Cognitive coping strategies and Subjective happiness in a sample of Spanish elderly women
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INTRODUCTION

The aging process involves significant changes in people's lives that affect their emotional state and their satisfaction with life (Prieto-Flores, et. al, 2008). Although life changes occur at all stages of life, negative events such as losses in health or function ability become more frequent in old age, while the existing resources needed for adaptation become weaker (Tovel & Carmel, 2013). In general, women have a higher prevalence than men of internalizing disorders such as depressive and anxiety disorders, and tend to emerge in early adolescence and continue into adulthood (Nolen-Hoeksema & Rusting, 2003). However not all elderly people who have experienced stressful events develop emotional problems. Strategies focusing on dealing with the problem that is causing the distress have been found to be more beneficial for well-being that strategies focusing on distressing emotions (Kraaij, 2002; Thoits, 1995; Zeidner & Saklofske, 1996). Empirical studies suggest the global conclusion that women in general tend to rely on passive and emotion-focused coping strategies (Thoits, 1995; Vingerhoets & Van Heck, 1990). More specifically, some studies in adolescent and adult samples have shown that cognitive coping strategies such as positive reappraisals have a more negative relationship with maladjustment and rumination, self-blame and catastrophizing are positively related to depression and/or other measures of mental ill-health (Garnefski et al., 2002a; Garnefski et al., 2002b; Garnefski et al., 2001).

According to Garnefski, Kraaij and Spinlhoven, (2001) cognitive coping strategies and emotional styles mainly involve fairly stable to deal with negative events in our lives. Previous literature distinguishes nine different types of cognitive regulation strategies and emotional that people can use in response to everyday problems: self-blame, blaming others, rumination, catastrophizing, perspective taking, positive refocusing, positive reappraisal, acceptance and planning.

Although cognitive coping strategies have been conceptualized as an important factor influencing vulnerability to stressful events, there have been very little research focusing on elderly people and its relationship with positive well-being and not with aspects of negative mood states.

RESULTS

To examine the strategies that were related to happiness levels were conducted correlation analysis and multiple regressions. (Table 1 and Figure 2; *p<.05 **p<.01).

Table 1. Correlations between cognitive coping strategies and subjective happiness

<table>
<thead>
<tr>
<th>Subjective Happiness</th>
<th>Self-blame</th>
<th>Acceptance</th>
<th>Rumination</th>
<th>Positive refocusing</th>
<th>Planning</th>
<th>Positive reappraisal</th>
<th>Perspective taking</th>
<th>Catastrophizing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-blame</td>
<td>-.14</td>
<td>-.04</td>
<td>-.05</td>
<td>-.07</td>
<td>-.06</td>
<td>-.01</td>
<td>-.01</td>
<td>-.00</td>
</tr>
<tr>
<td>Acceptance</td>
<td>-.07</td>
<td>-.04</td>
<td>-.03</td>
<td>-.07</td>
<td>-.03</td>
<td>-.02</td>
<td>-.02</td>
<td>-.02</td>
</tr>
<tr>
<td>Rumination</td>
<td>-.17</td>
<td>-.03</td>
<td>-.02</td>
<td>-.08</td>
<td>-.04</td>
<td>-.06</td>
<td>-.06</td>
<td>-.04</td>
</tr>
<tr>
<td>Positive refocusing</td>
<td>-.19</td>
<td>-.05</td>
<td>-.03</td>
<td>-.08</td>
<td>-.04</td>
<td>-.06</td>
<td>-.06</td>
<td>-.04</td>
</tr>
<tr>
<td>Planning</td>
<td>-.19</td>
<td>-.05</td>
<td>-.03</td>
<td>-.08</td>
<td>-.04</td>
<td>-.06</td>
<td>-.06</td>
<td>-.04</td>
</tr>
<tr>
<td>Positive reappraisal</td>
<td>-.27</td>
<td>-.06</td>
<td>-.04</td>
<td>-.08</td>
<td>-.04</td>
<td>-.06</td>
<td>-.06</td>
<td>-.04</td>
</tr>
<tr>
<td>Perspective taking</td>
<td>-.27</td>
<td>-.06</td>
<td>-.04</td>
<td>-.08</td>
<td>-.04</td>
<td>-.06</td>
<td>-.06</td>
<td>-.04</td>
</tr>
<tr>
<td>Catastrophizing</td>
<td>-.35</td>
<td>-.06</td>
<td>-.04</td>
<td>-.08</td>
<td>-.04</td>
<td>-.06</td>
<td>-.06</td>
<td>-.04</td>
</tr>
</tbody>
</table>

Figure 2. Regression analysis of the cognitive coping strategies predicting subjective happiness in women.

As shown in Table 1, Positive refocusing, Planning, Positive reappraisal and Perspective taking correlated positively with happiness and Self-blame, Rumination, Catastrophizing and Blaming others correlated negatively with happiness. In Figure 2, introducing the regulation strategies for the total sample of women in the regression model, the best predictors of happiness levels were, catastrophizing and positive reappraisal explaining 29% of its variance.

DISCUSSION

On one hand, the results indicate that the most used strategies by elderly women are of a positive nature. Specifically, the data show us that the most frequently chosen strategies are: Planning, Positive reappraisal, and Perspective taking. Furthermore, the data show evidence that certain strategies used by elderly women who predict a greater extent, their level of happiness. Specifically, the strategies that were associated with higher levels of happiness were Catastrophizing and Positive reappraisal, which explained 29% of the variance in happiness levels of older women.

As Kraaij & Garnefski suggest (2002) the use of positive strategies in older people is a good way of dealing with stressful experiences thereby suggesting that cognitive coping strategies play an important role for determining happiness of this population.

These results provide some important clues about what cognitive strategies of emotional regulation should be promoted in the treatment of older women.

HYPOTHESIS

This study examines the main cognitive coping strategies using elderly people and the predictive ability of these strategies on subjective happiness levels. It is expected significant positive correlations between adaptive coping and happiness and significant negative correlations between maladaptive coping and happiness.

METHOD

Our sample was composed of 209 Spanish elderly women aged 53 to 93 (M = 64.42, SD = 7.75) from the general community residing in the province of Málaga.

INSTRUMENTOS

• Cognitive Emotion Regulation Questionnaire (CERQ): Garnefski y Kraaij, 2001). This scale assesses what people think after the experience of threatening or stressful life events. The CERQ subscales are: self-blame, blaming others, rumination, catastrophizing, perspective taking, positive refocusing, positive reappraisal, acceptance and planning.

• The Subjective Happiness Scale (SHS), Lyubomirsky and Lepper, 1999. The SHS is a widely used, 4-item global assessment of happiness. Two items request respondents to describe themselves using both absolute ratings and ratings relative to peers, while the other two items offer brief descriptions of happy and unhappy individuals and ask respondents about the extent to which each description describes the respondent.

RESULTS

To analyze the main cognitive-emotional regulation most used by women in our sample were conducted a descriptive statistical analysis.

As shown in Figure 1, the results showed that the main strategies used by women are planning, positive reappraisal perspective taking and acceptance, being the least used catastrophizing and blaming others.

Figure 1. Use of different cognitive coping strategies by women

planning: 3, acceptance: 4, positive reappraisal: 4, positive refocusing: 3, perspective taking: 3, catastrophizing: 2, rumination: 2, blaming others: 1, self-blame: 0

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