

VALIDITY ASSESSMENT OF COPING STYLES SCALE (CSS)

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ABSTRACT

The present study intends to estimate the construct validity of indigenously developed Coping Styles Scale (CSS) in Urdu (i.e. National language of Pakistan). The sample of 140 adult students with the age ranges between 18 to 25 years were randomly selected. To estimate the construct validity, the CSS was administered along with Brief Cope Scale, ICP-Subjective Well-Being Scale (ICP-SWBS), Rosenberg Self-Esteem Scale-Urdu Version (RSES-U), Perceived Stress Scale-Urdu Version (PSS-U) and Generalized Self-Efficacy Scale-Urdu Version (GSS-U). The CSS Problem Focused Coping demonstrated significant positive correlation with: adaptive subscales of Brief Cope; Life Satisfaction and Positive Affect subscales of ICP-SWBS; RSES; and GSES. Further, the CSS Problem Focused Coping showed negative correlation with Negative Affect subscale of ICP-SWBS; and PSS. Moreover, the CSS Emotion Focused Coping demonstrated positive correlation with: maladaptive subscales of Brief Cope; Negative Affect subscale of ICP-SWBS; and PSS. Furthermore, the CSS Emotion Focused Coping showed negative correlation with Life Satisfaction and Positive Affect subscales of ICP-SWBS; RSES; and GSES. These results reveal good construct validity indicating CSS a valid measure of the construct of coping.

Keywords: Coping, Adults, Students, Validity

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INTRODUCTION

Coping is a process to acquire a journey by dealing competently with a situation or a problem. In other words coping is the ability to face successfully a difficult task, a situation, a person, any other problem or issue which may happen in someone's life from time to time. Lazarus (1966) asserts that coping process entails two constituents; one is called appraisal and the other is known as coping. The appraisal is the act of perceiving the challenge and/or threat and analyzing one's own ability to deal with the stressor. Appraisal works in hierarchal manner, firstly by identifying a threat on experiencing a stressor, called primary appraisal; second by deciding to choose a certain way to deal with it, identified as secondary appraisal i.e. actual coping.

Tylor and Stannon (2007) defined coping as an action oriented and intrapsychic efforts to deal with the demands of stressful events that are crucial both for its significant impact on stress-related mental as well as physical health outcomes and for its intervention potential. Like intelligence, physical power or endurance, coping is a quality which differs from person to person. In a given situation different people may react differently. The ability to tackle a particular problem or issue varies from individual to individual. One person may be capable to deal with a specific situation on his own while another one may seek the help or support of family, friends, relatives or teachers while yet another person may depend upon religion divine forces or God. Nonetheless, it is an individual's own decision as to which way or means he should adopt to deal with the situation. Hence, it may be assumed that every individual is capable to deal with any type of situation accordingly.

Holahan, Holahan, Moos, Brennan, and Schulte (2005), by reviewing the work of Cronkite and Moos (1995) and Penley, Tomaka, and Wiebe (2002), accounted that avoidant coping involves cognitive and behavioral efforts aimed at curtailing, denying or disregarding/ignoring dealing with the stressful conditions. Moreover, cognitive avoidance may sanction to grow such stressors like; health or financial issues (Holahan, Holahan, Moos, Brennan, & Schulte, 2005).

Coping is use in different spheres of life throughout one's survival. Some need to cope with physical illness (Ulvik, Nygard, Hanestad, Larsen, & Wah, 2008) and others with psychological ailments like adjustment problems (Jaser et

al., 2005), bereavement (Bennett, Gibbons, & Smith, 2010); whereas still others struggling with economical pressures and unemployment etc. All these issues also prevail within our culture and investigated extensively but with the measuring instruments other than our native language. Thus, an attempt was made by Zaman (2015) to cater the intense need of developing a valid and reliable measuring instrument on coping, Coping Style Scale (CSS) in National language, i.e. Urdu. As literature suggests that to construct and develop a scale, it should be valid. The validity refers to the extent a test measures what it intends to measure (Anastasi, 1988). The construct validity refers to the degree to which an instrument/ measures the theoretical construct which it may be said to measure (Anastasi & Urbina, 1997). Thus, the estimation of validity has its significance in scale development. In this regard, the present study is an attempt to estimate the construct validity of this indigenously developed CSS. The availability of such a valid scale will help professional to assess the etiology and development of psychological issues and functional deficits within the context of our culture and will promote and flourish the logical and rational attempt in tackling with life challenges.

METHOD

Participants

The sample employed in the present study was 140 adult university students (64 males & 76 females). The age range of the whole sample was between 18 to 25 years with the mean age of 21.84 (\pm SD= 2.143).

Measures

Demographic Information Form

Self-developed Semi-structured Interview Form (demographic information form) was used to tap the required relevant information. Personal information is obtained through items focusing on participant's age, gender, birth order, number of siblings, education, academic class, family structure and family income.

Coping Styles Scale (CSS)

The Coping Styles Scale (CSS) is designed for the age group of 18 to 50 years old adults. The CSS is a self-report measure and consists of 22 items. Each

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item is answered on a 5-point Likert rating scale to show the extent to which the item is true for them. The score ranges from 5 “*always*” to 1 “*not at all*”. Zaman (2015) reported good psychometric properties of the Coping Styles Scale indicating high Cronbach’s alpha, split-half and test-retest reliability of Problem focused coping (i.e., .87, .84, & .80) and Emotion focused coping (i.e., .89, .80, & .74) respectively.

Brief Cope

The Brief Cope is a short form of the Cope Inventory (Carver, Scheier, & Weintraub, 1989) consisting of 28 items, which are rated on a 4-point Likert scale format (1=*Never* to 4=*A lot*). Brief Cope is classified into 14 sub scales encompassing; Self-Distraction, Active Coping, Denial, Substance use, Use of emotional social support, Acceptance, Positive reframing, Planning, Behavioral Disengagement, Venting, Use of Instrumental social support, Religion, Humor and Self-Blame. The items are summed for each subsection separately to get a total score of all 14 classifications. High scores on each sub scale indicating more use of that particular coping strategy and the low score indicating less use of that coping strategy.

ICP- Subjective Well-Being Scale (ICP-SWBS)

The ICP-Subjective Well-Being Scale (ICP-SWBS; Mughal & Khanam, 2013) consists of 3 subscales namely; Life Satisfaction (LS), Positive Affect (PA) and Negative Affect (NA). The subscale LS consists of 5 items whereas PA and NA subscales contain 12 items each. The PA and NA subscales require the respondents to report affects that they experienced during the past four weeks on 5-point Likert scale ranging from *never* to *always*. Life satisfaction subscale is in agree/disagree format rated on 5-point Likert scale, ranging from *completely disagree* to *completely agree*.

Rosenberg Self Esteem Scale-Urdu Version (RSES-U)

The Rosenberg Self-Esteem Scale is a 10 item scale. In the current study the translated Urdu version of the Rosenberg Self-Esteem Scale (RSES-U; Sardar, 1998) was used. The respondent is asked to rate each item on a four point likert scale ranging from “*strongly agree (SA)*” to “*strongly disagree (SD)*”. Items 3, 5, 8, 9, and 10 are reverse scored. Summing the ratings assigned to each of the 10 items gives the total score of feeling of self-worth or self-acceptance. Scores

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range from 0 to 30. The high scores indicate high self-esteem and low score specify low self-esteem.

Generalized Self Efficacy Scale-Urdu Version (GSES-U)

Generalizes Self Efficacy Scale (GSES-U; Tabassum, Rehman, Schwarzer & Jerusalem, 2003) was originally developed by Schwarzer and Jerusalem and adapted in Urdu by Tabassum, Rehman Schwarzer and Jerusalem. It assess a stable and broad sense of personal competence or a general sense of perceived self efficacy to cope effectively with a variety of difficult and novel life demands. It evaluates an individual's faith and belief in his own ability to predict coping capability to combat his life stresses and adopt effectively (Schwarzer, 2001; Schwarzer & Jerusalem, 1993; 2000). It consists of 10 items rated on 4-point Likert scale for adolescents and adults. GSES has good psychometric properties i.e. Cronbach alpha ranging from .75 to .90. The responses are sum up on all 10 items to yield the final composite score ranging from 10 to 40.

Perceived Stress Scale-Urdu Version (PSS-U)

Perceived Stress Scale (PSS-10) is originally developed by Cohen and Williamson (1988) and is adapted in the Urdu language by Luna and colleagues (2011). The PSS-U consists of 10 items rated on 5-point Likert scale for adolescents and adults. Score is obtained by reversing the scores on the four positive items i.e. 0=4, 1=3, 2=2, etc. and then summing across all 10 items. Items 4, 5, 7, and 8 are the positively stated items. The Cronbach alpha of Urdu Version is found to be .78.

Procedure

In order to collect the data, the concerned educational authorities were approached with the permission letter, consent form and copies of all the measures. A letter describing the research project was provided to the head of departments/ chairman/chairpersons. Brief description about the nature of research work was given to them. After seeking their permission, the data from their departments was collected. The schedule for collections was planned according to the research requirements and convenience of these educational departments. A proper schedule was prepared for administration of scales with the approval of each participant. After completion of the Demographic

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Information Form, Coping Styles Scale (CSS), ICP Subjective Well-Being Scale, Rosenberg Self-Esteem Scale-Urdu Version, Perceived Stress Scale-Urdu Version and Generalized Self Efficacy Scale-Urdu Version were administered in a classroom setting under the supervision of the researcher. Instructions about how to respond to the statements were read to participants and they were encouraged to respond as accurately as possible. The time used to complete all measures was 50 minutes approximately. After completing the administration procedure the researcher showed her gratitude to all the participants for their utmost co-operation and voluntary participation in the research .

Statistical Analysis

The Pearson Product Moment Coefficient of Correlation was applied to estimate the correlation of Coping Styles Scale with Brief Cope, ICP-Subjective Well-Being Scale, Perceived Stress Scale-Urdu Version, Rosenberg Self-Esteem Scale-Urdu Version and Generalized Self-Efficacy Scale-Urdu Version. Descriptive statistics was also computed.

RESULTS

Table-1

Construct Validity of Problem Focused Coping (PFC) and Emotion Focused Coping (EFC) of Coping Styles Scale (N=140)

Variables	PFC		EFC	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
AC	.61**	.000		
I-S	.62**	.000		
PLNNG	.66**	.000		
P-R			.50**	.000
ACPT			.66**	.000
S-D			.63**	.000
D			.63**	.000
S-U			.45**	.000
E-S			.65**	.000
B-D			.54**	.000
V			.52**	.000
H			.41**	.000
R			.66**	.000
S-B			.66**	.000
L-C	.63**	.000	-.58**	.000
P-A	.60**	.000	-.53**	.000
N-A	-.61**	.000	.66**	.000
RSES	.54**	.000	-.62**	.000
PSS	-.61**	.000	.62*	.000
GSES	.56**	.000	-.56**	.000

Note: AC=Active Coping; I-S=Instrumental Social Support; PLNNG= Planning; P-R= Positive Reappraisal; ACPT= Acceptance; S-D=Self Distraction; D= Denial; S-U= Substance Use; E-S= Emotional Support; B-D= Behavioral Disengagement; V=Venting; H=Humor; R=Religion; & S-B=Self Blame; L-S= Life satisfaction; P-A=Positive Affect; N-A=Negative Affect; RSES=Rosenberg Self-Esteem Scale; PSS=Perceived Stress Scale; GSES=Generalized Self-Efficacy Scale., $p^{**} < .01$

DISCUSSION

The results of the present study endowed with strong support for the construct validity of Coping Styles Scale (CSS). The CSS was administered along multiple other scales to determine its validity. For construct validity, CSS was administered along with the Brief Cope Scale (Carver, Scheier, & Weintraub, 1989), ICP-SWB, RSES-U, PSS-U, GSES-U. It was expected that Problem Focused Coping subscale of CSS will positively correlate with Brief Cope subscales of Active Coping; Planning and Instrumental Social Support whereas Emotion Focused Coping subscale of CSS will positively correlate with Brief Cope subscales of Positive Reappraisal, Acceptance, Self-Distraction, denial, Substance use, Emotional Social Support, Behavioral Disengagement, Venting, Humor, Religion and self-blame.

The obtained results (Table 1) are in expected direction, as such: the CSS Problem Focused Coping subscale demonstrated significant positive correlation with Brief Cope subscales of Active coping, Instrumental Social Support and Planning ($r = .61, .62$ & $.66, p < .01$) whereas CSS Emotion Focused Coping subscale showed positive correlation with Brief Cope subscales of Positive Reappraisal, Acceptance, Self-distraction, Denial, Substance Use, Emotional Support, Behavioral disengagement, Venting, Humor, Religion and Self-Blame ($r = .50, .66, .63, .63, .45, .65, .54, .52, .41, .66, .66, p < .01$). According to Bagby, Ryder, Schuller, and Marshall (2004), the obtained Pearson value of .50 with other measures of same syndrome indicates adequate convergent validity. Thus, our results affirmed the sound convergent validity of CSS.

Further, it was expected that Problem Focused Coping subscale of CSS will positively correlate with RSES-U, GSES-U, and Positive Affect and Life Satisfaction subscales of ICP-SWBS whereas negatively correlate with Negative Affect subscale of ICP-SWBS and Perceived Stress Scale. The findings obtained (Table 1) are as such: the Problem Focused Coping subscale of CSS demonstrated a positive correlation with the subscales of Life Satisfaction and Positive Affect of ICP-SWBS, RSES-U and GSES-U ($r = .63, .60, .54, .56, p < .01$) whereas showed a negative correlation with Negative Affect subscale of ICP-SWBS and PSS-U ($r = -.61, -.61, p < .01$).

Furthermore, it was expected that the Emotion Focused Coping subscale of CSS will positively correlate with PSS-U and Negative Affect subscale of ICP-SWBS whereas negatively correlate with RSES-U and GSES-U and Positive

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Affect and Life Satisfaction subscale of ICP-SWBS. The results (Table 1) shows that the Emotion Focused Coping subscale of CSS demonstrated a positive correlation with the Negative Affect subscale of ICP-SWBS and PSS-U ($r = .66$ & $.62$, $p < .01$; see Table 1) whereas showed a negative correlation with Life Satisfaction and Positive Affect subscales of ICP-SWBS, RSES-U and GSES-U ($r = -.58$, $-.53$, $-.62$, $-.56$, $p < .01$).

These results are consistent with the findings of Crockett et al. (2007) who stated that students using problem focused coping strategies as compared to others show low level of stress, anxiety and depression. Moreover, Bouteyre, Maurel, and Bernaud (2007) also found a negative correlation between problem focused coping and psychological distress among university students.

Conclusion

To sum up, the findings provide a strong support for the use of Coping Styles Scale (CSS) for the adult population in Pakistan and provide a degree of confidence in the utilization of this measure. These results revealed that CSS is psychometrically adequate for non-English societies especially for Pakistani adults, as the construct validity is reflective of its verve and vigor.

As the life is moving fast, current scenario like economical as well as societal pressure, struggling for achievements, unemployment and uncertainty about the future and so many sufferings are inevitable. In the backdrop of the prevailing pressures of the economic and social upheavals, every individual is greatly concerned about achieving the best in life. This was the good time to construct a valid and reliable testing instrument on the construct of coping with reference to our culture. To cover up these challenges, this instrument is going to be a good addition in the field of psychology and social sciences and will be a step forward in promoting the psychological as well as physical well-being. In addition to that it is hoped that this instrument will facilitate Psychiatrist, Psychologists, Educators, Counselors and Parents to evaluate their consulters and off spring's coping skills and help them by working on their coping mechanisms.

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