the already confessed statements . Extraneous variables which tends to have influenced with the result of the study include the subject's feeling that the justice would not be served and also the anger of the interrogator . However it was found that the strategic coping of the subject may get activated if there is any changes in the critical thinking .

D. Section IV – Preventive coping and Quality of life

In a study done by Jennifer E. C. Lee , Stacey Gibson , Marie-Pierre L . Markon & Louise Lemyre in the year 2009 , to find out how individuals react by using preventive coping skills towards the terrorism happened in Canada . The study was done on data which was taken during a national survey with a huge sample size (N= 1502) . It was found that the individual's reaction towards the terrorism comprised of the following three factor , which are – i) how an individual is prepared for the attacking of the terrorists , ii) the information gained by an individual about all possible attacks , and iii) the avoidance behaviour of the individual towards the attacks . Further analysis indicated that seeking all sorts of possible information related to the terrorist's attack and being prepared to prevent any kinds of possible danger , help in the reduction of the psychological distress faced by an individual . Whereas , avoidance type of response led to an increase in the psychological distress among the individuals . It was concluded that there are different stages of preventing coping resulting to the different reactions towards the stressors related to terrorism .

Another study was done by Zhang , Y., Zhang , Y., Ng , T. W. H ., & Lam , S. S. K . (2019) to find out how the promotion and preventive focused coping help the employees to deal and to cope up with their stressors . A meta – analysis of the coping types were done on the sample (N=156) which has been taken from a large population of employees . The result of the study indicated that there is a positive relationship between the promotion focused coping style and the employee's performance and attitude to their job, and also their well being . But preventive coping style are negatively related to the employee's well being as well as their job satisfactions . It was also found that when the stressor in the work place is challenging in nature the employees used promotion focused coping style and when the stressor in the works place is to hinder , the employees were more convenient in using preventive type of coping strategy . Finally , it was concluded that both the types of coping styles – preventive and promotion focused tend to converge and provide an intervention to the stressors in the work place .

E. Section V – Instrumental support seeking and Quality of life

Erica Szkody , Mary Moussa , RogersCliff , Mc Kinney (2020) , conducted a research on how emotional support as well as instrumental support from both the parents (father and mother) help in the developing period of the person entering the adulthood , they way they react or behave towards anything . The results indicated that there the instrumental support received from the maternal side and the paternal side tend to have varying effects on the person entering the adulthood . Pathway analysis of the obtained results indicated that in women the instrumental support received from their mother helped them in the development of control in their cognitions and in men , the instrumental support received from their mother gave them a positive emotional support . Whereas , it can be seen that when the instrumental support comes from

that of the father , it improves the cognitive control in only the men entering the adulthood but not in the case of women . Hence it was concluded that the instrumental support plays a crucial role in the developmental period .

In another study done by Sang-MiParka , Sung-ilChoa , & Sang-SikMoon (2010) , to study the factors which are associated with suicidal ideation and how emotional as well as instrumental support are going to have an impact on those factors . The data for the study was collected by conducting a face to face interview on middle aged Korean adults (N= 10992) , where they were asked about what kinds of thoughts they have regarding suicide and how they usually assess their thought process and cope up with the ideations. The results indicated that the middle aged adults who do not have proper instrumental support as well as emotional support tend to have more thoughts about suicide than those who have a strong both emotional and instrumental support .

F. Section VI – Emotional support seeking and Quality of life

In a study done by Krause, Neal et . al. , the effects of the emotional support received by an individual from their parents upon their developmental period was studied . The data was collected from the adults whose age range varying between 24 years to 74 years , representing nationally . The findings of the obtained data suggested that the adults who have not received enough emotional support from their parents during their early developmental period were suffering from psychological distress and also from serious kinds of heath issues , and also had a low self esteem , negative thoughts . Whereas , the adults who have received an adequate amount of emotional support during their early developmental period from their parents , tend to have low rate of depression as well as negative thoughts , high amount of positive self esteem and also suffer less from any kinds of chronic illnesses .

M .Cody et . al. , conducted a research upon the patients who were suffering from cancer. The main objective of the research is to find out the result of emotional support they get upon their illness and also what kind of emotional support do they really want , the type of attitude they have towards different emotional supports and the rate to which they are actually satisfied with the type of support they have already received . The data for the study was collected upon 431 cancer patients who were asked to complete questionnaires . The questionnaire comprised of articles which required information about the types of support the patients are getting and also information about their personal supporting groups . The researchers also measured the patient's level of depression as well as the degree to which they are having anxiety and also their locus of control (internal and external) . The results obtained revealed that according to the patients the three most important sources of support are – i) the support received from the medical practitioner , ii) the support received from the members of the family , and iii) the support received from the consultants . It was also found that in the study about 86 percentage of the sample were very much satisfied with the emotional support given to them , but the percentage of the patient (14%) , who were not as satisfied as that of the other scored high on anxiety as well as on the level of depression . Finally it was concluded that there is a big significant role played by the doctors in providing emotional supports to the patients .

G. Section VII – Avoidance coping and quality of life

McCaul , K. D., & Malott , J. M. , conducted a research that studied the effect of distractions as an avoidance coping mechanism on the different intensities of physical pains experienced by an individual . They tried to find out the reason behind the relief from a pain which has been induced physically with the use of distraction process and also when will the use of different distraction methods will produce a positive effect upon the pain which has been induced physically . The study was done based of the following hypotheses , which are – i) distractions will result in the reduction of stress , ii) The difficult techniques of distraction will be more effective , iii) Distractions will have a positive impact upon the stimuli of mild intensity , and iv) The techniques of distraction will have a positive impact upon the stimuli that crosses the threshold of sensation . The results that are interpreted from the obtained data accepts all the proposed hypotheses . Hence the following conclusions of the study was done – i) thought it was found that distraction results in the reduction of the stress , it has not proven effective for "placebo control conditions" such as irritable bowel movement , mood disorders and depression . ii) The techniques of distraction that require a good amount of attention have been proven more effective than the techniques that requires less amount of attention . iii) Painful stimuli of low intensity are effectively overcome by the use of distraction techniques compared to those of painful stimuli of higher intensity . iv) Finally , it was found that the techniques of depression are useful for the stimuli that are perceived through sensation having a mild intensity but the techniques failed to bring effectiveness when it comes to sensational stimuli of much higher intensity .

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Another experiment was done on distraction as a technique for avoidance coping mechanism by Meltem Demirgoz Bal , and Nejla Canbulat Sahiner upon children . The main objective of the study focused on the use of different types of distractions and their effect upon the anxiety and pain experienced by the children . The stressful situation which was used to induce pain and anxiety among the children is during phlebotomy , and the tree types of distractions whose effect upon the anxiety and the pain were measure include – i) the children were given different playing cards , ii) the children were made to listen some music from cartoon , and iii) the children were asked to inflate balloons during the time of phlebotomy . Based on the types of distractions , four groups were formed with the sample of children whose age ranges between 6 years to 12 years were random assignment of the children were done . Three groups of children are given 3 different distractions and one group is the control group where no distractions was being given . The pain of the children were observed and measured by a self reporting questionnaire (Wong-Baker FACES) , and similarly the anxiety level was also observed and measured by the reports taken from the observers on Children Fear Scale . The results of the experiment indicated that all types of distractions reduced the pain as well as the anxiety level in the children compared to that of those in the controlled group who were not given any distractions . Finally it was concluded that of all types of distractions , the group who was given cards as a distracter show lowest level of pain and anxiety compared to that of others.

H. Section VII – Combination of different Coping mechanisms and the Quality of life

A study conducted by Downe et al. (2006), upon the patiets suffering from lung cancer and also their family members to find out how their quality of life is related to the support they get socially, the coping mechanisms and also the knowledge about the illness, they are suffering from. It was a cross – sectional study done by interviewing 85 patients as well as their family members. The results revealed that the quality of life (QOL) of the patients as well as their family members were b4eing impacted in a similar manner by the knowledge about the illness, support and also the strategies they were using to cope.

Another study done by Trace Kershaw, Laurel Northuese, Charwan Kritpracha, and Darlene Mood (2007), on 198 women having breast cancer and also their care givers. The purpose was to relate how different coping mechanisms were related to the quality of life of both the patient's and their care givers. The profile analysis suggested that the patients used strategies such as emotional support seeking, distractions and humans for venting out their stress. Whereas, the coping strategies of the care givers include greater use of drug and alcohol. Hence the results suggested that higher quality of life is associated with that of the active coping mechanisms. Whereas, avoidant coping mechanisms are associated with lowering the quality of life. Similarly , another study on coping styles conducted by M.B.M. Van den Bree, J. Passchier and H.H. Emmer, upon male students who were adolescents (N=194), to find out how stress coping mechanisms and quality of life influence the headaches reported by them. It was found that autonomy was negatively correlated with that of the intensity and the duration of the headache. Similarly, having a satisfied home situation has also negative correlation with the intensity and the duration of headache. Whereas, positive correlations have been found between intensity and the duration of the headache with that of depressive, avoidant and palliative coping mechanisms. The findings of the research further suggested that, active coping mechanisms are more effective in reducing in intensity of the headaches than that of the positive coping mechanisms.

Same kind of results were reported in a study done by Jan Prasks et al. , (2015), upon the schizophrenics, to find out how their quality of life was influenced by the coping strategies. Patients who met the criteria International Classification of disease (tenth revised version), were being selected for the study. The Stress Coping Style Questionnaire (SVF-78) was used to measure the coping styles and Quality of Life Satisfaction And Enjoyment Questionnaire (Q-LES-Q) was used to measure their quality of life. The severity of their symptoms were also being assessed. For proper analysis of the data, statistical analysis such as Mann – Witney U Test, Pearson and Spearman Coefficient and multiple regression analysis were being done. The results suggested that the both positive and negative approaches of coping were related to the quality of life, but it was found that the positive way of coping helped in the improvement of the quality of life of the patients having psychotic disorders.

In a study done by F. Cristovao upon 75 patients of haemodialysis, age ranging between 18 years to 65 years, to find out what kind of coping strategies were used by them and how it affect their quality of life. The result of the study indicated that problem oriented coping strategies were being more used by the patients than that of effective oriented coping strategies which made their quality of life satisfactory.

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In a research done by Dave Parson et al., on the families having a child diagnosed with Autism Spectrum Disorder (ASD), to find out if regionalism is being associated with the quality of life of the families and also their stress coping strategies. The sample comprised of 278 families of the Western Australia having child with ASD, aged between 2 years to 18 years. Factors such as demographic variables, coping styles, stress levels and quality of life were being assessed thoroughly. It was found that the families who lived in a less populated area used avoidant coping strategies compared to that of others living a densely populated areas. But no association has been found between regionalism to that of the quality of life of the families.

Mathew C. Garben, conducted a study to find out how exercising is related with coping with stress among pharmacy students. The data was collected with the help of Persceive Stress Scale (PSS10) and Brief COPE was used for measuring coping exercise. The data was collected on 386 students where it was found that planning and acceptance which are associated with active way of stress coping is related to low perception of stress. Whereas, blaming oneself, unhealthy behavioural engagement is related to more perception of stress. Also exercise as a coping mechanism, seems to have a positive influence on stress perception.

In a longitudinal study done by Rao Kiran, upon the health of women and coping mechanisms used by them. It was found that women used distractions to cope up with stress, such as they prefer taking support socially or by having religious faith which positively affect their health conditions.

A research done in Indian Journal of Palliative Care, showed similar result to that of previously mentioned research study. This research was done on cancer patients and how they deal with stress to improve their quality of life. The sample comprised of two categories that is cancer patients (N=15) and cancer survivors (N=15). The questionnaire that were used to measure the variables include – Coping Checklist, Perceived Stress Scale, Quality of life and Beck Hopelessness Scale. It was found that the patients were engaged in a maladaptive coping mechanisms which led an increase in their psychological distress and thus reducing their quality of life compared to that of the cancer survivors.

In a study done by Barbara Cracium, to find out the different approaches of the males and the females on stress coping strategies and self – critism and it's effect on their quality of life. The sample used for this research includes law and psychology students (N=228). It was found that there exists a significant differences in terms of choosing emotional and task oriented stress coping mechanisms. And significant relation as been found between quality of life to that of self – criticism strategies.

Zambianchi, M., Ricci Bitti, P.E (2014) also conducted a research to find out the relationship among the effects of present time orientation , proactive coping mechanisms , regulation of mood , divergent thought process and also the role of inter family communication on the social well being of a person . The data for the study was collected on a sample (N= 232) who were just entering the adulthood. The findings of the research indicated that that there is a positive relationship between proactive coping mechanisms and social well being of the sample taken under the study. Positive correlation has been found between the social well being to that of thought process which involves divergent thinking and also when there is a clear communication in between the families . Whereas , negative correlations have been found between the social well being to that of current time orientation .

Another research was also conducted to find out how support from the society and the use of proactive coping mechanisms have an effect upon the well being, by Vaculíková , Jitka ; Soukup , Petr in the year 2021. The study was done on the university students (N= 482) . A cross sectional study of the variables from the year 2002 to the year 2016 was done and pathway analysis was also done for the proper interpretation on the acquired data . The results indicated that there exist a positive relationship between the well being of the university students to that of the proactive coping mechanisms and the support got from the society. It seemed like the proactive coping mechanism mildly act as a moderator between the social support and the well being of an individual . Later the findings of the study were generalised among the across genders of different age groups .

It can be seen that though many studies related to coping styles and quality of life were done there are certain shortcomings like the sample size was not big enough to be generalised , the relation between all the domains to that of different coping styles were not being explored properly . Moreover , not much studies related to this topic of research were not done in India .

III. METHODOLOGY

This chapter deals with the research methods used for assessing the relationship between the stress coping mechanisms and the quality of life. It involves a specific sets of methods and procedures used to conduct a research. It is a

theoretical framework which comprised of data collection and analysis of the collected data. This process makes it suitable y for the researchers to get familiar with the various steps that are generally required to study a research problem which is guided by the underlying logic behind them. Therefore, it is not only important for the researcher to be aware of the steps and the procedures related to the research, but also it is considered as a scientific approach.

The results that are obtained by the researcher on the basis of the collected data, gets properly analysed and also helps the researcher to understand the relationships, both positive and negative and also the possible circumstances that might have affected the findings of the research problem being studied.

Following are the factors which are involved in a research methodology –

1) Rational of the study
2) Objectives
3) Hypotheses
4) Operational definitions
5) Participants and Sampling
6) Tools used
7) Data analysis and Procedure
8) Statistical analysis

A. *Rational Of The Study*

Quality of life mainly includes four domains that are – Psychological Factor, Physical Health, Individual's Physical Environment, and Social Relationships that are important for proper functioning in daily life. Since the quality of life is an important factor for the well being of an individual , disruption or any sort of problem in one domain may also affect the other domains of the quality of life , hence this topic of discussion should be given much importance . There are several coping strategies used by different individuals to maintain a stable and a proper quality of life. The current study is therefore aims to understand the different contributing factors or the determinants which are responsible in the deterioration as well as in the improvement of the person's quality of life , so that the obtained findings of the research can be used for helping those individuals who are not being able to handle their stressors well enough and hence are not satisfied with their subjective perception of the position they hold in their own life . This will not only result in the improvement of the psychological wellbeing of the person but also it will have a beneficiary effect upon the physical health of the person and also the person's surroundings that is the physical environment as well as it will contribute in developing a good and a strong social relationships .

B. *Objective*

To evaluate the relationship between different coping strategies and the quality of life , the following specific objectives were formulated –

1) To examine the association between proactive coping mechanism and all the domains of the quality of life .
2) To examine the association between the reflective coping mechanism and all the domains of the quality of life .
3) To examine the association between the strategic coping mechanism and all the domains of the quality of life .
4) To examine the association between the preventive coping mechanism and all the domains f the quality of life .
5) To examine the association between the instrumental support seeking and all the domains of the quality of life .
6) To examine the association between the emotional support seeking and all the domains of the quality of life .
7) To examine the association between the avoidance coping mechanism and all the domains of the quality of life .

C. *Hypotheses*

1) (H1) – There is a positive relationship between proactive coping mechanism and quality of life.
2) (H2) – There is a positive relationship between reflective coping mechanism and quality of life.
3) (H3) – There is a positive relationship between strategic coping mechanism and the quality of life.
4) (H4) – There is a positive relationship between preventive coping mechanism and the quality of life
5) (H5) – There is a positive relationship between instrumental support seeking and the quality of life.
6) (H6) – There is a positive relationship between emotional support seeking and the quality of life.
7) (H7) – There is a negative relationship between avoidance coping mechanism and the quality of life.

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D. Operatinal Definitions

Quality of life – Quality of life in the present study is referred to as the four important domains of the person's life which are, physical health, social relationships, psychological well being and physical environment.

Coping Strategies – Coping strategies in the present study are referred to as the different types of mechanisms used by the individual to deal effectively with their stressors they face in their daily lives.

E. Research Design

Co-relational research design is used for the current research, which is also known as the non – experimental comparative research design since no manipulation of the independent variable are done and no cause and effect relationship between variables are being explored.

F. Participant And Sampling

The study focused on Indian urban adults within the age range of 18 years to 31 years To find out the relationship between stress coping mechanisms and quality of life, data was collected on individuals (N=123). females = 78 and males = 45. Majority of the sample comprised of students and are unmarried. 88.20 percentage of the sample falls under the age range of 18 – 24 years and 13.8 percentage of the sample falls under the age range of 25 – 31 years. Proper statistical analysis were being done.

G. Tools Used

1) *WHOQOL – BREF:* It is a self report assessment of quality of life developed by World Health Organization. It consists of four domains based upon which an individual's quality of life is being assessed, these include – environment, psychological well being, social relationship and physical health. It is a 5 point Likert scale, where the participants were asked about how they experience, what they have done and how they have felt for the past two weeks. Following are the factors which are incorporated under the four domains of the questionnaire –

a) *Physical Health* – The factors which are included under this domain of the quality of life are the activities the person does in his or her day to day life , whether the person is dependent upon any kind of medical substances / aids or not , how much energy the person has while doing daily activities or does he get easily fatigued , how much mobility the person has , does he get enough rest and sleep , and finally this domain also takes into account the productivity of the person .

b) *Psychological* – This domain takes into account the following factors which are , the perception of the person about his or her body image that is if they are satisfied with it or not , how often the person have any kind of negative as well as positive thoughts , person's level of self esteem , and finally how much the person is able to clear thinking, and can concentrate on his or her work .

c) *Social Relationship* – The factors include what kind of personal relationship does the person has , if the person gets a strong support from the society , and finally if he or she is satisfied with his or her' s sexual activity .

d) *Environment* – It is the final domain the factors which include under this domain are , if the person has required financial resources or not ; does he or she has enough freedom , security ; does the person have an access of a proper social and health care facility ; it also takes into account of the environment they have at their homes ; if they have time for doing recreational activities ; can the person has the facility to obtain information about anything they needed to know ; if the person have a proper mode of transportation and finally it also takes into account of the physical surroundings of the person that is if there is any pollution or noise problem or any kind of climatic issues .

e) *Scoring* - Scoring is done which the help of the manual where each items are separately scored. Then total of the raw scores falling under the particular domains are done. Finally the totals were converted into T – scores and proper interpretations were done.

2) *Proactive Coping Invetory* – It is a self report assessment of coping strategies used by the participants to deal with their stressors in an effective manner. It consists of seven subscales which are – Proactive Coping, Reflective Coping, Strategic Planning, Preventive Coping, Instrumental Support Seeking, Emotional Support Seeking and Avoidance Coping comprising of 55 items .

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a) *Proactive Coping Scale* – This scale has 14 items and it measures an individual's self regulatory attainment of goal and the cognitive and behavioural process associated towards it . The scale has been found high on internal consistency as well as on the reliability and also the total item correlation is good . The homogeneity and the factorial validity of the scale have been confirmed from component analysis.

b) *Reflective Coping Scale* – This scale has 11 items and it measures the individual's ability to think hypothetically all the possible ways a problem can be solved and which solution will be the most effective one , by gather enough knowledge and information about the problem. The scale has been taken from the original version of the Proactive Coping Inventory and also this scale has a high internal consistency.

c) *Strategic Planning Scale* – This scale has 4 items and it measure how the person can break a solution of a specific problem into manageable small components . This scale also has a high reliability value.

d) *Preventive Coping Scale* – This scale consists of 10 items and it measures how well the person can anticipate any danger or stressors that have not yet occurred and hence prepare oneself of the anticipated stressors . The scale has a good total item correlation as well as internal consistency . It also has a factorial validity.

e) *Instrumental Support Seeking Scale* – This scale has item and it measures it the person uses any advices or tries to get feedback or attempts to gain information about the stressor from his or her social support for solving the problem he or she has been going through . It has homogeneity and factorial validity as well as a high reliability.

f) *Emotional Support Seeking Scale* – This scale is comprised of 5 items and it measures how if the person gains emotional stability during the stressful time by sharing his or her thoughts and feelings , by gaining empathy and also by asking for companionship from the social group he or she has . The total item correlation as well as the reliability of the scale is high.

g) *Avoidance Coping Scale* – This scale has 3 items and it measures if the person tends to avoid the stressor instead of finding any solution towards it and hence dealing with it effectively . The sale has factorial validity as well as is high on reliability.

h) *Scoring* – The responses of the questionnaire were marked on a four point scale ranging from not at all true (1) to completely true (4) . The totals of each types were done and the scores were obtained.

H. Statistical Analysis

The scores were analysed with the help of general statistical measures of nean and standard deviation. Other than this Pearson correlation was found to examine the relationships between stress coping mechanisms and the quality of life.

IV. RESULTS AND DISCUSSION

This chapter outlines the major findings of our present study. The purpose of the study was to examine the relationship between stress coping strategies and quality of life. The results of the study have revealed noteworthy findings. A sample of Indian young adults were taken (N=123).

Table 1
Descriptive statistics for variables under study(N=123)

Variables	Min	Max	M	SD	SEM
(18-31)yrs					
Q-PH	31	94	68.03	13.32	1.2
Q-Psy	0	94	54.73	18.74	1.69
Q-SR	19	100	59.33	19.04	1.75
Q-E	19	100	69.21	14.5	1.31
PC	24	56	41.25	6.63	0.57
RC	13	44	34.3	5.38	0.49
SP	4	16	11.7	2.5	0.23
PrC	17	40	30.4	4.71	0.42
ISS	11	32	22.97	4.94	0.45
ESS	5	20	14.15	3.44	0.31
AC	3	12	7.67	2.14	0.19

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Here:

1. Q-PH- Quality of life (Physical Health)
2. Q-Psy- Quality of life (Psychological)
3. Q-SR- Quality of life (Social Relation)
4. Q-E- Quality of life (Environmental)
5. PC- Proactive Coping
6. RC- Reflective Coping
7. SP- Strategic Planning
8. PrC- Preventive Coping
9. ISS- Instrumental Support Seeking
10. ESS- Emotional Support Seeking
11. AC- Avoidance Coping

Table 1 presents minimum and maximum scores, mean scores and standard deviation scores of each of the variables taken under study.

- Quality of life : Following are the domains considered for the assessment of the quality of life – Physical health – The minimum and the maximum scores are 31 and 94 respectively and the mean and the standard deviation are 68.03 and 13.02
- Psychological – The minimum and the maximum scores are 0 to 94 respectively, and the mean and the standard deviation are 54.73 and 18.74.
- Social Relation – The minimum and the maximum scores are 19 and 100 respectively, and the mean and the standard deviation are 59.33 and 19.04.
- Environmental – The minimum and the maximum scores are 19 and 100 respectively, and the mean and the standard deviation are 69.21 and 14.5.

Coping Mechanisms – Following are the coping styles considered for the assessment of the different strategies used by an individual –

- Proactive Coping – The minimum and the maximum scores are 24 and 56 respectively, and the mean and the standard deviation are 41.25 and 6.63.
- Reflective Coping – The minimum and the maximum scores are 13 and 44 respectively, and the mean and the standard deviation are 34.3 and 5.38 .
- Strategic Planning - The minimum and the maximum scores are 4 and 16 respectively, and the mean and the standard deviation are 11.7 and 2.5 .
- Preventive Coping - The minimum and the maximum scores are 17 and 40 respectively, and the mean and the standard deviation are 30.4 and 4.71 .
- Instrumental support seeking - The minimum and the maximum scores are 11 and 32 respectively, and the mean and the standard deviation are 22.97 and 4.94.
- Emotional support seeking - The minimum and the maximum scores are 5 and 20 respectively, and the mean and the standard deviation are 14.15 and 3.44 .
- Avoidance Coping - The minimum and the maximum scores are 3 and 12 respectively, and the mean and the standard deviation are 7.67 and 2.14.

Table 2
Correlation between Quality of life and Stress coping mechanisms (N=123)

	Variable	Q-PH	Q-Psy	Q-SR	Q-E
1	PC	.41	.49	.18	.2
2	RC	.14	.08	.02	.05

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3	SP	.35	.34	.11	.09
4	PrC	.25	.21	.17	.19
5	ISS	.29	.26	.32	.24
6	ESS	.34	.29	.44	.3
7	AC	-.07	-.11	-.09	-.02

*p<.05, **p<.01

1. Q-PH- Quality of life (Physical Health)
2. Q-Psy- Quality of life (Psychological)
3. Q-SR- Quality of life (Social Relation)
4. Q-E- Quality of life (Environmental)
5. PC- Proactive Coping
6. RC- Reflective Coping
7. SP- Strategic Planning
8. PrC- Preventive Coping
9. ISS- Instrumental Support Seeking
10. ESS- Emotional Support Seeking
11. AC- Avoidance Coping

Table 2 presents the correlational analysis which was performed to evaluate how each variables are related to each other. The correlation between proactive coping mechanism to that of all the domains of the quality of life are 0.41 (Physical Health), 0.49 (Psychology), 0.18 (Social Relation), 0.2(Environment).

The correlation between reflective coping mechanism and all the domains of the quality of life are 0.14 (Physical health), .08 (Psychological), 0.02 (Social Relation), 0.05 (Environmental).

The correlation between strategic planning and all the domains of the quality of life are 0.35 (Physical health), 0.34 (Psychological), 0.11 (Social Relation), 0.09 (Environmental). The correlation between preventive coping and all the domains of the quality of life are 0.25 (Physical health), 0.21 (Psychological), 0.17 (Social Relation), 0.19 (Environmental). The correlation between instrumental support seeking and all the domains of the quality of life are 0.29 (Physical health), 0.26 (Psychological), 0.32 (Social Relation), 0.24 (Environment).

The correlation between emotional support seeking and all the domains of the quality of life are 0.34 (Physical health), 0.29 (Psychological), 0.44 (Social Relation), 0.3 (Environmental).

The correlation between avoidance coping and al the domains of the quality of life are -0.07 (Physical health), -.11 (Psychological), -0.09 (Social Relation), -0.02 (Environmental).

A. Discussion

In order to study the relationship between the quality of life and stress coping mechanisms, and in-depth study of each variable is done. To do so random selection of 123 sample was done. In Table – 2 , correlation among all the variables were done .

1) Proactive Coping and Quality of Life

It can be seen that in this research, highest positive correlation is obtained between proactive coping mechanisms and the psychological domain of the quality of life (0.49) which means that the people who have the habit of anticipating the stressors before its occurrence generally can avoid having negative feelings and this anticipation helps them to take preparations thus improving their self esteem, having positive thoughts and also an improve cognitive state of mind. Moderate amount of positive correlation has been found in terms of physical health domain (0.41) which can be interpreted as this type of coping mechanism help to person to become somewhat physically healthy that they get proper sleep, have an good working capacity gets less easily fatigued and suffers less from physical pain and discomforts.

Very mild positive correlations have been found with the environment (0.2) and social relationships (0.18) which means that this prior anticipation of stressor has a very little impact on personal relationships , social support and the person's physical environment such as freedom, safety, security e.t.c. Hence, the first hypothesis which is "There is a positive relationship between proactive coping mechanism and quality of life." is accepted. Similar type of result was obtained in the previously mentioned research done by Barbara Stiglbauer & Bernad Batinic on proactive coping style upon the employees who got benefitted from it in stressful time such as having job insecurities .

2) Reflective Coping and Quality of Life

Here the person tries to find out all the possible or alternative remedies of a problem mentally and tries to evaluate which one will be the most effective in providing solution. So it can be seen that in this research, the physical health domain have maximum positive correlation (0.14) with this mechanisms compared to that of psychological (0.08), environmental (0.05) and social relation (0.02). Hence, it can be said that this style of coping is more effective in doing the daily activities of life, relieving physical pain and discomfort than that of relieving negative thoughts, giving oneself positive emotions, improving ones cognitive process like thinking, memory, spiritual intelligence, curing personal relationships , proving one with safety, security, secure home environment and others. Hence the second hypothesis which states that "There is a positive relationship between reflective coping mechanism and quality of life." is accepted. This result can be validated by similar type of result done by Cynthia A. Frosch on child care professionals who used this style for the reduction of stress they have in their profession .

3) Strategic Coping and quality of Life

In this coping style the goal oriented actions which need to be taken are being broken down into small schedules of actions. It can be seen that the maximum correlation with this strategy is found with the physical health domain (0.35) which means that this style has an moderate amount of impact on improving the daily livings by removing fatigue, overcoming medical dependency, increasing work capacity with the supply of adequate rest. It can also be seen that , almost similar correlation has been found with psychological (0.034) domain to that of the physical health domain. Which can be interpreted that breaking things into smaller components helps to remove the complexity of the actions needed to be taken for stress reductions , helps to deteriorate the negative feelings, providing positive thoughts by uplifting the self esteem and improving cognitive process. There exist a mild positive correlation with social relation (0.11) and environment (0.09) , which suggest that this coping style may impact or may not impact in improving the ones social relations, home environment, provide with safety and security, improvement in physical environment . Similarly , in a study mentioned previously , it was that the cognitive process of the subjects tends to be affected by the use of strategic coping style when they are under a stressful situation such as the time when they are being interrogated during a police investigation . Thus, the third hypothesis that is "There is a positive relationship between strategic coping mechanism and quality of life." is accepted.

4) Preventive Coping and Quality of Life

In this type of coping one tries to take preventive measures and prepare oneself for all kinds of possibility that are like to occur in future so that the occurrence can have less impact upon them. Here maximum correlation have been found in terms of the physical health (0.25) which means that this prior assumption of all the possible danger can led one to become conscious about their health which can reduce the bad habits such as intake of drugs or substance dependency, improve their work productivity, reduce fatigue, pain and discomforts. The correlation to that of the psychological domain (0.21) indicates that by using this approach one can also become mentally prepared for anticipated future stressors by developing a strong personal belief about themselves, thinking clearly about the possible remedies that can be taken and also by developing positive emotions which can give them self confidence and thus improving their self esteem. A very mild positive correlation have been found between social relations (0.17) and the environment (0.19) which means that one cannot or very little predict about any future damage within personal relationships or social supports, any possible danger related to safety and security, ones physical environment, future opportunities and others. Therefore, we accept the fourth hypothesis which states that "There is a positive relationship between preventive coping mechanism and quality of life." is accepted.

A study related to this coping style was done in Canada , about how the citizens cope up with stressful situations such as the terrorist attack and it was found that the citizens got benefited by using this style of coping strategy.

5) Instrumental Support Seeking and Quality of Life

In this type of coping mechanism, the person takes help from others to overcome a specific stressor independently. It can be seen that there exist a very less difference in correlation among all the domains of the quality of life. There exist a moderate amount of positive correlation with social relationship domain (0.32) which means that taking support can develop a positive personal relationship and also can provide one with a strong social support. Not much difference in correlation can be seen in terms of the other three domains that is physical health (0.29), psychological (0.26) and environmental (0.24) . So it can be assumed that this type of coping strategy may or may not be useful in terms of relieving one from pain, discomforts, fatigue, providing one with positive thoughts and emotions, increasing self esteem and concentration, or with that of safety, security, suitable physical environment, accessibility of health care facility. Similarly , it was found that in a previously mentioned research study done by Sang-MiParka , Sung-ilChoa , & Sang-SikMoon (2010) , the adults who have received instrumental support during their early developmental phases from their parents had less psychological distress . Hence, the fifth hypothesis that is " There is a positive relationship between instrumental support seeking and the quality of life." is accepted.

6) Emotional Support Seeking and Quality of Life

In this type of coping mechanism, one can have wishful thinking , having an optimistic outlook which comprises of the positive emotion and also negative thinking such as self blame or one can have a pessimistic outlook, self blame, having internal locus of control which consist of negative emotions. It can be seen that there is a moderate amount of positive correlation with the social relation domain (0.44) which means that having a strong social support can provide with positive emotional support which can help an individual to have a optimistic view point that will allow him or her to overcome or fight against the stressor they are facing. But it can be seen that there is a mild correlation with that of the other domains of the quality of life which are physical health (0.34) , psychological (0.29), environmental (0.3) which means that this type of coping may or may not be suitable or improve one's psychological distress, cognitive functioning, providing one with safety security and availability of heath care facilities and improvement in the daily activities of one's life. Thus the sixth hypothesis that is "There is a positive relatioship between emotional support seeking and quality of life." is accepted. The results can be validated by the results of a previously mentioned study where it was found that the patients who were suffering from cancer had less amount of anxiety and psychological distress who received a strong emotional support from the social groups they had.

7) Avoidance Coping and Quality of Life

It is a unhealthy coping mechanism where an individual tends to avoid or ignore the stressor instead of dealing with it effectively. It can be seen that there exist a negative correlation to all the domains of the quality of life. In terms of the psychological domain (-0.11) it can be interpreted that since the person avoids the problem it results in the development of negative emotions which led to the deterioration of the mental health. Similarly the correlation in terms of other domains that are physical health (-0.07), social relation (-0.09) and environment (-0.02) are negative which means that it can hamper one's physical health, work productivity, personal relationships and also one's physical environment . Likewise , similar result was obtained in a study in Indian Journal of Palliative Care where it was found that the patients who tend to ignore their problems by being involved in maladaptive practices such as being addicted to substances , have high level of anxiety compared to those who focused them and tried to solve their problems. Finally, the seventh hypothesis that is "There is negative relationship between avoidance coping mechanism and quality of life." is accepted.
There have been various researches done previously which are relevant to the present research and also support the findings.

V. SUMMARY AND CONCLUSION

A. Conclusion

This study claims that instead of avoidance stress coping mechanism, all other coping strategies such as proactive coping, reflective coping, strategic coping, preventive coping, instrumental support seeking, emotional support seeking tend to have a positive relationship with all the domains of the quality of life (physical health, psychological, social relationship and

environmental). But no strong correlations have been found among the variables. It seems that all the correlations between the variables fall within the range of mild to moderate amount.

B. Limitations and Suggestions

Although, the results found were as expected, there are some short coming in the current study which need to be rectified.

1) *First:* The sample size was 123 (of similar ethnic background) which is not sufficient to generalize the result. It is recommended that in future studies, one must take a mixed sample and increase the sample size too.
2) *Second:* The population studied was a regular sample so there is no involvement of people suffering from and kind of major life adversities. Hence to increase the validity and the reliability it is suggested that the sample should include the target population.
3) *Third:* The variables showed a moderate to weak range of correlations which can differ from person to person.
4) *Fourth:* The research only talks about there being a relationship among the variables, however does not mention about the cause and effect relationships. To test that one can use experimental methods which will increase the validity of the findings.

C. Implications

We can use the findings of the research in helping those clients who are facing life adversities thus having a poor quality of life, by helping or suggesting them with different types of coping strategies that will not only help them to deal with the stressors effectively bit will also improve their quality of life. It can be used to increase the work productivity, sorting out personal relationships, improve the mental health conditions.

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APPENDIX – I

THE WORLD HEALTH ORGANIZATION
QUALITY OF LIFE (WHOQOL) –BREF
WHOQOL-BREF

The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. Please choose the answer that appears most appropriate. If you are unsure about which response to give to a question, the first response you think of is often the best one.
Please keep in mind your standards, hopes, pleasures and concerns.
We ask that you think about your life in the last four weeks.
Very poor (1), Poor(2), Neither poor nor good(3), Good Very(4), Good(5)

1. How would you rate your quality of life?
2. How satisfied are you with your health?

The following questions ask about how much you have experienced certain things in the last four weeks.
Not at all(5), A little (4),A moderate amount(3), Very much(2), An extreme amount(1)

3. To what extent do you feel that physical pain prevents you from doing what you need to do?
4. How much do you need any medical treatment to function in your daily life?
5. How much do you enjoy life?
6. To what extent do you feel your life to be meaningful?

Not at all (1), A little (2),A moderate amount(3), Very much(4), Extremely(5)

7. How well are you able to concentrate?
8. How safe do you feel in your daily life?
9. How healthy is your physical environment?

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.
Not at all(1), A little(2), Moderately(3), Mostly(4), Completely(5)

10. Do you have enough energy for everyday life?
11. Are you able to accept your bodily appearance?
12. Have you enough money to meet your needs?
13. How available to you is the information that you need in your day-to-day life?
14. To what extent do you have the opportunity for leisure activities?

Very poor(1), Poor(2), Neither poor nor good(3), Good(4), Very good(5)

15. How well are you able to get around?

Very dissatisfied(1), Dissatisfied(2), Neither satisfied nor dissatisfied(3), Satisfied(4), Very satisfied(5)

16. How satisfied are you with your sleep?
17. How satisfied are you with your ability to perform your daily living activities?
18. How satisfied are you with your capacity for work?
19. How satisfied are you with yourself?
20. How satisfied are you with your personal relationships?

21. How satisfied are you with your sex life?
22. How satisfied are you with the support you get from your friends?
23. How satisfied are you with the conditions of your living place?
24. How satisfied are you with your access to health services?
25. How satisfied are you with your transport?

The following question refers to how often you have felt or experienced certain things in the last four weeks.
Never(5),, Seldom(4), Quite often(3), Very often(2), Always(1)
26. How often do you have negative feelings such as blue mood, despair, anxiety, depression?

APPENDIX – II

The Proactive Coping Inventory

Seven Scales
Proactive Coping
Reflective Coping
Strategic Planning
Preventive Coping
Instrumental Support Seeking
Emotional Support Seeking
Avoidance Coping

Instructions to Subjects:
Title of Scale Given to Respondents: Reactions to Daily Events Questionnaire
"The following statements deal with reactions you may have to various situations. Indicate how true each of these statements is depending on how you feel about the situation. Do this by checking the most appropriate box."
Respondents are presented with four alternatives : "not at all true", "barely true", "somewhat true", "completely true."
In scoring responses, 1 is assigned to "not at all true, 2 to "barely true", 3 to "somewhat true" and 4 to "completely true".

Proactive Coping Inventory Items by Scale

THE PROACTIVE COPING SCALE
1 I am a "take charge" person.
2 I try to let things work out on their own. (-)
3 After attaining a goal, I look for another, more challenging one.
4 I like challenges and beating the odds.
5 I visualise my dreams and try to achieve them.
6 Despite numerous setbacks, I usually succeed in getting what I want.
7 I try to pinpoint what I need to succeed.8 I always try to find a way to work around obstacles; nothing really stops me.
9 I often see myself failing so I don't get my hopes up too high. (-)
10 When I apply for a position, I imagine myself filling it.
11 I turn obstacles into positive experiences.
12 If someone tells me I can't do something, you can be sure I will do it.
13 When I experience a problem, I take the initiative in resolving it.

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14 When I have a problem, I usually see myself in a no-win situation. (-)
-Reverse items

REFLECTIVE COPING SCALE
1 I imagine myself solving difficult problems.
2 Rather than acting impulsively, I usually think of various ways to solve a problem.
3 In my mind I go through many different scenarios in order to prepare myself for different outcomes.
4 I tackle a problem by thinking about realistic alternatives.
5 When I have a problem with my co-workers, friends, or family, I imagine beforehand how I will deal with them successfully.
6 Before tackling a difficult task I imagine success scenarios.
7 I take action only after thinking carefully about a problem.
8 I imagine myself solving a difficult problem before I actually have to face it.
9 I address a problem from various angles until I find the appropriate action.
10 When there are serious misunderstandings with co-workers, family members or friends, I practice before how I will deal with them.
11 I think about every possible outcome to a problem before tackling it.

STRATEGIC PLANNING SCALE
1 I often find ways to break down difficult problems into manageable components.
2 I make a plan and follow it.
3 I break down a problem into smaller parts and do one part at a time.
4 I make lists and try to focus on the most important things first.

PREVENTIVE COPING SCALE
1 I plan for future eventualities.
2 Rather than spending every cent I make, I like to save for a rainy day.
3 I prepare for adverse events.
4 Before disaster strikes I am well-prepared for its consequences.
5 I plan my strategies to change a situation before I act.
6 I develop my job skills to protect myself against unemployment.
7 I make sure my family is well taken care of to protect them from adversity in the future.
8 I think ahead to avoid dangerous situations.
9 I plan strategies for what I hope will be the best possible outcome.
10 I try to manage my money well in order to avoid being destitute in old age.

INSTRUMENTAL SUPPORT SEEKING SCALE
1 When solving my own problems other people's advice can be helpful.
2 I try to talk and explain my stress in order to get feedback from my friends.
3 Information I get from others has often helped me deal with my problems.
4 I can usually identify people who can help me develop my own solutions to problems.
5 I ask others what they would do in my situation.
6 Talking to others can be really useful because it provides another perspective on the problem.
7 Before getting messed up with a problem I'll call a friend to talk about it.
8 When I am in trouble I can usually work out something with the help of others.

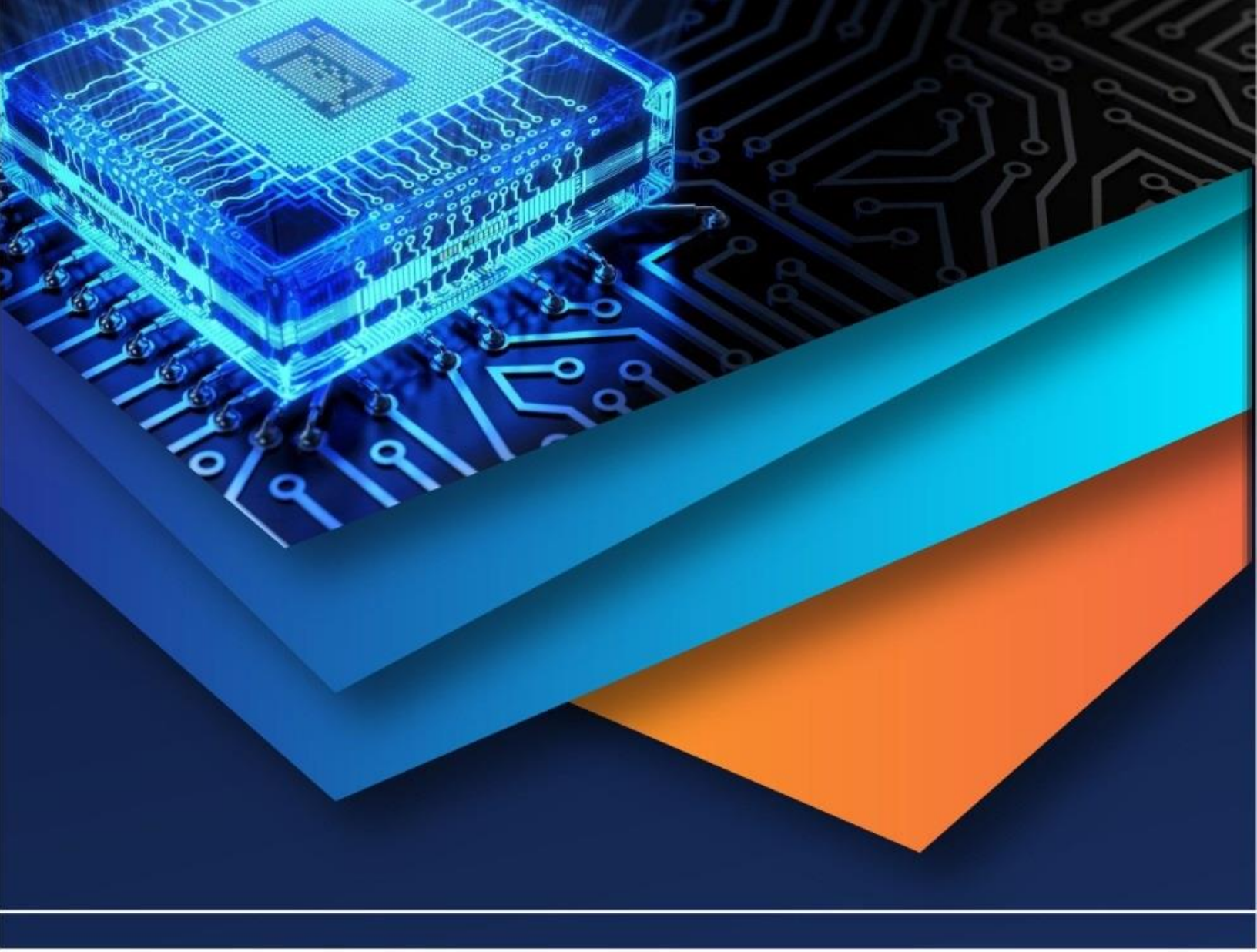
EMOTIONAL SUPPORT SEEKING SCALE
1 If I am depressed I know who I can call to help me feel better.
2 Others help me feel cared for.
3 I know who can be counted on when the chips are down.
4 When I'm depressed I get out and talk to others.

5 I confide my feelings in others to build up and maintain close relationships.

AVOIDANCE COPING SCALE

1 When I have a problem I like to sleep on it.
2 If I find a problem too difficult sometimes I put it aside until I'm ready to deal with it.
3 When I have a problem I usually let it simmer on the back burner for a while

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