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## Depression in College Students: The Influence of Coping Strategies, Optimism, and Daily Hassles

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DEPRESSION IN COLLEGE STUDENTS: THE INFLUENCE OF  
COPING STRATEGIES, OPTIMISM, AND DAILY HASSLES

A THESIS

The Honors Program

College of St. Benedict/St. John's University

In Partial Fulfillment

of the Requirements for the Distinction "All College Honors"

and the Degree Bachelor of Arts

In the Department of Psychology

by

Kristin Vickers

May, 1994

Depression in College Students: The Influence of Coping  
Strategies, Optimism, and Daily Hassles

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Depression in College Students: The Influence of Coping  
Strategies, Optimism, and Daily Hassles

An intelligent, young college student returns to her dormitory room after class. During class, she could not concentrate and felt extremely tired. Her longtime relationship had fallen apart weeks ago, and she thinks constantly of the many mistakes she must have made to ruin her relationship. Friends of the young woman are tired of her constant moodiness and negative comments about everything. In fact, they gave up asking her to go out and socialize with them; they know the answer will always be no. The young woman is preoccupied with her financial situation, and what a worthless person she is. Spending the afternoon sleeping and watching television, she skips dinner and her night class again. Each day she falls further behind in her studies and she sees no hope that things will ever get better.

This young woman is suffering from depression, and she is not alone. Depression affects nearly 10% of America's population and is one of the most widespread psychological disorders (Worsnop, 1992). For a college student, the statistics are even more bleak, with the incidence of major depression increasing among adolescents and young adults;

furthermore, data now suggests that cultural changes such as the high rate of marital instability, alcohol and drug abuse, urbanization, and changes in family structure, may be producing a greater risk for depression among young people than in prior generations (Cross-National Collaborative Group, 1992). Thus, it has become increasingly important that researchers try to understand the causes of depression in college students.

Several factors that may cause or exacerbate depression in college students appear in the psychological research literature. One prominent factor is "daily hassles." The daily hassles of a college student relate to an individual's stress level; and these hassles, such as academic pressure, romantic problems, roommate conflicts, developmental challenges, time pressures, and social frustrations, are but a few of the many stressors in college life. Students also have various methods of dealing with the stress of their daily hassles and other life stress, such as talking to a friend or ignoring the stressor completely. A student's general outlook on life, particularly whether they are optimistic or pessimistic, is also a significant factor in the study of depressed individuals. The aforementioned factors are described in past research by the terms daily hassles, coping, and optimism. From these constructs, a study was created to investigate depression in a college

population.

The present paper examines and expands upon previous research on depression in college students and the factors with which it has a significant relationship. The paper consists of three distinct sections: (1) a review of past research on depression and its relationship to coping strategies, optimism, and daily hassles; (2) a section which details the hypotheses and describes the subjects, method, procedure, and results of an empirical study; and (3) a general discussion of the significant findings and implications of the study.

#### Depression, Coping Strategies, Optimism, and Daily Hassles:

##### A Review of Prior Research

This first section reviews previous research and theories needed to understand the hypotheses of the present study. Depression will first be explained and defined. The factors to be studied in relation to depression will then be discussed, with emphasis on past findings of significant relationships and reliable instruments to measure each factor. Coping and depression will first be described, while focussing on specific coping strategies. Following, optimism will be investigated in relation to depression; and lastly, daily hassles will be explained as an indicator of stress in

college students and related to depression.

### Depression

Due to the widespread and frequently inaccurate use of the term depression, this psychological disorder is not easily defined. Depressive disorders involve an entire spectrum of psychobiological dysfunctions which vary in severity, frequency, and duration. A problem in the study of depressive disorders is that "depression" is often used indiscriminately for the entire spectrum of experiences. Major depression exhibits common symptoms, including low self-esteem, despair, and hopelessness (Worsnop, 1992). Theories of the causes of depression can be grouped into biological or psychological categories. Biological theories of depression view the disorder as caused by genetic and biochemical occurrences. Psychological theories of depression emphasize learned helplessness theory, psychoanalytic theory, and cognitive theory (Marsella, 1984). The present study will assess psychological factors, rather than physiological factors, relating to depression in college students; accordingly, a biological theory of depression would not be an appropriate basis for the study. Of the aforementioned psychological theories of depression, cognitive theory has been the subject of extensive research, and well respected as a psychological theory of depression

(Newman & Beck, 1990). Because many studies similar to the present one have used a cognitive theory of depression, and emphasis is placed on cognition in a college setting, the cognitive view of depression is emphasized in the present study.

Cognitive theories of depression focus on the role of thought processes in determining mood. Aaron T. Beck defined depression in cognitive terms. Beck viewed the essential elements of the disorder as the "cognitive triad," consisting of a negative view of self, a negative view of the world, and a negative view of the future. The world is viewed through an organized set of depressive schemata, structural units of stored information that function to interpret new experience, that distort experience about self, the world, and the future (Newman & Beck, 1990).

This cognitive theory suggests that depressed people think in distorted ways, characterized by logical errors, selective abstraction, over-generalization, dichotomous thinking, and excessive magnification. These cognitive distortions accelerate the formation of new problems and increase the severity of existing problems (Marsella, 1984). Over-generalization, one such cognitive distortion, involves drawing broad, sweeping conclusions on the basis of isolated events. For example, a woman who argues with her mother and then sees her cry concludes, "I always hurt everyone I care



about." A depressive mind-set then locks the depressed person into a closed system of perceptual processing, so that positive information is minimalized or ignored (Newman & Beck, 1990, p. 344).

Based on this cognitive theory, an instrument has been developed and validated for the assessment of depression. The Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) has been viewed as one of the better self-report measures of general depression and is a widely used measure in clinical research (Gould, 1982). The BDI is a 21-item instrument designed to provide a quantitative assessment of the intensity of depression (Beck et al., 1961). Investigation of the BDI as used in research with college students was undertaken by Tashakkori and his colleagues (1989), who studied the construct validity of the BDI in student samples. The results of the study point to the strength of the BDI as a measure of depression among college students (Tashakkori, 1989). The present study employs Beck's Cognitive theory of depression and the Beck Depression Inventory in examining the relationship of depression and its contributing factors within a college population. With an understanding of depression and an appropriate instrument for its measure, previous research in coping, optimism, and daily hassles may now be discussed.

### Coping and Depression

Coping is defined as a "person's constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the person's resources" (Lazarus & Folkman, 1984, p. 141). In the last decade, the construct labeled coping has received considerable attention in the psychological literature (e.g., Amirkhan, 1990; Jung & Khalsa, 1989; Robbins & Tanck, 1992), most frequently as a factor that mediates between stress and depression. The way people cope with stressful situations, their coping strategies, have been found to play a significant and integral part in the relationship of stress to the development of depressive symptoms (Bruder-Mattson & Hovanitz, 1990). It is this relationship between coping strategies and depression that is of great interest in the present study.

A challenge in studying coping strategies and depression is the difficulty in defining coping. Just as many theories of depression exist, so many terms regarding coping also exist. Research suggests that coping is complicated and multidimensional, with several coping strategies having a significant relationship with depression (Rohde, Tilson, Lewinsohn, & Seeley, 1990). A finite set of coping strategies has yet to be established to define the multitude of coping responses that people utilize in dealing with

life's problems and stressors (Amirkhan, 1990). Strategies frequently appearing in the research literature must first be examined in order to find a satisfying measure that relates coping strategies to depression.

The term "coping strategies" encompasses the many names that researchers use to describe the way people cope with stressful situations. Although not exhaustive of coping possibilities, James H. Amirkhan (1990) has identified and measured three strategies identified as corresponding significantly to individuals' reactions to stress: Problem Solving, Avoidance, and Seeking Support. According to Amirkhan these coping strategies are the most basic of human reactions to threat. Of these strategies, Problem-Solving is a strategy of direct action. The Avoidance strategy is a combination of escape and isolation responses, and has been found to be positively correlated with depression (e.g., Robbins & Tanck, 1992). The strategy of Seeking Support is regarded as a moderator of the adverse affects of stress on depression. In stressful situations, individuals who often seek emotional, informational, and tangible support from others are likely to be less impaired by stressors (Jung & Khalsa, 1989).

Problem-Solving, Avoidance, and Social Support (as defined by Amirkhan) encompass three of the many methods with which individuals cope with stressful situations. These

strategies must be individually measured to assess which strategies mediate the relationship between stress and depression. In order to empirically measure each of the coping strategies, an instrument has been developed and validated. James H. Amirkhan's Coping Strategy Indicator (CSI; Amirkhan, 1990) identifies the three main approaches individuals use in coping with stress. The Coping Strategy Indicator will be used to assess coping strategies in the present research to examine the relationship between coping and depression within a college population.

#### Optimism and Depression

It is commonly believed that positive thinking can help a person triumph over adversity, recover from illness, endure a personal hardship, or overcome almost any obstacle. Optimism, which refers to the conviction that the future holds desirable outcomes irrespective of one's ability to control those outcomes, has recently been the subject of much study (Marshall & Lang, 1990; Seligman, 1990). Support for the notion that optimism is important for physical healing was found in a study of patients recovering from coronary bypass surgery. A strong positive association between level of optimism and post-surgical quality of life was found (Scheier, Magovern, Abbott, Matthews, Owens, Lefebvre, & Carver, 1989). Further research has linked optimism to

coping with stress, and those who expected positive outcomes reported being less bothered by stress symptoms (Scheier & Carver, 1985) and displaying higher performance abilities (Strutten & Lumpkin, 1992). These studies demonstrate the importance of optimism as a factor in dealing with adverse conditions.

The past research literature discussing optimism in relation to depression is of great import to the present study. Marshall and Lang (1990), for example, found optimism to be significantly and negatively related to depression. This suggests the possibility that optimism acts as a buffer against depressive symptoms (Scheier & Carver, 1989). Therefore, it seems reasonable to include a measure of optimism in a study of depression, stress, and coping.

Scheier and Carver (1985) have studied the generalized predisposition toward expecting positive outcomes, dispositional optimism, and its implications in dealing with stress. Their studies resulted in the development of the Life Orientation Test (LOT; Scheier & Carver, 1985), a self-report measure of optimism defined in terms of the person's generalized outcome expectancies. The Life Orientation Test is used to measure dispositional optimism in the present study to determine if a significant relationship exists between optimism and depression within a college population.

### Hassles and Depression

Researchers have defined stress both in terms of major life events and relatively minor "daily hassles" (Kanner, Coyne, Schafer, & Lazarus, 1981). Both have disruptive affects on psychological well-being and functioning. Several different measures of life stress can be found in the current literature (e.g., Ensel & Lin, 1991). Research suggests that everyday hassles or mundane irritants and stressors negatively affect physical and mental health. Richard Lazarus and his colleagues view stress in terms of "hassles," "the irritating, frustrating, distressing demands that to some degree characterize everyday transactions with the environment" (Kanner, et al., 1981, p. 3). The Hassles Scale was developed by these authors to demonstrate the subjective effects of hassles across individuals and how each person cognitively appraises stressors.

Unfortunately, this most commonly used hassles measure, the Hassles Scale, has been criticized as being "contaminated by items and by a format that could directly reflect distressed physical and mental health responses to stress as well as exposure to stressful stimuli" (Kohn, Lafreniere, & Gurevich, 1991, p. 478). Items in this hassles measure considered contaminated, for example, are those referring to alcohol usage and mental distress. Also, the format requires

subjects to rate the severity of their hassles. The items and format may then contaminate the scale by providing information on the severity of subjects' physical and mental distress, rather than providing data on the frequency of everyday hassles that the subjects experience. The Inventory of College Students' Recent Life Experiences (ICSRLE) was developed and validated by Kohn, Lafreniere, and Gurevich (1990) to provide a decontaminated measure of daily hassles. The ICSRLE is useful to the present study in that it determines "more accurately the influence of everyday stressors on physical and mental health" (Kohn et. al., 1990 p. 621), and that it is tailored to measure specifically the stressors of college students, the population of the present research. Measuring stress in the form of hassles is a crucial aspect of the present study, as research has accredited stress as a key factor in the development of depressive symptoms. In addition, the cognitive element of the self-report of students' hassles supports the focus of the present study which emphasizes a cognitive definition of depression.

#### College Students and Depression: An Empirical Study

By incorporating the theories and research that have been developed in the areas of coping, stress, optimism, and

depression, an empirical study was designed to measure depression and its accompanying factors in college students. In this section, the specific hypotheses of the present study will first be presented. The specifics of the study will then be detailed, including information on the subjects, materials, and procedure used in conducting this research. Finally, the results of the empirical study will be given.

### Hypotheses

What do we now know about depression and the factors of coping, optimism, and daily hassles? According to prior studies, depressed individuals think in distorted ways which perpetuate problems and depressive symptoms. The cognitive and behavioral efforts used to manage stressful situations, or coping strategies, have been found to mediate the relationship between stress and depression. An optimistic view that the future holds desirable outcomes has also been cited as contributing to a lesser depressed affect. Research literature suggests that life stress, defined in terms of daily hassles, is a key factor in the development of depressive symptoms (e.g., Kanner et al., 1981). The previous research in the areas of depression and the factors mentioned as affecting depressive symptoms has been the basis of the present study. From the preceding information, the hypotheses for the present research have been developed.



There are several ways, however, in which the present study goes beyond previous research. For one, several studies have assessed relationships between one or two of the factors of coping, optimism, or daily hassles with depression, however, much less empirical attention has been given to the factors assessed together within a single study-particularly in a college population. The significance of each factor with depression has been supported, so combining factors in the present study will expand upon present knowledge of factors related to depression in college students. Another benefit of the present study is the use of reliable instruments which are applicable to the specific population. For instance, the Inventory of College Students' Recent Life Experiences (ICSRLE: Kohn et al., 1990) is "decontaminated" of the items in the commonly used Daily Hassles Scale (Kanner et al., 1981) which may measure other factors that interfere in the reported number of daily hassles. The ICSRLE is also designed specifically for use in a college population, which furthers its applicability for use in the present study. Measures used in the study are reliable (alpha coefficients are listed in the materials section) and have been validated for use in a college population (e.g., Amirkhan, 1990; Gotlib, 1984). The application of measures appropriate for a college population and the inclusion of several factors previously studied with

depression individually, promise to enhance knowledge of the factors related to depression within a college population.

The specific hypotheses for the present study are as follows:

1. Of the three coping strategies measured by the Coping Strategy Indicator, Problem-Solving and Social Support are anticipated to correlate negatively with depression, while Avoidance is anticipated to be positively associated with depression.
2. Dispositionally optimistic individuals are expected to evidence less depressed affect.
3. An increased number of reported hassles, as measured by the Inventory of Students' Recent Life Experiences, are expected to be positively associated with depression.

### Subjects

Students from two private, Catholic colleges located in central Minnesota were asked to participate in the present study. Of the total college population, 250 students, 115 males and 135 females, completed the survey packets and became the subjects of this research. Subjects averaged 19-20 years in age, first or second year in college, and 3.0 in G.P.A. The subject pool consisted of students from a variety of courses, including but not limited to, introductory

psychology, history, economics, education, and senior seminar.

### Materials

The subjects were asked to complete four objective instruments contained in a single packet (see Appendix for sample survey packet). The four surveys in the packet, The Inventory of College Students' Recent Life Experiences (ICSRLE: Kohn et al., 1990, pp. 628-629), the Coping Strategy Indicator (CSI: Amirkhan, 1990), the Life Orientation Test (LOT: Scheier & Carver, 1985, p. 225), and the Beck Depression Inventory (BDI: Beck et al., 1961, pp. 569-571), were accompanied by a subject information sheet. This sheet elicited personal information as well as explained the confidentiality of the research data. Subject names and other identifying information was not requested to ensure anonymity.

The Inventory of College Students' Recent Life Experiences consists of 49 experiences to which the subjects responded with a number from 1-4. These numbers, respectively, signified an experience that was *not at all* part of their lives, *only slightly* part of their lives, *distinctly* part of their lives, or *very much* part of their lives. The experiences in the inventory included developmental challenges, time pressures, academic

alienation, romantic problems, assorted annoyances, general social mistreatment, and friendship problems. Alpha coefficient for the ICSRLE is .88 (Kohn et al., 1990).

The Life Orientation Test consists of eight items, plus four filler items not related to the optimism scale to help disguise the test's purpose. Respondents are asked to indicate the extent to which they agree with each item, using the following format: 4=*strongly agree*, 3=*agree*, 2=*neutral*, 1=*disagree*, 0=*strongly disagree*. Alpha coefficient for the LOT is .76 (Scheier & Carver, 1985).

The Beck Depression Inventory is comprised of 21 categories of symptoms and attitudes related to depression. Each category describes a "specific manifestation of depression and consists of 4 to 5 self-evaluative statements" (Beck et al., 1961, p. 54). The numbers 0 (least severe) to 3 (most severe) are assigned to each statement to indicate its severity. Examples of the symptom-attitude categories include: Mood, Self-hate, Irritability, Body Image, and Sleep Disturbance. Alpha coefficient for the BDI is .82 (Gotlib, 1984).

The Coping Strategy Indicator (Amirkhan, 1990), consists of 33 coping items. The strategies of Problem-Solving, Seeking Social Support, and Avoidance, are measured in the questionnaire. Subjects respond to the items by ranking the extent of their experience as either *a lot*, *a little*, or *not*

at all. The alpha coefficients for Problem-Solving, Seeking Social Support, and Avoidance, are .87, .90, and .97 respectively (Amirkhan, 1990).

### Procedure

Packets containing the subject information sheet and four surveys were distributed to classrooms in which professors volunteered class time and students agreed to participate. A research assistant explained the directions for completion of the questionnaires to the subjects, as well as assured them of the confidentiality of the information and the protection of their anonymity. Packets were completed in class, and subjects were given 20 minutes to complete the survey packet.

### Results

Table 1 presents the means, standard deviations, and correlations for each variable.

The relation of hassles, optimism, and coping strategies to depression was assessed by entering each variable into a hierarchical stepwise multiple regression analysis, as computed by the SPSS data analysis program (Norusis & SPSS, 1990). Frequency of hassles was entered on the first step, optimism on the second step, and coping strategies on the third step. An additional variable representing the

TABLE 1

## Correlations Between Optimism, Depression, Hassles, and Coping Strategies

Variable	1	2	3	4	5	6
(n=250)						
1. Optimism (LOT)	—					
2. Depression (BDI)	-.4588**	—				
3. Hassles (ICSRLE)	-.2487**	.5160**	—			
4. Social Support (CSI)	.0160	.0690	.1359*	—		
5. Avoidance (CSI)	-.1293*	.2958**	.3183**	.0449	—	
6. Problem-Solving (CSI)	.1787**	-.1004	-.0152	.2081**	-.1225	—

Note: LOT = Life Orientation Test; BDI = Beck Depression Inventory; ICSRLE  
Inventory of College Students' Recent Life Experiences; CSI = Coping  
Strategy Indicator. \* $p < .05$  \*\* $p < .001$

TABLE 2

## Hierarchical Multiple Regression of the Effect of Hassles, Coping Strategies, and Optimism on Depression

Variable	R <sup>2</sup>	Beta	F	df	p <
Step 1					
Frequency of Hassles	.26	.51	82.67	1,237	.05
Step 2					
Optimism	.38	-.35	71.19	2,236	.05
Step 3					
Avoidance Coping	.38	.20	49.44	3,235	.05
Social Support Coping		.03	<1.0		
Problem-solving coping		-.01	<1.0		

interaction of Problem-Solving (from the Coping Strategy Indicator) and frequency of hassles was created to assess a possible interaction between the two variables and depression.

An multiple  $R$  of .38,  $F(3,235) = 49.44$ ,  $p < .01$ , was obtained, as presented in Table 2. Significant effects were produced by frequency of hassles and optimism. Of the three coping strategies, Avoidance had a significant impact on depression. In contrast, neither Problem-Solving nor Social Support produced significant effects. No significant effect was produced by the interaction of the hassles and Problem-Solving variable.

#### Discussion

The purpose of the present study was to contribute to research in the areas of stress, coping, optimism, and depression, and to do so in a college population. The study supported most of the hypothesized outcomes. Results suggested that the severity of daily hassles contributes significantly to depression. Dispositional optimism, as was expected, related to less depression in college students. The coping strategy of avoidance was associated with greater depression. These results directly support the hypotheses of the study. In contrast, the coping strategies of problem-solving and social support were hypothesized to lessen a



depressed affect. The results, however, do not support this hypothesis. Neither social support nor problem-solving was related to depression. The aforementioned results are consistent with findings of past research in the areas of stress, optimism, coping, and depression.

In this final section, the empirical results are explained in terms of the significant relationships that coping, daily hassles, and optimism have with depression. Beginning with hassles and depression, and then optimism and depression, the relationship of each factor with depression is examined. In the case of the three coping strategies measured, Problem-Solving and Social Support will be examined with depression separately from avoidance and depression. The separation of coping strategies is due to the results which point to only one significant relationship with depression. Each of these relationships are compared to the findings of previous studies assessing similar relationships. Any weaknesses in the study are examined in this section, which concludes with an exploration of the possibilities for future research.

#### Hassles and Depression

The severity of daily hassles (as measured by the Inventory of College Students' Recent Life Experiences: Kohn, et al., 1990) was significantly related to greater depression in college students. The finding supports the

notion of an inherent stress-to-depression relationship. Defined in terms of major life events or daily hassles, stress has been found to have disruptive effects on psychological well-being and functioning (e.g., Jung & Khalsa, 1990).

#### Optimism and Depression

The association of dispositional optimism with decreased depression is particularly significant to the present study. Optimism has previously been correlated with less depressed affect (e.g., Scheier, Magovern, Abbott, Matthews, Owens, Lefebvre, & Carver, 1989). In the present study of a college population, dispositional optimism elicited further attention due to the lack of significance found in the relationships of Problem-Solving with depression and Social Support with depression. Thus, optimism is the only factor in the study found to decrease depression in college students.

The rising incidence of depression in young adults emphasizes the need to scrutinize any factor with the potential of alleviating depression. The positive correlation between optimism and a lessened depressed affect may suggest the directing of attention toward the teaching and use of optimism. For instance, the concept of "Learned Optimism" has been developed by Martin Seligman (1990), who stresses the importance of optimism for psychological health,

and provides suggestions for increasing optimism. Seligman's theory is that learning optimism is simply learning a set of skills about how to react to personal defeat. Based on a model developed by Albert Ellis, Seligman uses an ABCDE (Adversity, Beliefs, Consequences, Disputation, Energization) model to instruct individual to recognize and dispute their faulty beliefs about adversity (Seligman, 1990). The techniques used for learning optimism rely on appropriate cognitive realizations, which is similar to the cognitive model of depression and the cognitive basis of this research.

### Coping Strategies

Among the coping strategies measured by the Coping Strategy Indicator, avoidance alone entered into a significant relationship with depression. The lack of empirical support for the hypothesis that problem-solving and social support are negatively correlated with depression was not expected. Surprisingly, these active coping techniques bore no overall relationship to depression, while avoidant coping positively correlated and significantly correlated with depression. Examination of research literature in the following Avoidance section and Problem-solving and Social Support section may better explain these results.

### Avoidance

The hypothesis that avoidant coping relates to a depressed affect was supported by the data, and suggests that avoiding a stressor is not likely to be an effective method of coping. Research literature concerning coping strategies and depression supports the finding that avoidant coping (ineffective escapism, escape/avoidance, and related terms were used in other literature for the same construct) correlates significantly in a positive direction with depression (Bruder-Mattson & Hovanitz, 1990; Jung & Khalsa, 1990; Robbins & Tanck, 1992). Avoidance was found to exacerbate vulnerability to stress and those coping with stress by avoiding it were found to be more depressed currently as well as more likely to suffer future depression (Rohde, Lewinsohn, Tilson, & Seeley, 1990). Interestingly, several studies found little or no empirical support for any relationship between active coping strategies and depression—many of these findings contrary to the researchers' hypotheses. Possible explanations for these results are examined in the discussion of Problem-Solving and Social Support.

#### Problem-Solving and Social Support

Problem-Solving and Social Support were not correlated with depression in the present study. Because of the overwhelming amount of information concerning the relationship between stress and depression, the use of

positive and active coping strategies seems an obvious buffer between stress and depression. However, many research studies on coping and depression have found the same results--active coping strategies, such as problem-solving and social support, do not enter into a significant relationship with depression; furthermore, maladaptive coping (such as Avoidance) is significantly related to greater depression (e.g. Bruder-Mattson & Hovanitz, 1990; Jung & Khalsa, 1990; Rohde et al., 1990). It is interesting that most studies (including the present) found more coping behaviors that increased the likelihood of depression than those that decreased the likelihood, or prevented, depression.

There may, however, be some explanations of these results. Rohde and co-workers (1990) suggested, after finding similar results as the present study, a possible interpretation for the weak or insignificant effects of positive coping in the present study may be that maladaptive behaviors are more relevant to predicting depression than those behaviors that have traditionally been used to define coping. Rohde et. al. also contended that a more precise match may be required between the positive coping behaviors executed by an individual and the specific types of coping demanded by the stressful situation. Therefore, many of the coping strategies may be unrelated to effectively dealing with all stressful events.

A recent study by Ptacek, Smith, Espe, and Raffety (1994) may provide a further explanation of the non-significance of positive coping measures. Their study suggests that with self-report measures, (such as the Coping Strategy Indicator which was used both in their study and in the present) a bias results due to episodic memory deterioration. With the passage of time, subjects do not remember specifically how they coped with a stressor, and thus the retrospective reports may have been distorted (Ptacek et al., 1994). A final explanation of these results may be the possible interaction between optimism and active coping strategies. Optimism has been positively correlated with active coping and seeking social support, while inversely correlated with avoidance (Scheier, Magovern, Abbott, Matthews, Owens, Lefebvre, & Carver, 1989). Strutten and Lumpkin (1992) also found overlap between the constructs of optimism and active coping, such as problem-focused. Thus an important interplay between active coping and optimism may occur, and the strong statistical significance of the optimism/depression relationship may include factors of active coping which then are accounted for and do not enter into an independent relationship with depression. Any of these theories may explain the lack of significant relationship between positive coping strategies and depression, as well as point out possible weaknesses in the

present study.

#### Further Cautions

The present study replicated and extended research relating stress, optimism, and coping strategies to depression. In interpreting the results, it should be kept in mind that self-report techniques were used, data was collected at only one time and from a non-clinical, college population. Generalization of these findings to clinically depressed populations would require further research with such subjects.

#### Suggestions for Further Research

The conclusions that may be drawn from this study emphasize the need for further study in the areas of coping, optimism, hassles, and depression. Optimism seems particularly worthy of additional research. If optimism has an important impact on lessening depressed effects, future study may include a test-retest model in which the subjects are taught methods of Seligman's (1990) "Learned Optimism" concept and levels of depression measured before and after the instruction. Also, the lack of significance for the active coping strategies in relation to depression may also be tested using the possible explanations for non-significance which were previously described. For example, further study may result in a significant interaction between

the strategies of problem-solving and social support with dispositional optimism. In such a case, an improved instrument may improve the measure of these factors and their relation to depression.

The coping strategy of avoidance also has implications for future study, in that avoiding a stressor plays a vital role in developing and exacerbating depression. In a college population this strategy is particularly prevalent. Further study may find methods of reducing avoidance as a method of coping by emphasizing its negative affects on psychological well-being. Finally, future research may include the study of all factors assessed in the present study, whereas previously only one or two factors were measured in relationship to depression. Further empirical study of daily hassles, optimism, coping strategies, and depression within a college population may eventually lead to effective methods of limiting or eliminating the rising incidence of depression in college students.



Appendix :  
Sample of Survey Packet

The following is a sample of the survey packets distributed to the research subjects. Beginning with a subject information sheet eliciting personal subject data, the packet contains these four self-report instruments: 1) The Coping Strategy Indicator (CSI: Amirkhan, 1990); 2) The Inventory of College Students' Recent Life Experiences (ICSRLE: Kohn et al., 1990); 3) The Life Orientation Test (LOT: Scheier & Carver, 1985); and 4) The Beck Depression Inventory (BDI: Beck et al., 1961).

The information in this survey will be kept completely confidential. Subject names and other identifying information is not requested, and there will be no attempt to identify subjects. This packet consists of one subject information sheet and **four separate surveys**. Please follow the directions preceding **each survey**. Your participation is greatly appreciated.

#### SUBJECT INFORMATION

1. Gender (check one): Female Male
2. Age: \_\_\_\_\_
3. Class (check one): First-year Sophomore  
Junior Senior  
Non-traditional
4. Cumulative GPA: \_\_\_\_\_

## SURVEY #1

Try to think of one problem you have encountered in the last six months or so. This should be a problem that was important to you, and that caused you to worry (anything from the loss of a loved one to a traffic citation, but one that was important to you).

Please describe this problem in a few words (remember, your answers will be kept anonymous):

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With this problem in mind, indicate how you coped by checking the appropriate box for each coping behavior listed. Answer each and every question even though some may sound similar.

**Keeping that stressful event in mind, indicate to what extent you . . .**

1. Let your feelings out to a friend?  A lot  A little  Not at all
2. Rearranged things around you so that your problem had the best chance of being resolved?  A lot  A little  Not at all
3. Brainstormed all possible solutions before deciding what to do?  A lot  A little  Not at all
4. Tried to distract yourself from the problem?  A lot  A little  Not at all
5. Accepted sympathy and understanding from someone?  A lot  A little  Not at all
6. Did all you could to keep others from seeing how bad things really were?  A lot  A little  Not at all
7. Talked to people about the situation because talking about it helped you to feel better?  A lot  A little  Not at all
8. Set some goals for yourself to deal with the situation?  A lot  A little  Not at all
9. Weighed your options very carefully?  A lot  A little  Not at all
10. Daydreamed about better times?  A lot  A little  Not at all
11. Tried different ways to solve the problem until you found one that worked?  A lot  A little  Not at all
12. Confided your fears and worries to a friend or relative?  A lot  A little  Not at all

13. Spent more time than usual alone?  A lot  A little  Not at all
14. Told people about the situation because just talking about it helped you to come up with solutions?  A lot  A little  Not at all
15. Thought about what needed to be done to straighten things out?  A lot  A little  Not at all
16. Turned your full attention to solving the problem?  A lot  A little  Not at all
17. Formed a plan of action in your mind?  A lot  A little  Not at all
18. Watched television more than usual?  A lot  A little  Not at all
19. Went to someone (friend or professional) in order to help you feel better?  A lot  A little  Not at all
20. Stood firm and fought for what you wanted in the situation?  A lot  A little  Not at all
21. Avoided being with people in general?  A lot  A little  Not at all
22. Buried yourself in a hobby or sports activity to avoid the problem?  A lot  A little  Not at all
23. Went to friend to help you feel better about the problem?  A lot  A little  Not at all
24. Went to a friend for advice on how to change the situation?  A lot  A little  Not at all
25. Accepted sympathy and understanding from friends who had the same problem?  A lot  A little  Not at all
26. Slept more than usual?  A lot  A little  Not at all
27. Fantasized about how things could have been different?  A lot  A little  Not at all
28. Identified with characters in novels or movies?  A lot  A little  Not at all
29. Tried to solve the problem?  A lot  A little  Not at all
30. Wished that people would just leave you alone?  A lot  A little  Not at all
31. Accepted help from a friend or relative?  A lot  A little  Not at all
32. Sought reassurance from those who know you best?  A lot  A little  Not at all
33. Tried to carefully plan a course of action rather than acting on impulse?  A lot  A little  Not at all

END OF SURVEY #1

SURVEY #2

Following is a list of experiences which many students have some time or other. Please indicate for each experience how much it has been a part of your life over the past month.

**Intensity of Experience over Past Month:**

- 1= not at all part of my life
- 2= only slightly part of my life
- 3= distinctly part of my life
- 4= very much part of my life

1. Conflicts with boyfriend's/girlfriend's/spouse's family \_\_\_\_\_
2. Being let down or disappointed by friends \_\_\_\_\_
3. Conflict with professor(s) \_\_\_\_\_
4. Social rejection \_\_\_\_\_
5. Too many things to do at once \_\_\_\_\_
6. Being taken for granted \_\_\_\_\_
7. Financial conflicts with family members \_\_\_\_\_
8. Having your trust betrayed by a friend \_\_\_\_\_
9. Separation from people you care about \_\_\_\_\_
10. Having your contributions overlooked \_\_\_\_\_
11. Struggling to meet your own academic standards \_\_\_\_\_
12. Being taken advantage of \_\_\_\_\_
13. Not enough leisure time \_\_\_\_\_
14. Struggling to meet the academic standards of others \_\_\_\_\_
15. A lot of responsibilities \_\_\_\_\_
16. Dissatisfaction with school \_\_\_\_\_
17. Decisions about intimate relationship(s) \_\_\_\_\_
18. Not enough time to meet your obligations \_\_\_\_\_
19. Dissatisfaction with your mathmatic ability \_\_\_\_\_
20. Important decisions about your future career \_\_\_\_\_
21. Financial burdens \_\_\_\_\_
22. Dissatisfaction with your reading ability \_\_\_\_\_
23. Important decisions about your education \_\_\_\_\_
24. Loneliness \_\_\_\_\_

Intensity of Experience over Past Month:

- 1= not at all part of my life
- 2= only slightly part of my life
- 3= distinctly part of my life
- 4= very much part of my life

- 25. Lower grades than you hoped for \_\_\_\_\_
- 26. Conflict with teaching assistant(s) \_\_\_\_\_
- 27. Not enough time for sleep \_\_\_\_\_
- 28. Conflicts with your family \_\_\_\_\_
- 29. Heavy demands from extracurricular activities \_\_\_\_\_
- 30. Finding courses too demanding \_\_\_\_\_
- 31. Conflicts with friends \_\_\_\_\_
- 32. Hard effort to get ahead \_\_\_\_\_
- 33. Poor health of a friend \_\_\_\_\_
- 34. Disliking your studies \_\_\_\_\_
- 35. Getting "ripped off" or cheated in the purchase of services \_\_\_\_\_
- 36. Social conflicts over smoking \_\_\_\_\_
- 37. Difficulties with transportation \_\_\_\_\_
- 38. Disliking fellow student(s) \_\_\_\_\_
- 39. Conflicts with boyfriend/girlfriend/spouse \_\_\_\_\_
- 40. Dissatisfaction with your ability at written expression \_\_\_\_\_
- 41. Interruptions of your school work \_\_\_\_\_
- 42. Social isolation \_\_\_\_\_
- 43. Long waits to get service (e.g., at banks, stores, etc.) \_\_\_\_\_
- 44. Being ignored \_\_\_\_\_
- 45. Dissatisfaction with your physical appearance \_\_\_\_\_
- 46. Finding course(s) interesting \_\_\_\_\_
- 47. Gossip concerning someone you care about \_\_\_\_\_
- 48. Failing to get expected job \_\_\_\_\_
- 49. Dissatisfaction with your athletic ability \_\_\_\_\_

SURVEY #3

Indicate the degree to which you agree to each of the items, using the following response format:

0= strongly disagree  
1= disagree  
2= neutral  
3= agree  
4= strongly agree

1. In uncertain times, I usually expect the best. \_\_\_\_\_
2. It's easy for me to relax. \_\_\_\_\_
3. If something can go wrong for me, it will. \_\_\_\_\_
4. I always look on the bright side of things. \_\_\_\_\_
5. I'm always optimistic about my future. \_\_\_\_\_
6. I enjoy my friends a lot. \_\_\_\_\_
7. It's important for me to keep busy. \_\_\_\_\_
8. I hardly ever expect things to go my way. \_\_\_\_\_
9. Things never work out the way I want them to. \_\_\_\_\_
10. I don't get upset too easily. \_\_\_\_\_
11. I'm a believer in the idea that "every cloud has a silver lining". \_\_\_\_\_
12. I rarely count on good things happening to me. \_\_\_\_\_

END OF SURVEY # 3

SURVEY #4

Check the line next to the item that **best describes** you at the present time. Please check only one line for each number.

1.  I do not feel sad  
 I feel blue or sad  
 I am blue or sad all the time and I can't snap out of it  
 I am so sad or unhappy that it is very painful  
 I am so sad or unhappy that I can't stand it
  
2.  I am not particularly pessimistic or discouraged about my future  
 I feel discouraged about the future  
 I feel I have nothing to look forward to  
 I feel that I won't ever get over my troubles  
 I feel that the future is hopeless and that things cannot improve.
  
3.  I do not feel like a failure  
 I feel I have failed more than the average person  
 I feel that I have accomplished very little that is worthwhile or that means anything  
 As I look back on my life all I can see is a lot of failures  
 I feel I am a complete failure as a person
  
4.  I am not particularly dissatisfied  
 I feel bored most of the time  
 I don't enjoy things the way I used to  
 I don't get satisfaction out of anything any more  
 I am dissatisfied with everything
  
5.  I don't feel particularly guilty  
 I feel bad or unworthy a good part of the time  
 I feel quite guilty  
 I feel bad or unworthy practically all the time now  
 I feel as though I am very bad or worthless
  
6.  I don't feel I am being punished  
 I have a feeling that something bad may happen to me  
 I feel I am being punished or will be punished  
 I feel I deserve to be punished  
 I want to be punished
  
7.  I don't feel disappointed in myself  
 I am disappointed in myself  
 I don't like myself  
 I am disgusted with myself  
 I hate myself



8.  I don't feel I am any worse than anybody else  
 I am very critical of myself for my weaknesses or mistakes  
 I blame myself for anything that goes wrong  
 I feel I have many bad faults
9.  I don't have any thoughts of harming myself  
 I have thoughts of harming myself but I would not carry them out  
 I feel I would be better off dead  
 I have definite plans about committing suicide  
 I feel my family would be better off if I were dead  
 I would kill myself if I could
10.  I don't cry any more than usual  
 I cry more now than I used to  
 I cry all the time now. I can't stop it  
 I used to be able to cry but now I can't cry at all even though I want to
11.  I am no more irritated now than I ever am  
 I get annoyed or irritated more easily than I used to  
 I feel irritated all the time  
 I don't get irritated at all the things that used to irritate me
12.  I have not lost interest in other people  
 I am less interested in other people now than I used to be  
 I have lost most of my interest in other people and have little feeling for them  
 I have lost all my interest in other people and don't care about them at all
13.  I make decisions about as well as ever  
 I am less sure of myself now and try to put off making decisions  
 I can't make decisions any more without help  
 I can't make any decisions at all any more
14.  I don't feel I look any worse then I used to  
 I am worried that I am looking old or unattractive  
 I feel that there are permanent changes in my appearance and they make me look unattractive  
 I feel that I am ugly or repulsive looking
15.  I can work about as well as before  
 It takes extra effort to get started at doing something  
 I have to push myself very hard to do anything  
 I can't do any work at all

16.  I can sleep as well as usual  
 I wake up more tired in the morning than I used to  
 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep  
 I wake up very early every day and can't get more than 5 hours of sleep
17.  I don't get any more tired than usual  
 I get tired more easily than I used to  
 I get tired from doing anything  
 I get too tired to do anything
18.  My appetite is no worse than usual  
 My appetite is not as good as it used to be  
 My appetite is much worse now  
 I have no appetite at all any more
19.  I haven't lost much weight, if any, lately  
 I have lost more than 5 pounds  
 I have lost more than 10 pounds  
 I have lost more than 15 pounds
20.  I am no more concerned about my health than usual  
 I am concerned or upset about aches and pains or upset stomach or constipation or other unpleasant feelings in my body  
 I am so concerned with how I feel or what I feel that it's hard to think of much else  
 I am completely absorbed in what I feel
21.  I have not noticed any recent change in my interest in sex  
 I am less interested in sex than I used to be  
 I am much less interested in sex now  
 I have lost interest in sex completely

**You may STOP here.  
Thank you for your cooperation!**

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