



INFLUENCE OF COPING STYLE ON LIFE SATISFACTION
AMONG VIETNAMESE UNDERGRADUATES OF PSYCHOLOGY
MEDIATED BY STRESS, ANXIETY, AND DEPRESSION

Tran Anh Vu

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of
MASTER OF SCIENCE IN COUNSELING PSYCHOLOGY

Graduate School of Psychology
ASSUMPTION UNIVERSITY

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The purpose of this study was to investigate influence of coping style on life satisfaction among Vietnamese undergraduates of Psychology, mediated by stress, anxiety, and depression

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ABSTRACT

This study attempted to investigate (1) the direct influence of coping style on the level of life satisfaction among undergraduate students of psychology in Ho Chi Minh City, Viet Nam; (2) the indirect influences of coping style on the level of life satisfaction of the targeted students, being mediated by their levels of depression, anxiety, and stress; and (3) gender differences in coping style, life satisfaction, depression, anxiety, and stress. Vietnamese-translated versions of the Coping Inventory for Stressful Situations (CISS), Depression, Anxiety, and Stress Scale (DASS), Satisfaction With Life Scale (SWLS) and a researcher-constructed demographic questionnaire were employed for data collection. A total of 510 undergraduate students from five faculties of psychology in Ho Chi Minh City participated in this study. Reliability test, the *t*-test, and multiple regression analysis were used in data analysis. Results revealed that problem-focused coping and avoidance-focused coping were positively and significantly related to the level of life satisfaction while emotion-focused coping was found to be negatively and significantly correlated with life satisfaction. Furthermore, problem-focused coping was found to be negatively correlated with depression, anxiety, and stress, whereas emotion-focused coping was found to be positively correlated with the three emotive variables. Avoidance-focused coping was negatively correlated with depression. In terms of testing indirect relationship hypothesis, the regression analysis showed that there was an indirect influence of emotion-focused coping and voidance-focused coping on Vietnamese psychology undergraduate students' life satisfaction, being mediated by their reported level of depression. Additionally, no significant gender differences were found in problem-focused coping, depression, anxiety, stress, and life satisfaction. On the other hand,

there were significant gender differences in emotion-focused coping and avoidance-focused coping such that Vietnamese female students of psychology tended to employ emotion-focused coping and avoidance-focused coping more than their male counterparts.



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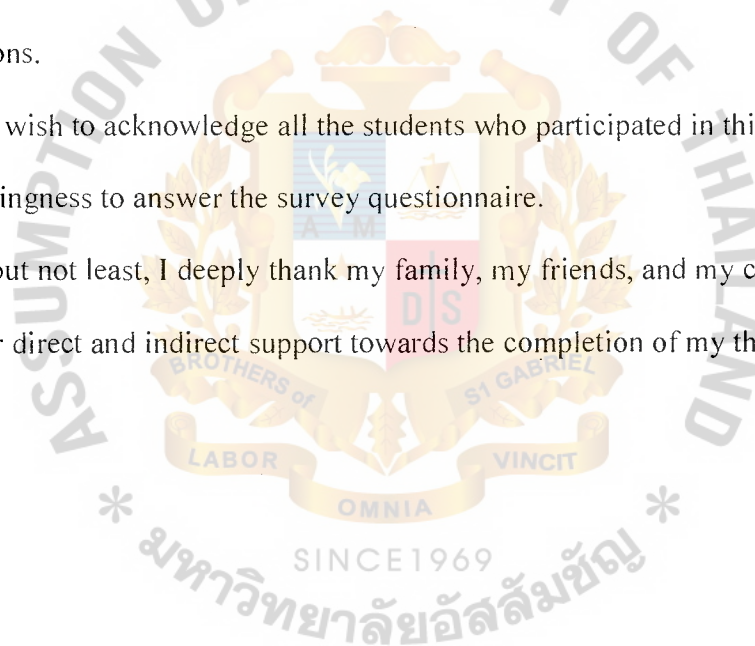


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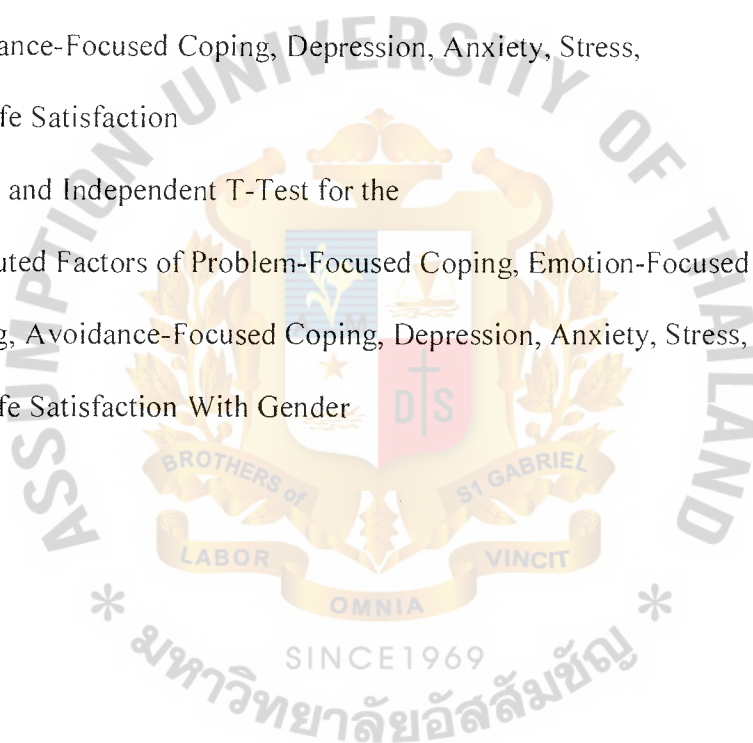
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CHAPTER I

Introduction

Historically, the profession of psychology has been in existence for some time, “long before there was a science of psychology, even before the term ‘psychologist’ came into public use” (Cautin, Freedheim, & DeLeon, 2013, p. 32). The authors further asserted that in early 19th century America (as in centuries before, throughout the world), there were practitioners who counseled, advised, and supported individuals on a myriad of problems including marital difficulties, career options, parenting, and psychological illnesses, who worked under various labels including phrenologist, characterologist, spiritualist, graphologist, mental healer, physiognomist, mind reader and, much later, psychologist.

According to the American Psychological Association, a psychologist can engage in a variety of psychology-based activities such as conducting basic and applied research, testing intelligence and personality, assessing behavioral and mental functions of people, diagnosing and treating people with mental health issues, and teaching future psychologists. Additionally, psychologists work independently or team up with other professionals (e.g., physicians, lawyers, school personnel, computer experts, engineers, policymakers, managers, etc.) with a view to contributing to every area of society (APA, 2011, p.1).

The psychology major.

The psychology major will graduate from college with a scientific mind-set and an awareness of basic principles of human behavior (biological, developmental, mental disorder-

related, social), a background which will prepare the graduate for success in many areas, including business, helping professions, health services, marketing, law, sales, and teaching (Zwolinski, 2014).

Studies suggest that psychology majors learn a set of skills that are not collectively offered by other social science majors such as communication, information gathering, interpersonal management, and research methodology. The psychology major's skill set prepares graduates for numerous opportunities in the professional world and a range of graduate training opportunities. The skills include the ability to work and get along with others, desire and willingness to learn new things, adaptability to changing situations, and capacity for problem solving (Landrum, 2001, as cited in Zwolinski, 2014). Psychology majors also have a number of methodological skills that result from a focus on the scientific study of human and animal behavior. Furthermore, the study of statistics and research methodology contributes to a scientific mind-set that emphasizes exploring and managing uncertainty, critical thinking and analytical skills, and logical thinking abilities. Prospective employers reportedly appreciate the excellent written and verbal communication skills among students who present their research projects at conferences and master American Psychological Association (APA) style (Zwolinski, 2014).

Psychology education in Viet Nam.

Psychology education in Viet Nam (the setting of the current study) prepares students for a fundamental, university-level knowledge of psychology. To enroll in the bachelor's degree in psychology, students need to pass a matriculation exam as prerequisite to the four-year program of study. Typically, undergraduate psychology students study for eight

semesters, starting with general courses in the first half of the first year. Students, then, undertake two years of foundation courses in psychology including general psychology, personality psychology, social psychology, and developmental psychology. By the time the students enter the sixth semester, they will have selected which field of psychology they intend to specialize in (e.g., I/O psychology, counseling, psychotherapy, etc.). On their last semester, the students commence internship training at a suitable company, hospital, or counseling center. In as much as graduate programs in counseling or clinical psychology have not been established in Viet Nam to date, the deans of psychology faculties have attempted to include in the college curriculum more clinical courses (e.g., basic counseling techniques, psychopathology, psychotherapy, clinical psychology, etc.). Thus, undergraduate students of psychology are expected to have acquired a good theoretical foundation of psychology as well as practical skills before entering internship.

In Viet Nam, in the 1990s, a few organizations (e.g., social work centers, counseling centers, etc.) started to offer services such as psychosocial support, counseling, crisis intervention, hotline assistance, and hospital-based psychological services. These activities contributed towards shaping a new form of psychology and counseling profession in the country (Tran, 2009). Furthermore, in spite of limitations in resources, the psychology profession has gradually gained recognition and respect from Vietnamese society. The author argued, however, that the quality of undergraduate programs in psychology has not matched the needs of clients and society mainly due to lack of supervision and qualified trainers, outdated textbooks and resources, and insufficient amount of time for training and instruction (Tran, 2009).

The current researcher acknowledges that the quality and quantity of psychology education and training in Viet Nam is inadequate due mainly to limited resources and funding by the private and public sectors. Nonetheless, this researcher anticipates that the situation will improve in the near future, especially when graduate programs in counseling psychology and/or clinical psychology are established and sustained.

Psychological distress and the college student.

For many young adults, college or university life is the best time of life. However, these critical years of adjustment can also be undermined by *depression, anxiety, stress*, and other manifestations of psychological distress (e.g., substance abuse, eating disorders, etc.) which threaten students' *life satisfaction*. According to the US National Health Ministries, college students are feeling more overwhelmed and stressed than fifteen years ago, based on a UCLA survey of college freshmen. More than 30% of all college freshman students report feeling overwhelmed a great deal of the time, and that 38% of college women report feeling frequently overwhelmed. Depression affects over 19 million adults in the US annually. In colleges nationwide, large percentages of college students are feeling overwhelmed, sad, hopeless, and so depressed that they are unable to function. In a recent national college health survey, 10% of college students had been diagnosed with depression, and that women, who tend to be more forthcoming (or are less stigmatized) in seeking treatment for depression, recorded a rate of 13%. Anxiety disorders affect millions of adults every year, and anxiety levels among college students have been rising since the 1950s. In 2000, 7% of college students reported experiencing anxiety disorders within the previous year, and that women are five times as likely to have anxiety disorders. According to the Centers for Disease Control and Prevention (CDC), 7.8% of men and 12.3% of women aged between 18 and 24 report

frequent psychological distress – a key indicator for depression, anxiety, stress, and other more serious mental disorders (NHM, 2004).

During college years, students face much pressure from a combination of factors including academic work, part-time job, family pressure, financial difficulty, uncertain future, and adaptation to a new environment. A number of previous studies had demonstrated that students face a wide variety of stressors such that it is highly likely for them to have high level of stress throughout their studies. For example, some studies reported that social, emotional, physical, and family issues are likely to affect students' academic performance and learning capacity (e.g., Fish & Nies, 1996; Chew-Graham, Rogers, & Yassin, 2003). Stress negatively affects university students (Vlisides, Eddy, & Mozie, 1994). A study by Macan, Shahani, Dipboye, and Phillips (1990) demonstrated that university students self-reported their academic experience to be very stressful. In particular, university students experience a great amount of stress when they attempt to accomplish academic tasks such as reading assignments, taking examinations, doing extra-curricular activities, making presentations, and doing part-time jobs. Moreover, students experiencing high level of stress have a higher risk of developing psychological disorders such as depression or anxiety (Ragheb & McKinney, 1993).

For psychology students in particular, excessive workload is a major academic stressor. Additionally, the academic development of psychologists as a complex process increases the level of perceived stress among psychology majors (Gallo-Belluzzo, Corbett, & Aiello-Vaisberg, 2013). Adaption to a new environment is really challenging, especially for first year psychology students who have to leave home to study and, therefore, are more likely to have a high risk of depression due to lack of social support (Bouteyre, Maurel, & Bernaud,

2007). On a more positive note, Rubio-Valdehita, López-Higes, and Díaz-Ramiro (2014) posited that a positive academic context improves psychology students' performance as well as reduces their feelings of overload. Moreover, social relationships with peers and teachers, along with student autonomy and life satisfaction are relevant within the academic context.

Beside academic stressors, students' life style contributes to their level of stress on a daily basis. McKinzie, Altamura, Burgoon, and Bishop (2006) analyzed a sample of 65 graduate psychology students to explore how stress relates to self-esteem, mood, and daily habits (eating, sleeping, smoking, exercise, and alcohol consumption). The findings suggested that sleep patterns, exercise habits, and negative moods are significant predictors of stress among psychology students. Tyrrell (1992) conducted a study on 94 undergraduates of psychology in Dublin and reported that fear of falling behind with coursework, finding the motivation to study, time pressure, financial worries, and concern about academic ability are the most frequent contributors to student stress. By the same token, Cassaretto, Chau, Oblitas, and Valdés (2003) established that older psychology students experienced higher stress than younger ones due to issues regarding their future and well-being.

While it is not unexpected that psychology students can balance their life and the pressures derived from their clinical program requirements due to their acquired knowledge of the antecedents and consequences of stress, more surprising findings to the contrary have been documented. For example, a recent study by Rummell (2015) revealed that the rate of anxious and depressive symptoms among psychology students are higher than that of the general population and of medical students, with greater than 49% reported clinically significant anxiety symptoms and greater than 39% reported clinically significant depressive symptoms. In 2011, an investigation by Peluso, Carleton, and Asmundson involving 292 Canadian

graduates of psychology found that advisory relationship satisfaction and greater current weekly hours worked were significant predictors of depressive symptoms for students enrolled in experimental programs. On a brighter note, Al Darmaki (2004) found that clinical training can help student increase their counseling self-efficacy as well as decrease their anxiety.

Coping resources and styles.

Coping resources are highly predictive of psychological wellness and act as buffers for disorders such as anxiety and depression (Aycock, 2011). They refer to factors upon which individuals can draw in the face of stressful events and are present before stressors occur (Pearlin & Schooler, 1978). Coping styles, on the other hand, refer to recognizable patterns of behavior used to combat stressors. In general, typical coping resources include social support, confidence, religion or spirituality, stress monitoring and tension reduction abilities, a sense of mastery, physical health, and an ability to engage in problem solving and structuring. They are ways in which individuals appropriate coping resources and strategies to protect themselves from the harmful effects of stressors (Aycock, 2011).

The current investigation adopted Endler and Parker's (1994) widely used theoretical perspective on coping style. *Coping styles* play an important role in physical and psychological well-being. This role is especially evident when individuals are confronted with negative or stressful life events. The way people cope with mental and physical distress is an important factor in their recovery and subsequent adjustment. The authors proposed that coping style comes in three forms: problem-focused, emotion-focused, and avoidance-focused strategies. When utilizing *problem-focused coping*, individuals attempt to reduce stressful effects by removing the stressors or lessening their effects. In contrast, *emotion-focused*

coping style safeguards by changing the emotional impact of stressors without affecting the stressors themselves. Avoidance of stressor effects is the goal in *avoidant-focused coping* strategies. Research suggests that problem-focused coping strategies are generally more adaptive than emotion-focused or avoidance strategies (Endler & Parker, 1990b; Pearlin & Schooler, 1978). When facing stressors impervious to change, placing energy into problem-focused strategies in a fruitless attempt to change them may cause more distress than utilizing emotion-focused strategies to manage the effects of the stressors. Thus, appropriate styles vary according to the nature of the stressor, and most individuals utilize a variety of coping styles (Folkman & Lazarus, 1980).

A study by Vargas and Trujillo (2012) reported that the prevalence of cannabis consumption among female psychology students was 36.3%. The study also found that female psychology students who tend to employ emotion-oriented coping to deal with stressors increased their cannabis consumption, thus, confirming that this coping style is a predictor of cannabis consumption among the students. On a related note, it had been demonstrated that both problem-oriented coping and emotion-oriented coping are effective in reducing the amount of stress among psychology students (Cassaretto et al., 2013). On the other hand, Bouteyre et al. (2007) reported that, among first year students of psychology, only problem-oriented coping is an effective adaptation strategy, especially among those who had left their hometown to study elsewhere.

Gallo-Belluzzo et al. (2013) conducted a group interview with 52 undergraduate students of psychology, using the Thematic Story-Drawing procedure. The findings confirmed the need for psychological care among those students as they reportedly experienced psychological distress in the form of depression, anxiety, or stress. Surprisingly, the students

showed hesitation and low readiness to seek social support, despite knowing its crucial role in mental health. In a similar vein, Thomas, Caputi, and Wilson (2014) investigated psychology students' intentions and attitudes to seek treatment for psychological distress. The results showed that only less than one fourth of the students were likely to seek treatment when they suffered from depression, anxiety, or stress. Kaufman (2006) explored perceived stress among psychology students and found that stress is not correlated with perceived need for social support. The findings are consistent with previous attempts suggesting that there is a gap between students' stress level and their readiness to seek support.

Life satisfaction among college students.

Life satisfaction, in a general sense, refers to how much a person positively evaluates the overall quality of his/her life (Veenhoven, 1996). Alternatively, it represents a person's overall cognitive assessment of his/her life. It is "a psychological experience" which "may not correspond very closely to... external conditions of life" (Campbell et al., 1976, as cited in Huffstetler, 2006). Life satisfaction differs from happiness in that happiness represents a subjective emotional state whereas life satisfaction represents one's cognitive assessment of his/her life situation.

Some researchers have focused specifically on college satisfaction, a related corollary. College satisfaction is a multifaceted concept that involves positive evaluations of one's college experience, ranging from living arrangements, to social life, to academics. Huffstetler (2006) cited a few studies that have examined the components and outcomes of college satisfaction. For example, college self-efficacy is correlated with college satisfaction (DeWitz & Walsh, 2002); interactions with professors were especially important in determining college

satisfaction (Landrum, Hood, & McAdams, 2001); and dissatisfaction with social life leads to overall dissatisfaction with college (Carter, 1998) (all as cited in Huffstetler, 2006).

Student satisfaction is an important factor in measuring the quality of learning approach and a key factor in the success of learning programs. It is an important part of the effort to market higher education successfully (Hermans et al., 2009, as cited in Duong, 2015). Student satisfaction in higher education may be a tool for building a bridge between more traditional and academic views on how to improve higher education institutions and more market-orientated perspectives. Due to an increasingly competitive, dynamic, and challenged educational environment, universities are becoming more aware of the importance of student satisfaction (Arambewela & Hall, 2009, as cited in Duong, 2015).

There have been attempts to investigate the impact of psychology program-related factors such as high study demands, teaching quality, and advisorship on student's life satisfaction. For example, Sieverding, Schmidt, Obergfell, and Scheiter (2013) found that high demands combined with low decision latitude are the main predictors of low student satisfaction. Another study demonstrated that teaching variables such as teaching quality and expertise have the strongest correlation with student satisfaction (Green, Hood, & Neumann, 2015). In light of the findings, the latter authors recommended that strategies to improve student satisfaction should involve helping students to develop accurate expectations from their courses, facilitating teaching quality and style that match psychology students' preferred thinking styles, and assisting students to develop self-efficacy and other positive attitudes.

Background of the Study

In general, Vietnamese undergraduates experience a high degree of stress due to various factors such as personality, family income, bereavement, potential unemployment, and lack of social skills, as demonstrated in a number of studies. For example, Nguyen and Nguyen (2009) investigated the stress levels of 829 undergraduates of five northern universities in Viet Nam. The findings indicated that 2.02% of students experience stress levels above that of the general population. External factors such as family pressure, bereavement, family income, as well as internal factors (e.g., coping style) contribute to the level of stress. Furthermore, with regard to gender difference, it was found that female students experience more stress than their male counterparts. Phi and Pham (2014) found that academic performance, test anxiety, potential unemployment, academic pressure, and lack of support from classmates are the most frequent stressors among Vietnamese undergraduates. Furthermore, the latter authors reported that introvert-oriented students tend to experience higher level of stress than extrovert-oriented students.

A number of published studies on depression and anxiety among Vietnamese undergraduates involved the participation of Vietnamese immigrant students in which researchers concentrated on how the acculturation process influences the level of depression. For example, Triandis (1994) asserted that in collectivistic societies including Viet Nam, attention to the ingroup and ingroup harmony is of paramount importance. Lay and Nguyen (1998) found that more recent Vietnamese-Canadian immigrant students reported more outgroup hassles and higher levels of depression, compared to students who have resided in Canada for a longer period of time. In an attempt to investigate the impact of perceived racial discrimination and collective self-esteem on psychological distress among 122 Vietnamese-

American college students, Lam (2007) discovered that higher collective self-esteem is associated with lower depression and anxiety among the students.

Despite a scarcity in empirical studies on coping style and life satisfaction among Vietnamese college students, a few investigations documented their related findings. Relative to coping style, findings suggested that Vietnamese psychology students tend to adopt avoidance coping strategies (social distraction) such as overeating, oversleeping, increased alcohol consumption, traveling, or playing games. In the case of Vietnamese business students, their most preferred coping style is avoidance coping, which is consistent with their psychology counterparts (Nguyen & Nguyen, 2009). With regard to life satisfaction, empirical findings revealed that campus environment correlates with students satisfaction (Duong, 2016). An earlier study by the same author found that teaching approach, curriculum engagement, and co-curriculum involvement in university experiences correlate positively with student satisfaction (Duong, 2015).

Statement of the Problem

The present researcher discussed the issue of mental health of psychology students with some Vietnamese university counselors who have had many opportunities to counsel such students. The counselors' general observation was that many psychology students suffered from a wide range of psychological distress mainly in the form of academic stress, depression, and anxiety.

While there have been a few published researches on the psychological problems of Vietnamese psychology students who self-reported experiencing depression, anxiety, and

stress, as mentioned earlier, most of these articles involved immigrant students in the West. On the other hand, articles on homegrown Vietnamese students are quite few and far between. In addition, the factors of life satisfaction and general mental health in undergraduate psychology students have not been adequately examined, in spite of the fact that these students are being taught, trained, and prepared to become helping professionals and mental health practitioners in the future, with a view to applying psychology-based knowledge and skills to improve the human condition. For these reasons, the current researcher was motivated to contribute significant descriptive data to raise awareness in professional counselors, lecturers, and university administrators who are responsible for providing knowledge and skills training to psychology majors in the application of psychological principles and knowledge to a broad range of work settings and career tracks.

The current researcher believes that life satisfaction impacts on psychology students' academic performance and overall preparation as future competent and responsible psychologists, counselors, and psychotherapists who are well-schooled in research methods, empirical findings, social implications, and ethical considerations of psychological science, having been educated and trained within the broad context of the scientist-practitioner model.

Purpose of the Study

The primary aim of the current investigation was to examine the direct influence of coping style on the level of life satisfaction of undergraduate psychology students in Ho Chi Minh City, Viet Nam. Moreover, this study attempted to investigate the indirect influences of coping style (i.e., problem-focused coping, emotion-focused coping, and avoidance-focused

coping style) on life satisfaction among undergraduate psychology students, being mediated by their levels of depression, anxiety, and stress. Given these psychosocial factors, this study consisted of three specific independent or predictor variables in the form of problem-focused, emotion-focused, and avoidance-focused coping styles, a dependent or criterion variable in the form of life satisfaction, and three mediator variables in the form of depression, anxiety, and stress.

In addition, the current study attempted to investigate gender differences in coping style (problem-focused coping, emotion-focused coping, and avoidance-focused coping), life satisfaction, depression, anxiety, and stress among undergraduate students of psychology in Ho Chi Minh City, Viet Nam. Aycock (2011) opined that due to the dynamic nature of coping, it appeared that simple gender comparisons of coping skills are insufficient to understand the complexities of ways in which women and men experience and cope with stress. It would be useful to examine the interplay of coping styles with other outcome variables such as, in the case of this study, life satisfaction, depression, and anxiety, in order to gain a clearer picture of the ways in which males and females cope with life demands.

Significance of the Study

The current study attempted to investigate the influences of certain psychosocial factors on the level of life satisfaction among university-level Vietnamese psychology students. This investigation and its outcomes would contribute to a wider understanding of psychology students' level of life satisfaction, their predominant coping style in managing psychological distress due to personal and academic demands, as well as their levels of

depression, anxiety, and stress. It is anticipated that this study would raise awareness among concerned individuals and groups who are tasked with the mission to produce competent, responsible, and quality graduates who can readily apply psychology-based knowledge and skills to improve the human condition in Vietnamese society.

Understanding how certain psychosocial factors bear on the relationship between coping style and life satisfaction would not only contribute to an expansion of the literature but also generate insights that mental health practitioners and stakeholders in the education sector can use to improve aspects of student learning and performance. For example, knowing which coping style is the most prevalent among psychology undergraduates can help school counselors, teachers, and administrators develop interventions that help students address challenges that hinder better performance in education and life. School administrators can use such information in planning for quality education, while teachers and counselors can get insights that can help them guide students in achieving academic and personal success.

This study would look at gender differences in coping, life satisfaction, as well as in levels of depression, anxiety, and stress. Knowing significant variations in the way male and female psychology students manage psychological distress can help stakeholders in the education sector including parents, teachers, and university/college administrators to formulate and implement strategies that can promote quality learning and instruction in ways that enhance equality or help the disadvantaged group improve its learning outcomes.

Moreover, the results and conclusions of this study and their implications can help policy makers or practitioners in both private and public sectors to put in place mechanisms and strategies that enhance student satisfaction with life and their studies as well as mitigate

risks or consequences that come with unsolicited psychological distress, as a result of academic and personal pressures. For policy makers, such information can help relevant government ministries and educational institutions decide what measures can be used to increase student satisfaction such as student loans, free access to advanced technologies such as the Internet, part-time employment opportunities, subsidized travel allowance, medical and health entitlements, and so on.

Definition of Terms

Anxiety.

‘Anxiety’ is a complicated emotion which is blended by distress, sadness, anger, shame, guilt, and interest (Izard, 1971). According to Plotnik and Kouyoumdjian (2011), anxiety refers to “an unpleasant state that is associated with feelings of uneasiness, apprehension, and heightened physiological arousal such as increased heart rate and blood pressure” (p. 619). Operationally, in this study, anxiety was measured by means of the anxiety subscale of the *Depression, Anxiety, and Stress Scales* (DASS-21), developed by Sydney H. Lovibond and Peter F. Lovibond in 1995.

Avoidance-focused coping style.

‘Avoidance-focused coping style’ entails the attempt to disengage mentally or even physically from threatening or potentially damaging situations (Endler & Parker, 1990a). Furthermore, it involves efforts to avoid stressful situations via engaging in a substitute task or seeking out other people (Endler, 1997, as cited in Kim & Agrusa, 2010). A person employs

avoidance-focused coping when he/she deals with a stressful situation by seeking out other people (social diversion) or engage in a substitute task (distraction). In this study, avoidance-focused coping was measured by means of the *Coping Inventory for Stressful Situations* (CISS), developed by Norman S. Endler and James D. A. Parker in 1990.

Coping.

‘Coping’ generally refers to a cognitive and behavioral response to negative external events (Billings & Moos, 1981). Alternatively, it refers to a person’s effort and capacity to deal with stressful environments and situations by adopting a variety of coping strategies or styles such as problem-focused coping, emotion-focused coping, or avoidance-focused coping (Lazarus & Lazarus, 2006).

Depression.

‘Depression’ is a state of deep despondency marked by apathy, emotional negativity, and behavioral inhibition. A depressed mood is commonly experienced by most people; however, in the clinical context, depression refers to a condition comprising a mood disorder, psychomotor changes, somatic, and neurologic disturbances (Willner, 1985). According to the American Psychiatric Association, major depression is a disorder marked by the presence of depressed mood, loss of interest in pleasurable activities, sleep disturbances, as well as other symptoms that lead to a significant disruption of daily functioning (APA, 2000). In this study, depression was measured by means of the depression subscale of the *Depression, Anxiety, and Stress Scales* (DASS-21) developed by Sydney H. Lovibond and Peter F. Lovibond in 1995.

Emotion-focused coping style.

‘Emotion-focused coping style’ is employed when a person tries to manage his/her emotional distress instead of changing the source of stress because he/she assumes that it is unlikely to succeed (Lazarus & Lazarus, 2006). It is directed towards regulating the emotion of the person under stress (Latack & Havlovic, 1992, as cited in Kim & Agrusa, 2010), and may be variously directed at ventilating, managing, or palliating an emotional response to a threatening or harmful external situation (Endler & Parker, 1990a). Additionally, this type of coping style is directed at changing the way people respond to a negative outcome emotionally. For example, if an older child is getting a poor grade in history, he/she may employ anything from religious faith, wishful thinking, or denial (Lazarus & DeLongis, 1983). In this study, problem-focused coping was measured by means of the *Coping Inventory for Stressful Situations* (CISS), developed by Norman S. Endler and James D. A. Parker in 1990.

Life satisfaction.

‘Life satisfaction’ refers to how much a person positively evaluates the overall quality of his/her life (Veenhoven, 1996). Emerson (1985, as cited in Pavot, Diener, Colvin, & Sandvik, 1991) refers to it as “the satisfaction of an individual's values, goals, and needs through the actualization of their abilities or lifestyle” (p. 282). A person’s quality of life will have an impact on his/her life satisfaction, where life satisfaction is defined as a cognitive evaluation by an individual of his/her life (Pavot et al., 1991). In this study, life satisfaction was measured by means of the *Satisfaction With Life Scale* (SWLS), developed by Ed Diener, Robert A. Emmons, Randy J. Larsen, and Sharon Griffin in 1985.

Problem-focused coping style.

‘Problem-focused coping style’ is employed when a person attempts to eliminate or lessen the source of an existing stress (Lazarus & Lazarus, 2006). This type of coping style is direct, and consists of reducing, modifying, or eliminating the stressor itself. For example, if an older child is getting a poor grade in history, he/she may study harder and form study groups with other class members (Lazarus & Folkman, 1984). Additionally, it is directed at remedying a threatening or harmful external situation (Endler & Parker, 1990a). In effect, problem-focused coping involves facing the problem head-on (Latack & Havlovic, 1992, as cited in Kim & Agrusa, 2010). In this study, problem-focused coping was measured by means of the *Coping Inventory for Stressful Situations* (CISS), developed by Norman S. Endler and James D. A. Parker in 1990.

Stress.

‘Stress’, as it is currently used, was coined by Hans Selye in 1936, who initially defined it as a non-specific response of the body to any demand for change (Selye, 1956, 1976). It is the process by which a person perceives and responds to certain events called “stressors” that are appraised as either threatening or challenging. According to Swick (1987), stress is a subjective response to a particular situation or series of events. It influences the individual's total body-mind system, is controllable, and has many sources (e.g., personal, social, psychological, and ecological). In this study, stress was measured by means of the stress subscale of the *Depression, Anxiety, and Stress Scales* (DASS-21), developed by Sydney H. Lovibond and Peter F. Lovibond in 1995.

CHAPTER II

Literature Review

The current study aimed to investigate the direct and indirect influences of coping style on the life satisfaction of undergraduate psychology students in Ho Chi Minh City, Viet Nam, being mediated by their levels of depression, anxiety, and stress. This chapter presents theoretical perspectives, models, and other salient information about the aforementioned variables of interest, as well as relevant research findings aimed at providing an organized and in-depth review of relevant literature. The following core variables are discussed accordingly: (1) coping and coping styles, (2) stress, (3) anxiety, (4) depression, and (5) life satisfaction. This chapter also includes findings of related studies showing the hypothesized relationships among the path model's (see Figure 1) predictor, criterion, and mediator variables. In light of the cited theoretical perspectives and empirical findings, the conceptual framework, research questions, and research hypotheses of the current investigation were drawn and presented towards the close of the chapter.

Coping and Coping Styles

Coping process: appraisal and coping.

In the field of psychological stress, the concept of appraisal was used in an unsystematic and informal way by many writers (e.g., Barber & Coules, 1959; Fritz & Mathewson, 1957; Janis, 1951). The construct was initially treated in a systematic way by

Arnold (1960, 1970) who posited that appraisal is a rapid and intuitive process that cognitively determines emotion and distinguishes itself from slower, more abstract, reflective thought. In the cognitive behavioral perspective, how persons use cognition to appraise situations is the primary determinant of how they cope (Lazarus & Folkman, 1984).

Stress appraisal can be distinguished into primary and secondary appraisal. *Primary appraisal* is an initial process where a person evaluates a situation if it is relevant to one's well-being or not (Lazarus, 1991). Primary appraisal is broken down into three categories: (1) "irrelevant appraisals" appear to have no implications for a person's well-being; (2) "benign-positive appraisals" occur if the situation is viewed as positive; these appraisals are characterized by pleasurable emotions such as joy, love, happiness, or peacefulness; and (3) "stress appraisals" occur when a person's self-esteem or well-being is negatively influenced by the situation (Lazarus & Folkman, 1984). Following initial stress appraisals, individuals consider further coping options (secondary appraisal) as to whether any given action might prevent harm or produce additional harm or benefit (Lazarus, 1991). Thus, *secondary appraisal* is a complex evaluative process wherein individuals consider which coping options are available, how potentially beneficial are their coping strategies, and what outcomes do they expect. In effect, secondary appraisals consist of three components: blame or credit, coping potential, and future expectations. The interaction between primary appraisals and secondary appraisals shapes the degree of stress and the intensity of emotional reaction (Lazarus & Folkman, 1984).

Concept of coping.

Coping is a mechanism which individuals engage in order to manage a stressful or taxing situation; basically, it protects one against stress (Madhyastha, Latha. & Kamath, 2014). In a similar vein, Billings and Moos (1981) asserted that coping generally refers to a cognitive and behavioral response to negative external events. Over the last 40 years, the concept of coping has widely contributed to clinical psychology and psychological evaluation and, still is, the focus of psychotherapy and education-based programs. The concept of coping used to be distinguished from two traditional points of view: (1) Darwin's animal experimentation – in which coping is defined as an act to control the aversive environment, therefore, lowering psycho-physiological disturbance, and (2) Psychoanalytic ego psychology – in which coping is defined as realistic and flexible thoughts and acts to solve problems, thereby, reducing psycho-physiological disturbance (Lazarus & Folkman, 1984). Haan (1965) compared the definition of coping behavior and defensive behavior and argued that coping behavior suggests “flexible, purposive, reality-oriented, and differentiated”, while defensive behavior suggests “rigid, compelled, reality-distorting, and undifferentiated” (p. 374).

From 1960 to the early 70s, researchers' work on adaptive defenses led to independent studies on the conscious strategies adopted by individuals when they encounter stressful situations (Sidle, Moos, Adams, & Cady, 1969). From 1970 to the early 80s, researchers believed that coping patterns are greatly determined by the situational context (Billings & Moos, 1981). Similarly, Folkman and Lazarus (1980) argued that coping patterns are not greatly determined by person factors. Matheny, Aycock, Pugh, Curlette, and Cannella (1986) defined coping strategies as cognitive, affective, and behavioral resources people employ when they encounter a stressful event or situation.

Classification of coping styles.

Coping styles refer to ways in which individuals appropriate coping resources and strategies to protect themselves from the harmful effects of stressors (Aycock, 2011).

According to Moos and Schaefer (1993), there are two main approaches to coping classification: (1) investigators emphasize the ‘focus’ of coping in which a person makes active efforts to deal with the stressor or tries to avoid the problem and invest efforts to manage problem-associated emotions; and (2) investigators emphasize the ‘method’ of coping in which a response may require primarily cognitive or behavioral efforts. Lazarus and Folkman (1984) broke down coping mechanisms into three categories: problem-focused coping style, emotion-focused coping style, and avoidance-focused coping style. Practically mirroring the latter statement, Endler and Parker (1994), a decade later, proposed that typical coping styles include task/problem-focused, emotion-focused, and avoidance-focused strategies. The following section discusses the three coping styles in more detail.

Problem-focused coping style. A person who employs problem-focused coping takes the effort to eliminate or decrease the source of stress (Lazarus & Lazarus, 2006). In agreement, Aycock (2011) posited that when utilizing task (problem)-focused coping, individuals attempt to reduce stressful effects by removing stressors or lessening their effects. Lazarus and Folkman (1984) proposed that the goal of problem-focused coping is to solve, re-conceptualize, or minimize the effects of a stressful situation by adopting several strategies such as weighing costs and benefits, considering alternatives, and defining the problem. Other problem-focused strategies are planning, time management, and exercise to reach desirable goals under stressful situations (Dyson & Renk, 2006). Endler and Parker (1990b) posited that in this type of strategy, individuals adopt cognitive-behavioral strategies to either eliminate the

stressful event or change the perception of the stressor, resulting in reduced stress. Nearly a decade later, Endler and Parker (1999) described this coping strategy as purposeful task/problem-oriented efforts aimed at solving and cognitively restructuring the problem, or attempts to alter the situation. Carver, Scheier, and Weintraub (1989) suggested another type of problem-focused coping in the form of suppressing competing activities to avoid distraction in an effort to focus on the stressor.

Smith and Renk (2007) considered problem-focused coping as an adaptive coping style. Accordingly, people who employ more problem-focused coping tend to adapt better to stressful situations and experience fewer psychological symptoms. In particular, people who tend to adopt problem-focused coping are less likely to experience depression, according to Mitchell, Cronkite, and Moos (1983). Problem-focused coping strategies can moderate the influence of both negative life change and enduring role stressors on psychological functioning (Billings & Moos, 1981; Pearlin & Schooler, 1978).

Emotion-focused coping style. People who employ emotion-focused coping assume that they are less likely to succeed in dealing with stressful situations, thus, they try to deal with their own emotional distress (Lazarus & Lazarus, 2006). Aycock (2011) opined that this coping style safeguards the individual by changing the emotional impact of stressors without affecting the stressors themselves (Aycock, 2011). Endler and Parker (1999) described this coping strategy as emotional reactions that are self-oriented, the aim of which is to reduce stress, although this is not always successful. Endler and Parker (1990) argued that by employing emotion-oriented strategies, people focus on their emotion arousal and often internalize negative, maladaptive feelings. Reactions include emotional responses (e.g., blaming oneself for being too emotional, getting angry, becoming tense), self-preoccupation,

and fantasizing (daydreaming reactions). In some cases the reaction actually increases stress (e.g., becoming very upset, becoming very tense). On a related note, Lazarus and Folkman (1984) posited that emotion-focused coping may involve cognitive strategies for minimizing distress such as distancing, positive comparisons, reappraisal, and looking for positive meaning in negative events.

Thoits (1986) suggested that seeking social support and engaging in religious coping are counted as strategies of both problem- and emotion-focused coping, including seeking advice, concrete aid, emotional support, or justification for one's perceptions and actions. However, seeking social support for emotional reasons (e.g., moral support) is a strategy only of emotion-focused coping since people taking this strategy have a need to express emotions or seek sympathy from others (Carver et al., 1989). Aldwin (1999) found that the use of emotion-focused coping is more likely to be consistent over time and that there may be a correlation between emotion-focused coping and certain individuals' tendency to adopt self-oriented emotional reactions.

Avoidance-focused coping style. Avoidance of stressor effects is the goal in avoidant-focused coping style (Aycock, 2011). Parker and Endler (1992) argued that people who employ avoidance-focused coping strategies tend to handle stressful situations by seeking out others (social diversion) or engaging in substitute tasks (distraction). In other words, people using avoidance coping tend to distract themselves from stressful situations and avoid direct confrontation with stressors by applying denial and diversion tactics. Endler and Parker (1999) went on to describe this coping strategy as consisting of activities and cognitive changes aimed at avoiding the stressful situation via distracting oneself with other situations

or tasks (task-oriented strategies) or via social diversion (person-oriented strategies) as a means of alleviating stress.

Strategies such as avoidance, withdrawal, or substance use usually result in poor outcomes (Aldwin & Revenson, 1987). Menaghan (1982) explained that people who try to resign or withdraw from managing unpleasant feelings may experience increased distress and face more severe problems in the future. In general, avoidance coping strategies such as denial and withdrawal, is associated with psychological distress (Holmes & Stevenson, 1990; Suls & Fletcher, 1985).

Research suggests that problem-focused coping strategies are generally more adaptive than emotion-focused or avoidance strategies (Endler & Parker, 1990b; Pearlin & Schooler, 1978). Emotion-focused strategies are often associated with increased distress (Endler & Parker, 1990b). In a similar vein, past research generally implies that the more reliance on active, problem-focused coping and the less use of emotion- and avoidance-oriented coping lead to positive and desirable outcomes in work and other daily life situations (Billings & Moos, 1981). Many studies measure the negative, rather than positive, aspects of emotion-focused coping which may explain their association with measures of distress. Avoidance coping has similar negative associations (Endler & Parker, 1990b; Menaghan, 1982). Despite the historical bias toward viewing problem-focused styles as adaptive, some stressful events may best be served by emotion-focused coping behaviors (Folkman & Lazarus, 1980; Lazarus, 1993). When facing stressors impervious to change, placing energy into problem-focused strategies in a fruitless attempt to change them may cause more distress than utilizing emotion-focused strategies to manage the effects of the stressors. Thus, appropriate styles vary

according to the nature of the stressor, and most individuals utilize a variety of coping styles (Folkman & Lazarus, 1980).

Coping styles adopted by students.

Nelson, Dell'Oliver, Koch, and Buckler (2001) found that psychology students tend to adopt positive coping strategies more than negative ones, and that those who utilize emotion-focused coping also tend to seek social support. Bouteyre et al. (2007) explained that adopting emotion-focused coping may increase symptoms of depression, which is a reason for students to seek social support for more effective strategies to manage stress and reduce depression. Romero, Riggs, and Ruggero (2015) attempted to investigate the impact of coping style and family social support on symptoms of anxiety, depression, and PTSD in a sample of student veterans. The researchers concluded that a combination of avoidance-focused coping and family social support is a predictor for depression and anxiety symptoms while avoidance-focused coping itself is a predictor for PTSD symptoms. On a similar note, Schneider, Elhai, and Gray (2007) examined the coping style of 123 college students who recently experienced the loss of relatives, close friends, and demonstrated that avoidance-focused coping is a significant predictor of grief and PTSD severity. In addition to studying the outcome of adopting avoidance-focused coping, Crockett et al. (2007) investigated the relationship between coping style and psychological function in a sample of 148 Mexican American college students. The findings suggested that avoidance-focused coping significantly predicted poorer adjustment (higher levels of depression and anxiety) while problem-focused coping predicted better adjustment (lower depression). Madhyastha et al. (2014) cited some studies which investigated ways of coping in medical students. For example, Mosley et al. (1994) demonstrated that active coping which is problem-based and adaptive has been used by

medical students. Emotion-focused coping strategies which have negative impact has also been employed by medical students (Vitaliano, 1989), and that the harmful effects of avoidant coping in medical students are also evident (Park & Adler, 2003, all as cited in Madhyastha et al., 2014). Additionally, a study found that among student-athletes, there are instances during which negative appraisals in competitive sport, such as harm/loss or threat might warrant avoidance coping strategies that reduce stress intensity, thereby diverting the student-athlete's attention to the task at hand and perceived control of the situation (Anshel et al., 2001, as cited in Surujlal, Van Zyl, & Nolan, 2013).

Gender differences in coping styles among students.

A wealth of literature provides evidence for gender differences in the use of coping styles (Aycock, 2011). For a start, scientific literature had suggested that female students tend to utilize more emotion-coping strategies than their male counterparts. For example, in a survey of 400 participants with age varying from young people to elderly, Meléndez, Mayordomo, Sancho, and Tomás (2012) concluded that emotion-focused coping is greatly adopted by women while problem-focused coping is larger used by males and their tendency to adopt this coping style declines with age. Similarly, Nelson et al. (2001) found that emotion-focused coping is more likely to be employed by female psychology students compared to male students. Lawrence, Ashford, and Dent (2006) investigated gender difference in coping strategies among first year students and established that, compared to female students, male first year students were more likely to detach themselves from the emotions of a situation. In other words, female students attained emotion-focused coping at a greater level than their male counterparts. In agreement with most cited findings on gender differences in coping style, Madhyastha et al. (2014) confirmed that gender difference in

coping exists. More specifically, females use emotion-focused and avoidant styles more than males while problem-focused coping strategies are used more by males than emotion-focused and avoidant ones. The same authors also demonstrated that female students prefer seeking support as a main coping strategy when they experience a significant amount of stress, compared to male students. Not surprisingly, the general consensus, therefore, is that women are inclined to employ emotion- and avoidance-oriented coping while men tend to employ task/problem-focused coping (Endler & Parker, 1994; Pearlin & Schooler, 1978).

Stress

Concept of stress.

The term “stress” was first introduced to the scientific community by Walter Cannon (1932) in his book, *The Wisdom of the Body*. In the past, many researchers faced the dilemma of whether to use ‘stress’ and ‘distress’ interchangeably. To avoid this dilemma, Hans Selye introduced the terms distress and eustress. According to Selye (1974), *distress* is “damaging or unpleasant stress” (p. 31), while pleasure or satisfying experience comes from what he calls *eustress* (Selye, 1979).

In his book, *Stress and Health*, Rice (1999) posited that there are, at least, three distinct definitions of stress. First, stress is considered as something ‘external’ by referring to any event or environmental stimulus that causes a person to feel tense. Second, stress may be a ‘subjective’ response. Third, stress is the body’s ‘physical’ reaction to a demand or damaging intrusion. On a related note, Selye’s conceptualization of stress focused on the construct as a response. While Selye (1956, 1976) considered stress to be a nonspecific

response of the body to any demand, Spielberger (1976) noted that “a stressful situation may not be perceived as threatening for an individual who either does not recognize the inherent danger or has the necessary skills and experience to cope with it” (p. 5). On a different note, according to the ‘cognitive transactional model’, stress is a relationship between demands and the capacity to handle them without unreasonable or destructive costs (Coyne & Holroyd, 1982). An alternative definition of stress is that it is a behavioral, cognitive, and emotional reaction triggered by a gap between the perceived demands of a stimulus and the individual's perceived resources to adequately deal with the stimulus (Matheny et al., 1986).

Stress in students.

Brahmbhatt, Nadeera, Prasanna, and Jayram (2013) investigated stress and emotional disturbances among 200 medical students and found that first and second year medical students experience high levels of perceived stress. On a similar vein, there was an attempt to compare stress levels among students of medicine, engineering, and nursing. The researchers concluded that stress, as an entity, is universally present among students of all three institutions, regardless of age, sex, and other variables (Behere, Yadav, & Behere, 2011).

Many college students find the academic experience very stressful (Swick, 1987). Bataineh (2013) found that academic overload, course work, inadequate time to study, workload every semester, exams, low motivation, and high family expectations predict moderate stress among students. Furthermore, commitment to the university of first career choice contributes to the amount of stress. Bhat and Basson (2013) found that final-year male students who picked dentistry as their first career choice reported less stress than other cohorts. A related study attempted to investigate whether high level of stress significantly

affects academic performance (Sun & Zorah, 2015). The researchers reported a negative correlation between stress level and GPA which indicated that, as stress level in students increases, GPA decreases. Ragheb and McKinney (1993) suggested that campus recreation activities contribute to the reduction in students' perceived academic stress (PAS). It was concluded that students who have greater participation in recreation activities reportedly experience less PAS.

Gender differences in stress among students.

A study explored the prevalence of stress among 755 medical students in their final years of education (Backović, Zivojinović, Maksimović, & Maksimović, 2012). The results revealed gender differences in stress in that female medical students experienced higher level of stress than their male counterparts. Similarly, in assessing the prevalence of perceived stress on 200 medical students, Brahmbhatt et al. (2013) found that female students reported higher prevalence of stress than males. There have been more studies that reported the similar finding that female students are more stressed than male students (e.g., Shah et al., 2010; Dahlin et al., 2005, both as cited in Madhyastha et al., 2014). In contrast, Barton and Kirtley (2012) concluded that there is no gender difference in the reported level of stress between female and male medical students. Likewise, Madhyastha et al. (2014) reported absence of gender difference in stress among third year medical students in their current investigation and went on to cite other studies with similar results (e.g., Supe, 1998; Niemi & Vainiomaki, 2006).

Anxiety

Concept of anxiety.

Anxiety is a conscious and intense experience which is internally derived and unrelated to external threat, according to Basowitz, Persky, Korchin, and Grinker (1955). Martin (1961) clarified that an anxious reaction refers to a complex neurophysiological response provoked by external or internal stimuli, and that it needed to be distinguished conceptually and operationally from these stimuli. On a related note, the term anxiety was used to describe “a transitory emotional state or condition characterized by feelings of tension, apprehension, and heightened autonomic nervous system activity” (Spielberger, 1972, p. 29). In 1979, Rollo May proposed a more philosophical definition of anxiety: “[Anxiety is] the apprehension cued off by a threat to some value that the individual holds essential to his existence as a personality. The threat may be to physical life (a threat of death), or to psychological existence (the loss of freedom, meaninglessness), or the threat may be to some other value which one identifies with one’s existence (patriotism, the love of another person, success, etc.)” (p. 180). Similarly, according to Lazarus (1993), anxiety reactions occur as people face an existential threat which affects their being and their essential meaning. Within the context of psychoanalysis, Freud (1936) first described an anxiety state as “a specific unpleasurable quality, efferent or discharge phenomenon, and the perception of these” (p. 70). Furthermore, anxiety could be different from other unpleasant affective states (e.g., anger, grief, or sorrow) since its nature is a unique combination of experiential and physiological qualities (p. 28). Izard (1971) viewed anxiety as a blend of numerous emotions such as distress/sadness, anger, shame, guilt, and interest. A more recent version was proposed by Plotnik and Kouyoumdjian (2011) who defined anxiety as “an unpleasant state that is

associated with feelings of uneasiness, apprehension, and heightened physiological arousal such as increased heart rate and blood pressure” (p. 619).

Anxiety in students.

Anxiety is a normal reaction to certain situations. A small level of anxiety is normal, but severe anxiety can be a serious problem. Academic anxiety can become more detrimental over time. As a student’s academic performance suffers, the anxiety level related to certain academic tasks increases (Huberty, 2012, as cited in Dobson, 2012). Anxiety is one of the most frequent presenting problems that college students bring to their school counselor (Drum & Baron, 1998). A web-based survey on a random sample at a large public university with a demographic profile similar to the national student population estimated that the prevalence of anxiety disorder was 15.6% for undergraduates at the time (Eisenberg, Gollust, Golberstein, & Hefner, 2007). Bayram and Bilgel (2008) examined the prevalence and sociodemographic correlations of depression, anxiety, and stress among a group of Turkish university students and found that 47.1% of the students reported moderate level of anxiety. More specifically, the results indicated that first and second year students’ anxiety scores were greater than those of higher year students. Furthermore, the same report indicated that students who reported higher educational (academic) satisfaction experienced lower anxiety. A more recent study explored the connection between perfectionism and anxiety in university students. Results revealed a moderate positive correlation between anxiety and perfectionism, suggesting that anxious students tend to adopt the trait of perfectionism (Milena, 2015). Eisenberg et al. (2007) reported a positive relationship between self-deception and anxiety among 268 college students; more specifically, students with lower degree of self-deception experienced lower anxiety. Another study revealed that students’ degree of depression is significantly associated

with their level of anxiety (Choi et al., 2015). Choueiry et al. (2016) examined the relationship between sleeping disorders (i.e., insomnia) and anxiety on a group of Lebanese university students and found that students suffering from clinical insomnia and other poor sleepers are more likely to experience significantly high clinical anxiety. Results of an investigation by Owens et al. (2012, as cited in Dobson, 2012) indicated a negative correlation between anxiety, depression, worry, and academic performance. More specifically, as students' levels of anxiety, depression, and worry increased, academic performance decreased. High levels of anxiety and depression also contributed to higher levels of worry in students.

Gender differences in anxiety among students.

Igbokwe, Ndom, and Idakwo (2012) examined the effect of gender on the level of state-anxiety among undergraduates in a Nigerian public university. The results revealed a significant effect of gender on the manifestation of state-anxiety among undergraduates where male students manifested more anxiety than females. On the other hand, Milena (2015) found gender differences in anxiety level between male and female students, but it turned out that female students are more likely to express their anxiety trait than their male counterparts. In agreement with the latter result, Bayram and Bilgel (2008) reported that female students tend to experience higher anxiety than males. In addition, the results of a survey by McClue et al. (2011, as cited in Dobson, 2012) suggest that anxiety levels are higher in female students than male students. Dobson (2012), however, opines that the results of this study would probably be different in other cultures.

Depression

Concept of depression.

Karl Abraham (an early important and influential German psychoanalyst and collaborator of Sigmund Freud who called him his ‘best pupil’) first introduced his psychoanalytical model of depression by comparing mourning (grief) and melancholia. He recognized both mourning and melancholia as being related to the loss of an object. However, mourning, which is a common reaction after a loss of a loved one, is different from melancholia which contains an element of anger inside (Abraham & Jones, 1979). Sigmund Freud (1917) differed slightly by emphasizing more on the difference between mourning and melancholia. Freud defined mourning as a pain related to an external object while melancholia is an angry feeling wherein a person turns inward in relation to the loss of an object, which is not necessarily external. Moreover, melancholia is differentiated from mourning by the addition of the feature of decreased self-esteem. When encountering stressful life events, a person is more likely to experience depression if he/she has a negative cognitive style (Abramson, Metalsky, & Alloy, 1989).

In the 1970s, Seligman presented a cognitive theory of depression in which he claimed that depression is a feeling characterized by a state of “learned helplessness” – a feeling of not being in control. Seligman’s theory views depressive thoughts and behaviors as rooted in one’s pessimistic expectancies and dysfunctional cognitive style (Seligman, 1990). From another cognitive perspective of depression, Beck (1976) proposed that depression contains three components which are essential to its beginning and maintenance: the cognitive triad, silent assumptions, and logical errors. Firstly, the cognitive triad maintains that depressed

individuals hold a negative outlook about themselves, their world, and their future. Secondly, silent assumptions or “schemas” are unspoken ideas, beliefs, or rules that individuals hold which affect their thoughts, feelings, and behaviors. Eventually, logical errors or structural errors in thinking are created by the negative automatic thoughts which reflect the depressed person’s viewpoints about themselves, the world, and the future (Beck, Rush, Shaw, & Emery, 1979).

Depression in students.

University students may be particularly vulnerable to depression, with rates at around 14%, according to one study in Dublin, Ireland (Curran et al., 2009, as cited in Collingwood, 2016). Furthermore, the background rate among the general population is thought to be around 8 to 12%. Ibrahim, Kelly, Adams, and Glazebrook (2013) reviewed the prevalence of depression among undergraduates in 24 articles from 1990 to 2010. The results suggested that college students’ rate of depression are substantially higher than that of the general population. Additionally, the prevalence of depression is also culturally different as exemplified by the findings of a cross-cultural study which indicated that Australian students are more depressed than Iranian and Portuguese students, while Iranian students are more depressed than Portuguese students (Khawaja, Santos, Habibi, & Smith, 2013).

A Greek-based study found that second and third year nursing students experience significantly greater depression than first and final year students (Papazisis, Tsiga, Papanikolaou, Vlasiadis & Sapountzi-Krepia, 2008). On the other hand, a long-term Netherlands-based study suggested an increase in depression over the course of higher education, as evidenced by higher burnout rates among fifth-year dental students than first-

year students, especially emotional exhaustion and psychological distress (Gorter et al., 2009, as cited in Collingwood, 2016). An investigation of depression among Nigerian university students found that depression is influenced by diverse factors such as problems with accommodation, very large family size, heavy cigarette smoking, and high level of alcohol consumption (Adewuya, Ola, Aloba, Mapayi, & Oginni, 2006). Noticeably, suicide ideation correlated strongly with total depression scores in a population of Botswana undergraduates (Korb & Plattner, 2014).

Gender differences in depression among students.

There is a disagreement in the literature regarding gender differences in depression among undergraduates. Ahmadi, Ahmadi, Soltani, and Bayat (2014) evaluated gender differences in the depression scores of 200 Iranian and 200 German medical students. The study showed no gender differences in Iranian and German medical students' scores on the Beck Depression Inventory. In contrast, Ghaedi and Kosnin's (2014) study on 400 Iranian undergraduate athletes and non-athletes reported that cases of depression is much more frequent in female students than in their male counterparts. Another study that explored gender differences in depression among college students revealed that female students reported more depressive symptoms than males (Boggiano & Barrett, 1991). An earlier cited Nigeria-based study also reported that female gender is another predictor of depression among students (Adewuya et al., 2006). Similarly, Rosal (1997, as cited in Collingwood, 2016) found that increase in depression over time is greater among female students. Bitsika, Sharpley, and Melhem (2010) explained that a reason for higher level of anxiety in female students is the fact that females are more likely than males to report depression symptoms such as

symptomatology associated with pain and fatigue, sleeping and digestive problems, psychomotor agitation, confusion, and pessimism.

Life Satisfaction

Concept of life satisfaction.

A review of the literature reveals a large volume of theoretical perspectives on life satisfaction. According to Veenhoven (1996), life satisfaction refers to how much a person positively evaluates the overall quality of his/her life. Similarly, Andrews and Withey (1974) defined life satisfaction as the global assessment of a person's quality of life, according to his/her own chosen criteria. Emerson (1985, as cited in Pavot et al., 1991) referred to it as "the satisfaction of an individual's values, goals, and needs through the actualization of their abilities or lifestyle" (p. 282). According to Sousa and Lyubomirsky (2001), it refers to how people accept their life circumstances and how their needs have been fulfilled as a whole, during their life span. In essence, life satisfaction is a person's subjective assessment of one's quality of life. The term 'quality of life' reflects two meanings; that is, available essential conditions for a good life, and practical good living. In contemporary psychology, the use of the term 'life satisfaction' and 'happiness' or 'subjective well-being' is intertwined (Veenhoven, 1996). Interestingly, a different version was offered by Huffstetler (2006) who argued that life satisfaction differs from happiness in that happiness represents a subjective emotional state, whereas life satisfaction represents one's cognitive assessment of his/her life situation. Nevertheless, the use of the term life satisfaction is more advantageous than other terms since it emphasizes the subjective character of the concept and refers to an overall evaluation of life, rather than current feelings or psychosomatic symptoms (Veenhoven,

1996). According to other authors, life satisfaction refers to the cognitive evaluation of one's life as a whole, and/or of specific life domains (Huebner, Valois, Paxton, & Drane, 2005; Myers & Diener, 1995). This cognitive assessment is related to how people perceive their life versus how their life really is (Paschali & Tsitsas, 2010).

Life satisfaction in students.

Scientific literature demonstrated that the experience of life satisfaction differs across Asian to Western culture. Liu, Tian, and Gilman (2005) found that Chinese students scored higher on the dimensions of friends, school, and general life satisfaction than American students. On the other hand, in their study on the levels and correlates of life satisfaction among Korean and American students, Park and Huebner (2005) found that Korean students reported lower life satisfaction than their American counterparts. To substantiate the existence of lower life satisfaction tendency among Asian students, Tanaka, Mollborg, Terashima, and Borres (2005) demonstrated that Japanese students reported higher numbers of physical and psychiatric symptoms, less happiness, more stressful life events, and considerably lower levels of life satisfaction than Swedish students.

Socioeconomic status (SES) is positively correlated with life satisfaction among college students; in particular, lower SES students reported lower life satisfaction, compared to higher SES students (Ash & Huebner, 1998). On a related note, cross-socioeconomic cultural transitions affect first-generation undergraduates during their college life. First-generation undergraduates reported less life satisfaction than non-first-generation students (Jenkins, Belanger, Connally, Boals, & Durón, 2013).

The findings in more recent studies suggested that positive feelings have a significant impact on the degree of life satisfaction among students. Kong, Ding, and Zhao (2015) examined the associations among social support, self-esteem, gratitude, and life satisfaction in undergraduates and found via path-analysis that social support mediated the association between gratitude and life satisfaction. O'Sullivan (2011) explored how hope relates to life satisfaction among undergraduates; the results indicated that hope is the best predictor of life satisfaction. By the same token, another recent study found that academic satisfaction significantly predicted life satisfaction among students (Garriott, Hudyma, Keene, & Santiago, 2015).

Although many researchers examined overall life satisfaction, some focused specifically on college satisfaction, a related corollary (Huffstetler, 2006). College satisfaction is a multifaceted concept that involves positive evaluations of one's college experience ranging from living arrangements to social life to academics. Huffstetler (2006) cited a number of studies that examined the components and outcomes of college satisfaction. For example, college self-efficacy, but not social and general self-efficacy, is correlated with college satisfaction (DeWitz & Walsh, 2002). For nontraditional or mature students, interactions with professors were especially important in determining college satisfaction (Landrum et al., 2001). Dissatisfaction with social life leads to overall dissatisfaction with college in black students (Carter, 1998) (all as cited in Huffstetler, 2006).

Gender differences in life satisfaction among students.

Males and females do not differ in reported life satisfaction, an outcome consistent with other cross-cultural studies (Diener et al., 2000; Matheny et al., 2002, both as cited in

Matheny, Roque-Tovar, & Curlette, 2008). More past studies have given evidence to the effect that gender difference does not exist in life satisfaction among undergraduate students. For example, Ye, Yu, and Li (2012) examined the directional relationship between self-esteem and life satisfaction in Chinese university students. The results showed that no gender difference was found among the students in terms of a cross-lagged model of self-esteem and life satisfaction. The latter finding is supported by that of Seema and Khan (2014) who concluded that there are no gender differences in life satisfaction among university students. On the other hand, a recent cross-cultural study attempted to investigate gender differences in perceived interpersonal sources of life satisfaction between Chinese and American college students and found some evidence of gender differences (Chang, Yang, & Yu, 2016).

Related Studies on the Main Variables

Coping style and life satisfaction.

In the past, researchers have proposed that there may be an influence of coping strategy on life satisfaction; in particular, coping strategy is a significant predictor of life satisfaction. For example, Odac and Çikrikçi (2012) attempted to examine how coping strategies among Turkish students with stress affected their life satisfaction. The researchers concluded that problem-focused coping with stress predicted life satisfaction and subjective well-being. In a similar vein, Shanock and Eisenberger (2006) demonstrated that active (problem-focused) coping is a predictor of life satisfaction in a sample of bank employees, via hierarchical regression analysis. More coping-related studies demonstrated that there is a positive correlation between problem-focused coping and life satisfaction. For example,

Dubey and Agarwal (2007) found that active/problem-focused coping strategies promoted higher level of life satisfaction. Tamini and Ansari (2010) established that problem-focused coping significantly correlated with life satisfaction. Furthermore, Deniz (2006) attempted to investigate the relationships among styles of coping with stress, self-esteem, decision-making styles, and life satisfaction in university students and found that life satisfaction is positively correlated with problem-focused coping.

On a different note, Odac and Çıkrıkçı (2012) reported that there is a positive correlation between avoidance-focused coping style and life satisfaction. In support of the latter finding, Tamini and Ansari (2010) also confirmed that avoidance-focused coping significantly correlated with life satisfaction. In fact, as indicated earlier, the study showed that both problem-focused coping and avoidance-focused coping are significantly related to life satisfaction. In contrast, it was established that emotion-focused coping is not significantly correlated with life satisfaction.

Coping style, stress, and life satisfaction.

Kumar and Kadhiravan (2012) explored the relationship between stress, problem-focused coping, and general self-efficacy among 526 college students. The results revealed that problem-focused coping is significantly related to the level of stress in college students. Past research had demonstrated a negative correlation between problem-focused coping and stress. For example, Kausar (2010) investigated the relationship among perceived stress, academic workload, and coping strategies and found that perceived stress is negatively related to problem-focused coping style.

There are gender differences in perceived stress and tendency to adopt emotion-focused coping as evidenced by the results of a study by Brougham, Zail, Mendoza, and Miller (2009) in that college women reported a higher overall level of stress and greater use of emotion-focused coping strategies than college men. However, for both male and female students, emotion-focused coping was dominantly adopted over problem-focused coping. In addition to gender difference, Pierceall and Keim (2007) examined perceived stress in students at two community colleges in southern Illinois. Their findings suggested that male students perceived less stress than their female counterparts. For coping strategies, the findings also revealed that the most often used activities to cope with stress consisted of talking to family and friends, leisure activities, and exercising. These activities were echoed by psychology students who, likewise, listed support from friends, family, classmates, regular exercise, and hobbies as their preferred stress-reducing activities. On the other hand, the less desirable coping strategies included drinking alcohol, smoking, and using illegal drugs.

A study involving 95 college students reported that stress is a mediator of coping strategies and night-eating syndrome (Wichianson, Bughi, Unger, Spruijt-Metz, & Nguyen-Rodriguez, 2009). Through mediation analyses, the researchers indicated that experiencing high level of stress may lead to night-eating behaviors due to maladaptive coping strategies. As suggested earlier, some related studies found that avoidance-focused coping is a maladaptive coping mechanism. For example, Newman, Holden, and Delville (2011) examined the lingering effect of coping with bullying on future stress coping on a sample of 1,339 students. The finding suggested that, in response to uncontrollable stress, avoidance-focused coping is considered an adaptive coping; otherwise, as a response to prolonged stress, avoidance-focused coping is considered a maladaptive coping. In the same context, Kausar

(2010) discovered that avoidance-focused coping may have a negative relationship with stress as in the case of problem-focused coping.

A study investigated life satisfaction and perceived stress among 172 undergraduate university students in Barbados (Alleyne, Alleyne, & Greenidge, 2010). Through regression analysis, it was found that perceived stress is a predictor of life satisfaction. Past research had demonstrated the same outcome and that, in particular, stress is negatively related to life satisfaction. For example, Kaya, Tansey, Melekoğlu, & Çakiroğlu (2015) investigated the association between perceived stress and life satisfaction among 235 Turkish college students. The results indicated that students' scores on the Satisfaction With Life Scale were significantly negatively correlated with scores on the Perceived Stress Scale. Similarly, a study examined the relationship between stress and life satisfaction among 2,925 students at four medical colleges and universities in Liaoning province, China (Shi, Wang, Bian, & Wang, 2015). Likewise, the results revealed that stress is negatively correlated with life satisfaction.

Stressors can play a mediating role between stress and life satisfaction, as evidenced in a recent study by Cazan and Truta (2015) who investigated the associations among resilience, perceived stress, and life satisfaction in 341 Romanian students. To support to transactional stress constructs, Matheny et al. (2002) demonstrated that there is no ethnic difference in perceived stress and life satisfaction among American and Turkish university students.

It had been demonstrated that both coping and stress are significant predictors of life satisfaction. A fairly recent study compared the factors of coping, stress, and life satisfaction between Taiwanese and U.S. college students (Gnilka, Ashby, Matheny, Chung, & Chang,

2015) and reported that models for predicting life satisfaction from perceived stress and coping resources were significant for both genders within each country. On a similar note, a cross-cultural study by Matheny et al. (2008) on a sample of Mexican students and US college students found that perceived stress and coping are useful in predicting life satisfaction for both US and Mexican students.

Surujlal et al. (2013) attempted to investigate the associations among perceived stress, coping strategies, and life satisfaction. The results revealed a negative significant relationship between perceived stress and satisfaction with life, as well as between perceived stress and coping strategies. On the other hand, a positive significant relationship was found between satisfaction with life and coping strategies. Jajanara and Shahbakhti (2015) examined the relationships among happiness, life satisfaction, self-efficacy, coping strategies, and perceived stress among Iranian high school students and found positive correlations among happiness, life satisfaction, self-efficacy, problem-focused coping, with the exception of stress. In addition, the results suggested that self-efficacy and problem-focused coping influence happiness and life satisfaction.

Coping style, anxiety, and life satisfaction.

Anxiety is significantly predicted by coping strategies, according to Peñacoba-Puente, Carmona-Monge, Marín-Morales, and Naber (2013) who analyzed the coping strategies used by Spanish women in the first trimester of low-risk pregnancies. It was also found that coping through religion, likewise, predicted anxiety. On a related note, Thorne, Andrews, and Nordstokke (2013) tested the relationships between coping strategies (active, distraction, avoidance, and support seeking) and anxiety symptoms in Canadian children and found that

coping efficacy is a partial mediator of the relationship between problem-focused coping and anxiety symptoms. Amjad and Bokharey (2015) compared spiritual well-being and coping strategies in patients with generalized anxiety disorder (GAD) and those with minor general medical conditions (GMC), and found that patients with GMC used more problem-focused coping than their counterparts with GAD who reportedly employed avoidance-focused coping more than their counterparts. In a related vein, Cooper, Katona, Orrell, and Livingston (2008) demonstrated a negative relationship between coping strategies and anxiety among caregivers of people with Alzheimer's disease. The results also revealed that using fewer emotion-focused strategies and more problem-focused strategies (but not dysfunctional strategies) mediated the relationship between caregiver burden and anxiety a year later.

Most studies that explored coping and anxiety found a positive correlation between emotion-focused coping and anxiety. For example, Kohlsdorf and Costa (2011) reported an association between anxiety and emotion-focused coping among caregivers during leukemia diagnosis. This result is consistent with those of Rimmer et al. (2015) who examined the pain coping strategies of pediatric burn survivors and of the team of Wright, Banerjee, Hoek, Rieffe, and Novin (2010) who examined depression and social anxiety in children. Cohen, Ben-Zur, and Rosenfeld (2008) tested sense of coherence, coping strategies, and test anxiety as predictors of test performance on a sample of first-year undergraduates and found that emotion-focused coping is positively related to test anxiety. And while Rimmer et al. (2015) demonstrated a negative correlation between avoidance-focused coping and anxiety, Cohen et al. (2008) proved the opposite.

Past studies had shown that anxiety significantly predicts life satisfaction. A case in point is the finding of Serin, Serin, and Ozbas (2010) involving university students. Likewise,

Temitope (2015) reported that anxiety and stress jointly predict life satisfaction in working mothers. In the same vein, Eng, Coles, Heimberg, and Safren (2005) demonstrated that domains of satisfaction are significantly related to severity of social anxiety. More specifically, there is a negative correlation between anxiety and life satisfaction as evidenced by the results of previous studies (e.g., Stein & Heimberg, 2004; Beutel, Glaesmer, Decker, Fischbeck, & Brähler, 2009; Barrera & Norton, 2009; Temitope, 2015; Tramonti et al., 2016).

There is a paucity of available studies that examined coping style, anxiety, and life satisfaction together. Nonetheless, Mahmoud, Staten, Hall, and Lennie (2012) measured the effect of coping style, life satisfaction, and selected demographics of full-time undergraduate students' stress, depression, and anxiety and found that maladaptive coping predicts anxiety while adaptive coping does not, and that reducing maladaptive coping behaviors may decrease anxiety. On a related note, a study involving teacher education students revealed that avoidance-focused coping positively correlated with anxiety but negatively correlated with life satisfaction, and that anxiety positively correlated with life satisfaction (Gustems-Carnicer & Calderon, 2013).

Coping style, depression, and life satisfaction.

Thankachan and Bhattacharya (2015) assessed depression and coping strategies among dermatological patients and found that the patients' depressive symptoms can be decreased through problem-focused coping. Wright et al. (2010) examined the associations among social anxiety, depression, and coping strategies and reported a positive relationship between problem-focused coping and depression. In marked contrast, Nagase et al. (2009) found that depression is negatively related to problem-focused coping. The same study also found that

depression is positively related to avoidance-focused coping, and there are gender differences in both emotion-focused and avoidance-focused coping styles. Hayat (2013) explored stressful life events, depression, and coping strategies among depressives and non-depressives. The researcher reported that depressive participants used emotion-focused coping style more than the non-depressives.

Past studies had demonstrated a negative relationship between depression and life satisfaction (Swami et al., 2007; Nes et al., 2013; Pramod, 2014). This negative relationship may be influenced by cultural differences. For example, Stankov (2013) compared 7,167 adolescents from Europe and Confucian-oriented Asia on psychological characteristics that reflect maladaptive or adaptive viewpoints of life. The findings suggested that adolescents from Confucian countries reported higher levels of depression and lower levels of life satisfaction compared to European adolescents. Wang, Yuen, and Slaney (2009) investigated the construct validity of perfectionism in Hong Kong high school students and reported that adaptive perfectionists reported higher life satisfaction and lower depression than non-perfectionists and maladaptive perfectionists.

Mahmoud et al. (2012) found that maladaptive coping strongly predicts depression while adaptive coping does not. In a related vein, Bautista and Erwin (2013) confirmed that patients suffering from major depression have poor life satisfaction and tend to employ avoidant-focused coping. In particular, the study showed the significant association between the use of denial and being depressed. Gustems-Carnicer and Calderon (2013) reported that problem-focused coping is negatively correlated with depression and positively correlated with life satisfaction. Furthermore, avoidance-focused coping is positively correlated with depression and negatively correlated with life satisfaction. Eskin, Savk, Uslu, and

Küçükaydoğan (2014) investigated social problem-solving skills, perceived stress, negative life events, depression, and life satisfaction in psoriasis patients. The results showed that higher social problem-solving skills are associated with lower depression and perceived stress, fewer numbers of negative life events, as well as higher level of life satisfaction.

The Current Investigation

Conceptual framework.

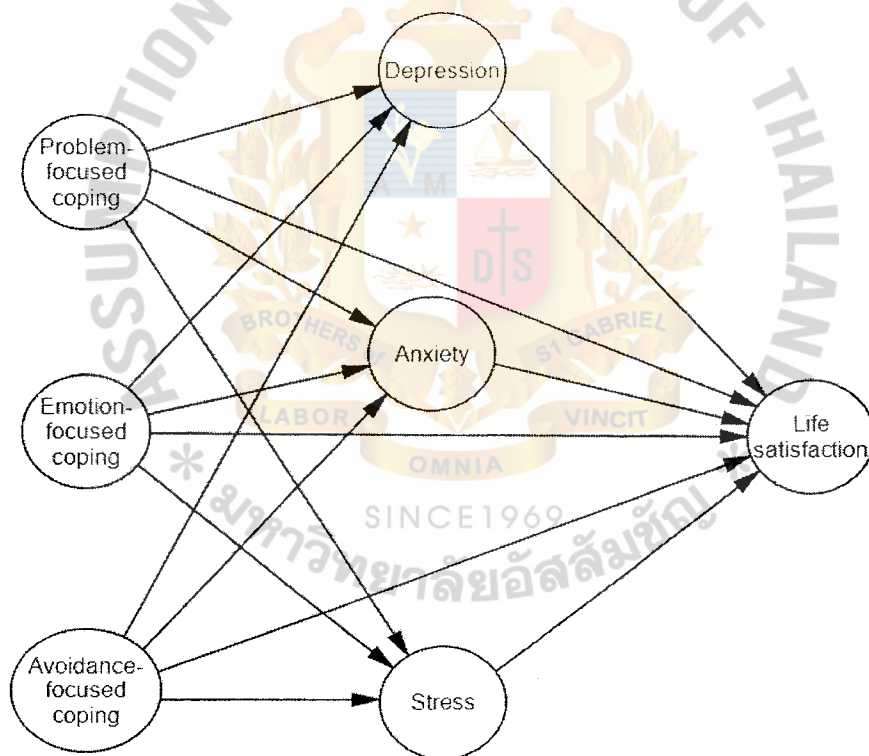


Figure 1. Conceptual framework of the study.

Research questions.

From the literature review and conceptual framework, the following research questions were drawn:

1. Is there a direct influence of coping style (problem-focused coping, emotion-focused coping, and avoidance-focused coping) on the level of life satisfaction of undergraduate students of psychology in Ho Chi Minh City, Viet Nam?
2. Is there an indirect influence of coping style (problem-focused coping, emotion-focused coping, and avoidance-focused coping) on the level of life satisfaction of undergraduate students of psychology in Ho Chi Minh City, Viet Nam, being mediated by their levels of depression, anxiety, and stress?
3. Are there gender differences in coping style (problem-focused coping, emotion-focused coping, and avoidance-focused coping), life satisfaction, depression, anxiety, and stress among undergraduate students of psychology in Ho Chi Minh City, Viet Nam?

Research hypotheses.

In an attempt to answer the research questions, the following hypotheses were generated for testing:

1. Coping style has a direct influence on the level of life satisfaction among undergraduate students of psychology in Ho Chi Minh City, Viet Nam such that (1) their employment of problem-focused coping style is associated with higher reported level of life satisfaction; and (2) their employment of emotion-focused

coping and avoidance-focused coping style is associated with lower reported level of life satisfaction.

2. Coping style has an indirect influence on the level of life satisfaction among undergraduate students of psychology in Ho Chi Minh City, Viet Nam, being mediated by their levels of depression, anxiety, and stress such that (1) their employment of problem-focused coping style is associated with lower levels of reported depression, anxiety, and stress and, subsequently, with higher reported level of life satisfaction; and (2) their employment of emotion-focused coping and avoidance-focused coping style is associated with higher levels of reported depression, anxiety, and stress and, subsequently, with lower reported level of life satisfaction.
3. There are gender differences in coping style (problem-focused coping, emotion-focused coping, and avoidance-focused coping), life satisfaction, depression, anxiety, and stress among undergraduate students of psychology in Ho Chi Minh City, Viet Nam.

CHAPTER III

Methodology

As gleaned from the conceptual framework (Figure 1), the current study aimed to examine the relationships among coping style, life satisfaction, depression, anxiety, and stress levels among undergraduate psychology students in Ho Chi Minh City, Viet Nam. Through path analysis, the study investigated the direct and indirect influences of coping style on the students' life satisfaction, being mediated by their levels of depression, anxiety, and stress. This chapter describes details pertaining to the research methodology employed in the conduct of the study, comprising the research design, participants of the study, instrumentation, data collection procedure, and data analysis.

Research Design

The current investigation employed a descriptive research type of enquiry to meet the objectives of the study in which a survey, by means of a written self-report questionnaire, was utilized in order to obtain information that would be, subsequently, subjected to statistical analysis and interpretation. A cross-sectional survey was the method of choice as this researcher intended to gather the data at one point in time. There was no attempt to control conditions or manipulate variables in the conduct of the study. For the purposes of the study, a directly administered questionnaire to a group assembled in designated venues was deemed the most time-efficient, cost-effective, and practical method to ensure high response rate and

ease in reaching the participants. In this way, the researcher could provide assistance if required. In addition, this study used the correlation approach via path analysis in order to determine if the targeted students' coping style could predict their level of life satisfaction both directly and indirectly, being mediated by their levels of depression, anxiety, and stress.

Participants of the Study

This study involved the selection of a relatively large sample of people from a pre-determined population – the 'population of interest', followed by the collection of a relatively small amount of data from those individuals. The researcher used the information gathered from the targeted sample of individuals to make some inferences about the wider population.

The participants of the present study consisted of current psychology undergraduates from the psychology faculty unit of five selected universities in Ho Chi Minh City, Viet Nam. The convenience sampling method was utilized in obtaining participants for the study in as much as it involved drawing the sample from that part of the population that was close at hand, readily available, and accessible. According to Powell (1997, p. 68), researchers employing convenience sampling, however, cannot generalize scientifically about the total population because the sample would not be representative enough.

As the proposed path model was tested via multiple regression analysis, the sample size required was determined by both the power of the statistical test, the effect size of the predictor variables, and the number of predictor variables in the model. Power in multiple regression analysis refers to the probability of detecting as statistically significant a specific level of *R*-square, or a regression coefficient at a specified significance level (Hair et al.,

1995). Effect size is defined as the probability that the predictor variables in the regression model do have a real effect in predicting the dependent variable, that is, the sensitivity of the predictor variables. The statistical program G*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007) was employed to determine the required sample size. Setting the significance level at .05, power at .95, and effect size at .15 (medium) for a total of six predictor variables, the required minimum sample size was determined to be 146. Nonetheless, this researcher decided to increase the sample size to approximately 510 in order to enhance the stability of obtained data.

Research Instrumentation

The research instrument for use in this study was a self-administered four-part survey questionnaire (See Appendix B) comprising, mainly, three standardized measures developed in the West. To ensure the consistency of meaning, the English questionnaire was translated into Vietnamese by a Vietnamese bilingual professional and back-translated by another Vietnamese bilingual professional. Any inconsistency between the two versions was discussed and resolved by the present researcher and the two translators. The following section describes each part of the survey questionnaire in more detail.

Part 1. Personal Information

The first part of the questionnaire was a researcher-constructed section designed to tap the respondent's demographic characteristics of gender, type of student, accommodation status, year level, GPA, and age.

Part 2. Coping Inventory for Stressful Situations

The 48-item *Coping Inventory for Stressful Situations* (CISS) was developed by Endler and Parker (1990b) to measure three types of coping styles, namely: problem-focused coping, emotion-focused coping, and avoidance-focused coping. Each coping style is represented by 16 item statements in which respondents are asked to indicate how much they engage in the given types of activities when they encounter a 'difficult, stressful, or upsetting situation'. Problem-oriented coping strategies are presented in items 1, 2, 6, 10, 15, 21, 24, 26, 27, 36, 39, 41, 42, 43, 46, and 47. Emotion-oriented coping strategies are presented in items 5, 7, 8, 13, 14, 16, 17, 19, 22, 25, 28, 30, 33, 34, 38, and 45. Avoidance-coping strategies are presented in items 3, 4, 9, 11, 12, 18, 20, 23, 29, 31, 32, 35, 37, 40, 44, and 48. The 48 items are to be scored on a five-point Likert scale using the following ratings: 1 = *Not at all*, 2 = *Seldom*, 3 = *Sometimes*, 4 = *Often*, and 5 = *Very much*, with high scores indicating higher frequency of usage of that coping style.

Endler and Parker (1990b) assessed the validity of the CISS by conducting two studies. The first study aimed to assess the construct validity by comparing CISS with the Ways of Coping Questionnaire (WCQ). As expected, the CISS problem-oriented subscale was highly correlated with the WCQ problem-focused subscale, suggesting that both scales were designed to assess a similar construct. Similarly, the CISS emotion subscale correlated significantly with other emotion-focused scales in men and women. The second study aimed to assess the measure's criterion validity by comparing it with measures of depression, anxiety, Type A behavior, neuroticism, and extraversion. The results showed that the CISS is a valid and highly reliable multidimensional measure of coping styles. According to Endler & Parker (1994), Cronbach's alphas for this sample were 0.91, 0.80, and 0.82. for task-

orientated, emotion-orientated, and avoidance-orientated coping, respectively. While the Cronbach's alpha coefficients reported in the manual for the Task, Emotion, and Avoidance Scales were .91, .89, and .84, respectively.

Part 3. Depression, Anxiety, and Stress Scales

The 21-item *Depression, Anxiety, and Stress Scales* (DASS-21) was developed by Lovibond and Lovibond (1995) to measure the negative emotional states of depression, anxiety, and stress. The DASS-21 consists of three subscales designed to provide relatively pure measurements of the three interrelated negative affective states of depression, anxiety, and stress (Lovibond, & Lovibond, 1995). Each subscale is composed of seven items written to tap negative affective symptoms experienced by the respondent. Each item is to be scored on a four-point Likert-type scale using the following ratings: 0 = *Did not apply to me at all*, 1 = *Applied to me to some degree, or some of the time*, 2 = *Applied to me to a considerable degree, or a good part of the time*, and 3 = *Applied to me very much, or most of the time*. For clinical usage, the final score for each of the three subscales of depression, anxiety, and stress is computed by summing up the items that make up the subscale and then multiplying the summed score by two. However, the raw score is used for research purpose. Every subscale comprises items denoting the following emotional states accordingly: *depression* (self-disparaging, dispirited, gloomy, blue, convinced that life has no meaning or value, pessimistic about the future, unable to experience enjoyment or satisfaction, unable to become interested or involved, slow, and lacking in initiative); *anxiety* (apprehensive, panicky; tremble, shaky; aware of dryness of the mouth, breathing difficulties, pounding of the heart, sweatiness of the palms, worried about performance, and possible loss of control); and *stress* (over-aroused,

tense, unable to relax, touchy, easily upset, irritable, easily startled, nervy, jumpy, fidgety, and intolerant of interruption or delay).

Lovibond and Lovibond (1995) reported that the DASS-21 was administered to a sample of 2,914 adults in an attempt to norm the scale. The means (and standard deviations) of the depression, anxiety, and stress subscales were 6.34 (6.97), 4.7 (4.91), and 10.11 (7.91), respectively. In addition, a clinical sample reported means (and standard deviations) of 10.65 (9.3), 10.90 (8.12), and 21.1 (11.15), respectively. From a clinical sample of 437 participants, the DASS-21 showed excellent internal consistency, with Cronbach's alphas of .96, .89, and .93 for depression, anxiety, and stress, respectively. By the same token, test-retest reliability coefficients over a two-week period were .71, .79, and .81 for depression, anxiety, and stress, respectively.

Part 4. Satisfaction with Life Scale

The 5-item *Satisfaction With Life Scale* (SWLS) was designed by Diener, Emmons, Larsen, and Griffin (1985) to measure global cognitive judgments of one's life satisfaction (not a measure of either positive or negative affect). Participants indicate how much they agree or disagree with each of the five items on a seven-point Likert scale using the following ratings: 1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Slightly disagree*, 4 = *Neither agree nor disagree*, 5 = *Slightly agree*, 6 = *Agree*, and 7 = *Strongly agree*, with high scores reflecting more satisfaction with life. Pavot and Diener (1993) claimed that the SWLS assesses satisfaction in terms of integration of domains such as health or finances, based on the way respondents choose.

Peer reports, a memory measure, and clinical ratings were used as external criteria for validation of the SWLS. Evidence for the reliability and predictive validity of the scale has been published and its performance compared to other related scales. The scale has an internal consistency coefficient (Cronbach's alpha) of .87 and a test-retest reliability correlation of 0.82 for a two-month period. On the whole, the SWLS was shown to be a valid and reliable measure of life satisfaction (Pavot et al., 1991).

Data Collection Procedure

Data collection consisted of the following procedural steps:

1. The researcher obtained a formal letter from the Dean of the Graduate School of Psychology certifying that he is a current student of the Graduate School of Psychology at Assumption University, Bangkok.
2. The researcher obtained formal permission from the Deans of psychology faculty units of five universities in Ho Chi Minh City, Viet Nam to collect data from their undergraduate students after contacting them via email.
3. A pretest of the Vietnamese version of the survey questionnaire (see Appendix C) was conducted prior to the actual study on 10 Vietnamese undergraduate students who were recruited through convenience sampling. The purpose of the pretest exercise was to check for any difficulties respondents may have with regard to the questionnaire directions and item statements.
4. After the pretest, the researcher proceeded to conduct the actual study after receiving permission and informed consent from the participants. Those who willingly agreed to participate in the study were given the Vietnamese-translated questionnaires to fill in.

The whole process of distribution and collection of the questionnaires took around three weeks.

5. After collecting all the completed questionnaires, the researcher individually inspected the questionnaires to check for possible errors of commission or omission. Only valid questionnaires were subjected to statistical analysis.

Data Analysis

Data analysis was accomplished through the following statistical treatments:

Descriptive statistics.

Descriptive statistics was applied in order to present the frequency and percentage distribution of the demographic data obtained from the respondents. Additionally, the means and standard deviations of scores derived from the survey questionnaire were calculated and, subsequently, presented.

Inferential statistics.

Path analysis via multiple regression analysis was employed to test the hypothesized direct and indirect impacts of coping style on the life satisfaction of undergraduate psychology students, being mediated by their levels of depression, anxiety, and stress.

T-test was employed to test the hypothesized gender difference in coping styles, life satisfaction, depression, anxiety and stress among Vietnamese undergraduates of psychology.

CHAPTER IV

Results

This chapter presents the results of the analyses conducted to test the hypotheses generated from the path model (Figure 1) presented in Chapter II. Information regarding the sample's demographic characteristics is also presented. The analyses conducted and the results obtained are presented in the following order:

- 1) Demographic profile of respondents
- 2) Reliability test of items that represent the factors of problem-focused coping, emotion-focused coping, avoidance-focused coping, the DASS-21 factors of depression, anxiety, and stress, and life satisfaction
- 3) Means and standard deviations for the seven variables of problem-focused coping, emotion-focused coping, avoidance-focused coping, depression, anxiety, and stress, and life satisfaction
- 4) Path analysis via regression analysis to test the hypothesized path model (Figure 1)
- 5) Gender differences

Demographic Profile of Respondents

The sample consisted of 510 participants of whom 130 (25.5%) were males and 380 (74.5%) were females. Their ages ranged from 18 to 26 years, with a mean age of 20.01 years (median=20 years). Their GPA scores ranged from 4.75 (out of 10) to 9.03 with a mean GPA

score of 7.17 (median=7.15). In terms of type of student, 74.9% (n=382) of the participants were full-time students and 25.1% (n=128) of the participants were part-time students. In terms of year level, 26.7% (n=136) of the participants were first year students, 27.1% (n=138) of the participants were second year students, 28.2% (n=144) of the participants were third year students, and 18% (n=92) of the participants were fourth year students. In terms of accommodation status, 45.7% (n=233) of the participants were living with family, 48.6% (n=248) of the participants were living in a dorm or an apartment, and 5.5% (n=28) of the participants were living in other places.

Reliability Analysis of Scales Employed

In order to maximize the internal consistency of the identified variables, the items representing each of the seven factors (problem-focused coping, emotion-focused coping, avoidance-focused coping, depression, anxiety, stress, and life satisfaction) were item-analyzed. Two criteria were used to eliminate items from these factors. First, an item was eliminated if the inclusion of that item resulted in a substantial lowering of Cronbach's alpha (Walsh & Betz, 1985). Second, an item was considered to have an acceptable level of internal consistency if its corrected item-total (I-T) correlation was equal to or greater than 0.33 (Hair, Anderson, Tatham, & Black, 1995). Table 1 presents the items for the seven factors together with their I-T coefficients and Cronbach's alphas.

Table 1

Scale Items Together With Their Corrected Item-Total Correlations and Cronbach's Alphas

<u>Problem-Focused Coping</u>	<u>Corrected Item-Total Correlations</u>
• Focus on the problem and see how I can solve it.	.46
• Do what I think is best.	.43
• Outline my priorities.	.37
• Think about how I have solved similar problems.	.37
• Determine a course of action and follow it.	.51
• Work to understand the situation.	.37
• Take corrective action immediately.	.45
• Think about the event and learn from my mistake.	.51
• Adjust my priorities.	.41
• Get control of the situation.	.48
• Make an extra effort to get things done.	.59
• Come up with several different solutions to the problem.	.47
• Use the situation to prove that I can do it.	.45
• Try to be organized so I can be on top of the situation.	.56
Cronbach's Alpha = 0.83	
<u>Emotion-Focused Coping</u>	<u>Corrected Item-Total Correlations</u>
• Blame myself for putting things off.	.49
• Preoccupied with aches and pains.	.42
• Blame myself for having gotten in to this situation.	.57
• Feel anxious about not being able to cope.	.60
• Become very tense.	.64
• Blame myself for being too emotional about the situation.	.53
• Become very upset.	.55
• Blame myself for not knowing what to do.	.55
• "Freeze" and don't know what to do.	.53
• Worry about what I am going to do	.51
• Get angry.	.35
• Take it out on other people.	.38
Cronbach's Alpha = 0.84	

Avoidance-Focused CopingCorrected Item-Total Correlations

• Think about the good times I've had.	.45
• Try to be with other people.	.41
• Window shopping.	.51
• Treat myself to a favorite food or snack.	.44
• Go out for a snack or meal.	.52
• Buy myself something.	.51
• Go to a party.	.44
• Visit a friend.	.49
• Spend time with special person.	.45
• Go for a walk.	.31
• Talk to someone whose advice I value.	.30
• Phone a friend.	.45

Cronbach's Alpha = 0.795

DepressionCorrected Item-Total Correlations

• I couldn't seem to experience any positive feeling at all.	.56
• I felt that I had nothing to look forward to.	.63
• I felt I wasn't worth much as a person.	.59
• I felt downhearted and blue.	.64
• I was unable to become enthusiastic about anything.	.54
• I felt that life was meaningless.	.70
• I found it difficult to work up the initiative to do things.	.46

Cronbach's Alpha = 0.84

AnxietyCorrected Item-Total Correlations

• I was aware of dryness of my mouth.	.35
• I experienced breathing difficulty.	.47
• I felt scared without any good reason.	.56
• I was aware of the action of my heart in the absence of physical exertion.	.47
• I felt I was close to panic.	.53
• I was worried about situations in which I might panic and make a fool of myself.	.47
• I experienced trembling (e.g., in the hands).	.43

Cronbach's Alpha = 0.75

<u>Stress</u>	<u>Corrected Item-Total Correlations</u>
• I tended to overreact to situations.	.52
• I found it difficult to relax.	.61
• I felt that I was using a lot of nervous energy.	.58
• I felt that I was rather touchy.	.49
• I found it hard to wind down.	.59
• I was intolerant of anything that kept me from getting on with what I was doing.	.39
• I found myself getting agitated.	.51

Cronbach's Alpha = 0.8

<u>Life Satisfaction</u>	<u>Corrected Item-Total Correlations</u>
• In most ways my life is close to my ideal.	.61
• The conditions of my life are excellent.	.47
• I am satisfied with my life.	.60
• So far I have gotten the important things I want in life.	.51
• If I could live my life over, I would change almost nothing.	.41

Cronbach's Alpha = 0.74

As can be seen from the above Table 1, a number of the items representing the factors of problem-focused coping and avoidance-focused coping have low corrected item-total correlations ($<.33$). These items were deleted prior to the computation of the factors. Thus, the factor of 'problem-focused coping' is represented by 15 items, the factor of 'emotion-focused coping' is represented by 12 items, the factor of 'avoidance-focused coping' is represented by 13 items, the factor of 'depression' is represented by 7 items, the factor of 'anxiety' is represented by 7 items, the factor of 'stress' is represented by 7 items, and the factor of 'life satisfaction' is represented by 5 items. The computed Cronbach's alpha coefficients for all seven scales were adequate and ranged from .74 to .84. After discarding items identified as 'unreliable' (i.e., those with corrected item-total correlation $<.33$), each of the seven factors of

problem-focused coping, emotion-focused coping, avoidance-focused coping, depression, anxiety, stress, and life satisfaction was, then, computed by summing across the (internally consistent) items that make up that factor and their means calculated.

Means and Standard Deviations for the Main Variables

The following Table 2 presents the means and standard deviations for the seven computed factors.

Table 2

Means and Standard Deviations for the Computed Factors of Problem-Focused Coping, Emotion-Focused Coping, Avoidance-Focused Coping, Depression, Anxiety, Stress, and Life Satisfaction

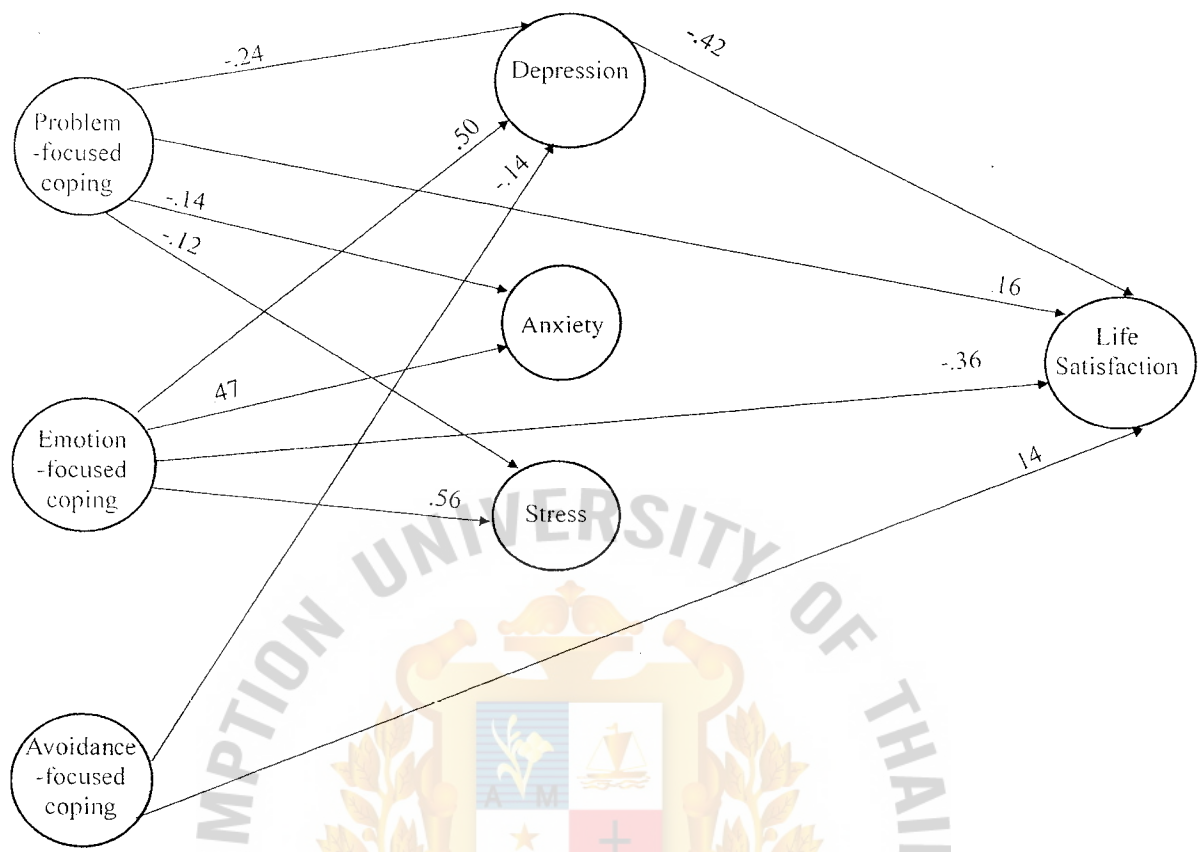
	<u>Mean</u>	<u>SD</u>	<u>Midpoint</u>
• Problem-focused coping	3.4	.50	3.00
• Emotion-focused coping	2.89	.64	3.00
• Avoidance-focused coping	3.17	.57	3.00
• Depression	.97	.62	1.50
• Anxiety	.96	.55	1.50
• Stress	1.14	.58	1.50
• Life satisfaction	4.31	1.16	4.00

As can be seen from Table 2, the factor of 'problem-focused coping' and 'avoidance-focused coping' was rated above the mid-point (3) on its scale, the factor of 'emotion-focused coping' was rated below the mid-point on its scale. Thus, overall, the participants were more likely to employ problem-focused coping and, to a lesser degree, avoidance-focused coping and, least of all, emotion-focused coping when dealing with stressful situations during their studies. The participants also rated the DASS-21 factors of 'depression', 'anxiety', and 'stress' below the mid-point (1.5) on their respective scales. Thus, the participants reported generally

low levels of depression, anxiety, and stress experienced in their study. In terms of their life satisfaction, the participants rated their life satisfaction above the mid-point (4) on the scale. Thus, the respondents were generally satisfied with their lives.

Path Analysis

In order to test the hypothesized direct and indirect relationships represented by the path model depicted in Figure 1, path analysis via regression analysis was conducted. The analysis involved (1) regressing the dependent variable of life satisfaction on the predictor variables of problem-focused coping, emotion-focused coping, avoidance-focused coping, depression, anxiety, and stress; and (2) regressing the mediator variables of depression, anxiety, and stress on the predictor variables of problem-focused coping, emotion-focused coping, and avoidance-focused coping. The results of this path analysis are presented in Figure 2. (See Appendix 4)



(Note: Only significant path coefficients ($p < .05$) have been presented in order to reduce the complexity of the model)

Figure 2. Path model of Vietnamese Psychology undergraduate students' life satisfaction as a function of the direct and indirect influences of their coping styles, being mediated by their levels of depression, anxiety, and stress.

The results showed that for the Vietnamese undergraduate students of psychology, their employment of problem-focused coping, emotion-focused coping, and avoidance-focused coping styles is directly and significantly related to their reported level of life satisfaction. Thus, the more the Vietnamese psychology students employed problem-focused coping to deal with stressful situations, the higher their reported level of life satisfaction (Beta = .16); the more they employed emotion-focused coping to deal with stressful situations, the lower their reported level of life satisfaction (Beta = -.36); and the more they employed

avoidance-focused coping to deal with stressful situations, the higher their reported level of life satisfaction ($Beta = 1.4$).

Problem-focused coping was also found to be directly and significantly related to the three emotive variables of depression, anxiety, and stress. Thus, the more the Vietnamese undergraduate students of psychology employed problem-focused coping to deal with stressful situations, the lower their reported level of depression ($Beta = -.24$), anxiety ($Beta = -.14$), and stress ($Beta = -.12$). Emotion-focused coping was also found to be directly and significantly related to the three motive variables of depression, anxiety, and stress. Thus, the more the Vietnamese undergraduate students of psychology employed emotion-focused coping to deal with stressful situations, the higher their reported level of depression ($Beta = -.50$), anxiety ($Beta = .47$), and stress ($Beta = .56$). Avoidance-focused coping was also found to be directly and significantly related to the motive variable of depression such that the more these students employed avoidance-focused coping to deal with stressful situations, the lower their reported level of depression ($Beta = -.14$).

The reported level of depression of Vietnamese undergraduate students of psychology was found to be directly and significantly related to their reported level of life satisfaction. Thus, the higher their reported level of depression, the lower their reported level of life satisfaction ($Beta = -.42$). In term of testing indirect relationship hypothesis, a model of emotion-focused coping ($Beta = -.218$), avoidance-focused coping ($Beta = .123$), depression ($Beta = -.304$) of Vietnamese undergraduate students of psychology was found to be directly and significantly related to their reported level of life satisfaction. Thus, there is an indirect influence of emotion-focused coping and voidance-focused coping on Vietnamese psychology undergraduate students' life satisfaction, being mediated by their reported level of depression.

Gender Differences

The following Table 3 presents the significance of Levene's test and independent t-test for the seven computed factors with gender:

Table 3

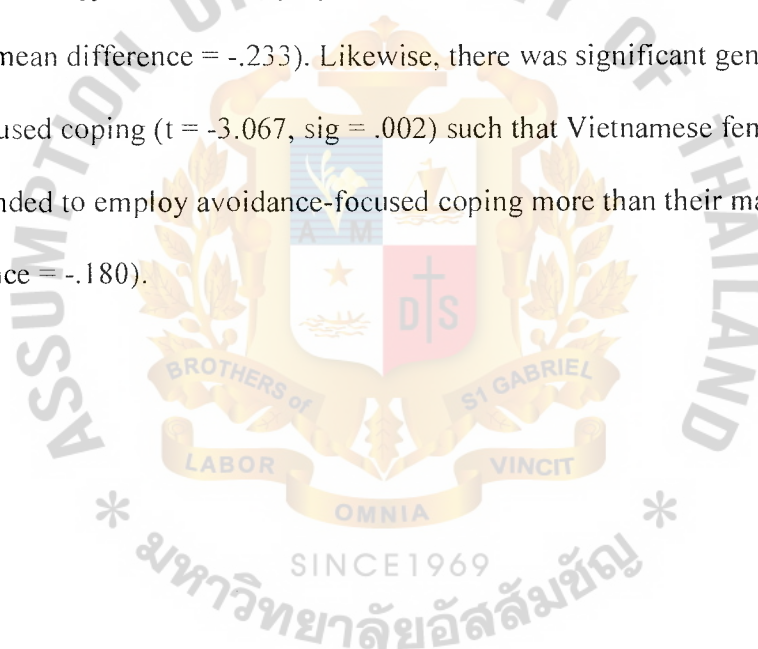
Significance of Means and Independent T-Test for the Computed Factors of Problem-Focused Coping, Emotion-Focused Coping, Avoidance-Focused Coping, Depression, Anxiety, Stress, and Life Satisfaction With Gender

	Mean		T-test	
	Male	Female	t	Sig (2-tailed)
Problem-focused coping	3.40	3.40	.127	.899
Emotion-focused coping	2.712	2.95	-3.459	.001
Avoidance-focused coping	3.037	3.218	-3.067	.002
Depression	.940	.975	-.559	.576
Anxiety	.925	.965	-.680	.497
Stress	1.075	1.158	-.1404	.161
Life satisfaction	4.30	4.32	-.208	.835

Since the assumption of homogeneity of variance has not been violated in variables of emotion-focused coping ($F = .102$, $\text{sig} = .750$), avoidance-focused coping ($F = .029$, $\text{sig} = .864$), depression ($F = .147$, $\text{sig} = .702$), stress ($F = 3.504$, $\text{sig} = .062$), life satisfaction ($F = .018$, $\text{sig} = .893$), the "equal variances assumed" t test statistic was used for evaluating the null hypothesis of equality of means. However, the assumption that the population variances are

equal is rejected in variables of problem-focused coping ($F = 4.049$, $\text{sig} = .045$) and anxiety ($F = 4.470$, $\text{sig} = .035$); thus, the “equal variances not assumed” t test statistic was used.

Results revealed that there were no significant gender differences in problem-focused coping ($t = .127$, $\text{sig} = .899$), depression ($t = -.559$, $\text{sig} = .576$), anxiety ($t = -.680$, $\text{sig} = .497$), stress ($t = -1.404$, $\text{sig} = .161$), and life satisfaction ($t = -.208$, $\text{sig} = .835$) among Vietnamese undergraduate students of psychology. On the other hand, significant gender difference was found in emotion-focused coping ($t = -3.459$, $\text{sig} = .001$) such that Vietnamese female students of psychology tended to employ emotion-focused coping more than their male counterparts (mean difference = $-.233$). Likewise, there was significant gender difference in avoidance-focused coping ($t = -3.067$, $\text{sig} = .002$) such that Vietnamese female students of psychology tended to employ avoidance-focused coping more than their male counterparts (mean difference = $-.180$).



CHAPTER V

Discussion

The current study attempted to investigate the direct impact of coping styles on life satisfaction among Vietnamese psychology undergraduate students, as well as the indirect impact of coping styles on life satisfaction, being mediated by the students' levels of depression, anxiety, and stress. A total of 510 undergraduate students of psychology studying in Ho Chi Minh City participated in the study by filling in a Vietnamese-translated survey questionnaire designed to tap the study's primary variables and selected demographic characteristics.

This final chapter comprises the following sections: (1) summary and discussion of findings, (2) limitations of the study, (3) conclusions and implications of the study, and (4) recommendations and avenues for future research.

Summary and Discussion of Findings

Problem-focused, emotion-focused, and avoidance-focused coping styles.

The findings from the present study indicated that the factor of 'problem-focused coping' was rated above the mid-point on its scale, the factor of 'avoidance-focused coping' was rated approximately at the mid-point on its scale, and the factor of 'emotion-focused coping' was rated below the mid-point on its scale. Thus, overall, the participants were more likely to employ problem-focused coping, to a lesser degree avoidance-focused coping and, least of all, emotion-focused coping when dealing with stressful situations, especially during

their studies and beyond. These findings point to the preference of undergraduate students of psychology in Ho Chi Minh City to employ problem-focused coping rather than emotion-focused coping and avoidance-focused coping in terms of managing stressful life situations. These findings are consistent with Lazarus and Folkman's (1984) argument that people tend to adopt problem-focused coping strategies when their sense of being able to deal with stressful situations is challenged. The authors further suggested that this coping style is used by people who take the effort to eliminate or decrease the source of their stress. By the same token, Endler and Parker (1999) described problem-focused coping as purposeful task/problem-oriented efforts aimed at solving and cognitively restructuring the problem. Thus, within the context of the current investigation, the students under study tend to alter stressful situations through attempts to remove the stressors or mitigate their effects.

Aldwin and Revenson (1987) described various actions involved in problem-focused coping such as planning, taking direct action, looking for assistance, screening out other activities, and occasionally even forcing oneself to wait before acting. The current researcher had observed that, in agreement with the foregoing perspective, there are similar strategies that many Vietnamese psychology students tend to adopt such as trying their best to solve problems, thinking about past events and learning from their mistake, making an extra effort to get things done, and determining a course of action and following it through.

Interestingly, the present study's findings do not agree with an earlier Vietnamese-based study. Nguyen and Nguyen's (2009) findings suggested that Vietnamese psychology students tend to adopt avoidance-focused coping strategies (social distraction) such as overeating, oversleeping, increased alcohol consumption, traveling, or playing games. A possible reason for the difference in the findings may be attributed to regional differences in

custom, way of life, and values. Moreover, Nguyen and Nguyen's (2009) study involved a sample of northern students from Ha Noi City whereas the current study involved a sample of southern students from Ho Chi Minh City.

Stress, anxiety, and depression.

Results revealed that the Vietnamese psychology undergraduate students' levels of 'depression', 'anxiety' and 'stress' were below the mid-point on their respective scales. In other words, the students under study reported generally low levels of depression, anxiety, and stress, especially with regard to their studies. This finding is quite surprising, considering the amount of academic work and internship requirements these students have to face on a daily basis. Perhaps their tendency to use problem-focused coping in dealing with their stressors may play a crucial role. Problem-focused coping is the prime contributor to the development of a sense of self-worth and self-efficacy (Bandura, 1990). This is supported by past research which had demonstrated that low level of depression is correlated with the dominant use of problem-focused coping (Mitchell et al., 1983). According to Richards and Perri (2002), the level of depression can be decreased by active engagement in problem-solving actions without any expert help. Along the same vein, one possible way to explain the current finding is that when the psychology student participants endeavor to get things done, get involved with people, and focus on the present rather than the past, they can reduce their level of depression. This supposition is in line with Nelson et al.'s (2001) finding that psychology students tend to adopt positive coping strategies more than negative ones. Similarly, Mosley et al. (1994) demonstrated that active coping which is problem-based and adaptive is the coping style of choice among science-based students. Furthermore, students who experience personal difficulties but have a more reflective problem-focused coping style are more likely to use

student support services, leading to positive and desirable outcomes at school and other daily life situations (Julal, 2012; Billings & Moos, 1981).

Past research had shown that problem-focused coping strategy reduces anxiety and stress in individuals. By focusing on the management of stressors such as money problems which cause great anxiety, people who employ problem-focused coping eventually learn financial skills to help them deal with such problems (Meek, 2008). Julal (2012) found that students with less effective problem-focused coping reported greater psychological distress. In the current investigation, perhaps Vietnamese psychology students are, to some degree, effective problem-solvers such that their reported levels of psychological distress turned out to be relatively low. Additionally, knowledge and skills gained from psychology courses such as stress management, counseling skills, and cognitive-behavioral therapy may have contributed toward their personal resources in directly and effectively dealing with stressful situations.

Life satisfaction.

It was found that participants rated their life satisfaction above the mid-point on the scale. Thus, it can be said that the Vietnamese psychology undergraduate students were generally satisfied with their lives. In spite of academic overload, internship requirements, and other life stressors experienced on a daily basis, these students positively evaluated the overall quality of their lives. Past research can help explain this finding. Perhaps these students were hopeful about the future, as advocated by O'Sullivan (2011) who asserted that hope is the best predictor of life satisfaction among students. By the same token, it can be said that academic satisfaction significantly predicted life satisfaction among students (Garriott et al., 2015). Another explanation for the positive outcome may have to do with the use of problem-focused

coping strategy in dealing with life stressors. A positive relationship between the use of problem-focused coping and life satisfaction was reported by Sarid et al. (2004) who found that students who use problem-focused coping tend to be more optimistic and persistent. A related study established that college students who experienced great amounts of stress maintained their life satisfaction by employing problem-focused coping strategies which helped them deal with stressors effectively (Carver et al., 1989). As suggested by the current findings, Vietnamese psychology students who adhere to problem-focused coping reported generally higher level of life satisfaction.

Path analysis.

A result of path analysis indicated that for the Vietnamese psychology undergraduate student participants, their employment of problem-focused coping, emotion-focused coping, and avoidance-focused coping style is directly and significantly related to their reported level of life satisfaction, albeit in opposite directions. More specifically, it was found that the participants' employment of problem-focused coping strategies is positively associated with their reported level of life satisfaction. Thus, the more the students employed problem-focused coping in dealing with stressful situations, the higher their reported level of life satisfaction. This finding is supported by those obtained from past research which demonstrated that problem-focused coping is related to higher degree of life satisfaction (e.g., Eskin et al., 2014; Deniz, 2006; Jajanara & Shahbakhti, 2015; Gustems-Carnicer & Calderon, 2013; Mahmoud et al., 2012). In particular, Dubey and Agarwal (2007) found that active/problem-focused coping strategies promoted higher level of life satisfaction, a finding echoed by Tamini and Ansari (2010) who established that problem-focused coping significantly correlated with life satisfaction.

Via path analysis, it was found that the participants' employment of emotion-focused coping style is negatively associated with their reported level of life satisfaction. Thus, the more the students employed emotion-focused coping in dealing with stressful situation, the lower their reported level of life satisfaction. According to Lazarus and Folkman (1984), the primary function of emotion-focused coping is to minimize distress by using cognitive strategies such as distancing, avoidance, positive comparisons, self-blame, reappraisal, and looking for positive meaning in negative events. Not surprisingly, Tamini and Ansari (2010) established that emotion-focused coping is not significantly correlated with life satisfaction. On a related note, most studies that explored coping and anxiety found a positive correlation between emotion-focused coping and anxiety (e.g., Kohlsdorf & Costa, 2011; Rimmer et al., 2015; Wright et al., 2010; Cohen et al., 2008).

Path analysis revealed that the participants' employment of avoidance-focused coping style is positively associated with their reported level of life satisfaction. In other words, the more the students employed avoidance-focused coping in dealing with stressful situations, the higher their reported level of life satisfaction. This finding is in line with that reported by Odac and Çıkrıkçı (2012) who asserted that there is a positive correlation between avoidance-focused coping and subjective well-being. In support of the latter finding, Tamini and Ansari (2010), likewise, confirmed that avoidance-focused coping significantly correlated with life satisfaction. In contrast, however, Gustems-Carnicer and Calderon (2013) reported that avoidance-focused coping is negatively correlated with life satisfaction. Conflicting outcomes such as the foregoing clearly warrant the need for further studies for more conclusive results.

Path analysis further revealed associations between coping styles and the negative emotive factors of depression, anxiety, and stress. For example, problem-focused coping style

was found to be negatively and significantly related to depression, anxiety, and stress. Thus, the more psychology students employed problem-focused coping in dealing with stressful situations, the lower their reported levels of depression, anxiety, and stress. This is not surprising since the literature showed that using problem-focused coping to deal with stressors lowers the level of experienced distress (e.g., Eskin et al., 2014; Gustems-Carnicer & Calderon, 2013; Jajanara & Shahbakhti, 2015).

Emotion-focused coping was found to be positively and significantly related to the three emotive variables of depression, anxiety, and stress. Thus, the more psychology students employed problem-focused coping in dealing with stressful situations, the higher their reported levels of depression, anxiety, and stress. This finding is supported by prior studies which had established that emotion-focused coping is associated with higher degrees of depressive, anxiety, and stress symptoms (Hayat, 2013; Cooper et al., 2008; Novin et al., 2010; Cohen et al., 2008). Furthermore, most studies that explored coping and anxiety found a positive correlation between emotion-focused coping and anxiety (e.g., Kohlsdorf & Costa, 2011; Rimmer et al., 2015; Wright et al., 2010). These results are not surprising, given that the employment of emotions to deal with a stressor offers no active means to eradicate the problem, but only a temporary attempt to mask the stressor at hand.

Avoidance-focused coping was found to be negatively and significantly related to the emotive variable of depression. Thus, the more the psychology students under study employed avoidance-focused coping in dealing with stressful situations, the lower their reported level of depression. This particular finding is quite surprising since the literature is more likely to support a positive relationship between avoidance-focused coping and depression (e.g., Nagase et al., 2009). More specifically, Romero et al. (2015) concluded that a combination of

avoidance-focused coping and family social support is a predictor for depression and anxiety symptoms while avoidance-focused coping itself is a predictor for PTSD symptoms. On a similar note, Schneider et al. (2007) demonstrated that avoidance-focused coping is a significant predictor of grief and PTSD severity. Moreover, a study by Crockett et al. (2007) suggested that avoidance-focused coping significantly predicted poorer adjustment and higher levels of depression and anxiety.

The model of emotion-focused coping and avoidance-focused coping was found to indirectly and significantly influence on the life satisfaction, being mediated by the level of depression. In other words, the depression is a significant mediator of the combination of emotion-focused and avoidance-focused coping on life satisfaction. This finding is supported by Bautista & Erwin (2013) that the influence of denial coping on quality of life is mediated by the level of depression. The results suggests that the effect of emotion-focused and avoidance-focused coping on life satisfaction among psychology undergraduates is mediated by their level of depression.

Gender differences.

Based on the researcher's own observation, there are slightly gender differences within Viet Nam cultural context due to many factors such as gender stereotype, gender role and expectation in the family, social beliefs and treatment towards gender, economic and social status.....etc. This personal observation motivated the research to examine whether the gender difference exists across the main variables of coping, emotive variables of depression, anxiety, stress, and life satisfaction even there was controversy in literature on gender difference.

The present study revealed that there were gender differences in emotion-focused coping and avoidance-focused coping among Vietnamese undergraduate students of psychology, but not in problem-focused coping. This particular finding mirrors that of Nagase et al. (2009) who reported that there was no marked gender difference in the use of problem-focused coping, while there were gender differences found with respect to the prevalence of emotion-focused and avoidance-focused strategies. The current finding also indicates that female students tended to adopt emotion-focused coping more than their male counterparts, a result which is in line with prior research (e.g., Meléndez, 2012; Nelson et al., 2001; Lawrence et al., 2006; Brougham et al., 2009).

No gender differences were found across the three emotive variables of depression, anxiety, and stress among Vietnamese undergraduate students of psychology. For gender difference in depression, the current finding is supported by Ahmadi et al. (2014); for gender difference in stress, the current finding is in line with that of Barton and Kirtley (2012). For gender difference in anxiety, however, the current finding disagreed with contemporary literature (e.g., Igbokwe et al., 2012; Milena, 2015; Bayram & Bilgel, 2008; McClue et al., 2011). These conflicting findings may reflect that Vietnamese psychology male students were fairly honest in reporting their level of anxiety as did their female counterparts, but that the male students were less likely to report their level of distress, compared to the female students.

Similarly, no gender difference was found in the Vietnamese psychology students' reported level of life satisfaction. This is not unexpected; males and females do not differ in reported life satisfaction, an outcome consistent with other cross-cultural studies (e.g., Diener et al., 2000; Matheny et al., 2002, both as cited in Matheny et al., 2008). More previous studies, many of which are Asian-based, have given evidence to the effect that gender

difference does not exist in life satisfaction among undergraduate students (e.g., Ye et al., 2012; Shengquan & Kin-Kit, 2012; Seema & Khan, 2014). In contrast, however, a very recent cross-cultural study attempted to investigate gender differences in perceived interpersonal sources of life satisfaction between Chinese and American college students and found some evidence of gender differences (Chang et al., 2016). A lack of a definitive conclusion warrants further exploration of the issue of gender difference in life satisfaction among college youths.

Limitations of the Study

There are several limitations in the present study that should be noted. First, the path model hypothesized relationships between the study's exogenous, mediator, and criterion variables. As such, the path analysis conducted to test these relationships is essentially correlational and not experimental; that is, the study did not involve the manipulation of the primary predictor variables). Path analytic results can only be interpreted in terms of relationships and not in terms of causality.

Second, the psychosocial variables investigated in this study, although widely used in Western nations, are not well-researched within the Vietnam context. In particular, the psychometric properties (reliability, validity) of the scales employed to measure these constructs (e.g., CISS, DASS-21) have not been tested within the Vietnamese context. Thus, future research should be directed at testing the psychometric properties of these scales as they are applied to non-Western cultures in order to ensure their cross-cultural reliability and validity. Indeed, there is a need for the validation of these scales within the Vietnamese

cultural context before their use can be justified and the obtained results interpreted with confidence.

Third, most of the literature underpinning the present study are Western-based and may not be relevant or pertinent to the Vietnamese population. For example, the literature on depression, anxiety, and stress which is Western-based may not represent the Vietnamese psychology undergraduate students' perspective. If it could be argued that such Western-based literature is not be directly relevant to Vietnamese psychology undergraduate students, then, the validity of the present study's findings is questionable.

This study involved Vietnamese psychology undergraduate students from five psychology faculties in Ho Chi Minh City; therefore, the findings may be specific only to this group of students. Given the population targeted for the present study and the convenience sampling technique employed, the obtained findings may have limited external validity. As such, caution should be taken when generalizing the findings of the study to the broader population of Vietnamese psychology undergraduate students studying in different faculties in Viet Nam.

Finally, the findings of the current study should be interpreted with some caution because of some intervening or limiting factors beyond the scope of this study. Nonetheless, despite some identified limitations, it is anticipated that this study would provide valuable knowledge and database for a number of individuals and groups who are interested in investigating the interrelationships between the key variables. The contribution of this study towards expansion of the literature cannot be overemphasized.

Conclusions and Implications

The absence of literature on Vietnamese psychology students' mental health motivated this researcher to conduct the current study in order to explore the relationships among coping style, life satisfaction, depression, anxiety, and stress. This study concludes that the more the Vietnamese psychology students employ problem-focused coping and avoidance-focused coping in dealing with stressful situations, the higher is their level of life satisfaction. On the other hand, the more the students employ emotion-focused coping, the lesser is their level of life satisfaction. It can also be concluded that the more the students employ problem-focused coping, the lesser they experience depression, anxiety, and stress. Furthermore, students who tend to employ avoidance-focused coping in managing stress experience lower degree of depression, and that those who tend to employ emotion-focused coping reportedly experience higher levels of depression, anxiety, and stress. In terms of indirect relationship, the combination of emotion-focused coping and avoidance-focused coping that students employed has indirect impact on their level of life satisfaction, being mediated by their level of depression. In terms of gender difference, it can be concluded that Vietnamese female psychology students tend to adopt emotion-focused coping and avoidance-focused coping more than their male counterparts. On the whole, it can be said that the current study successfully met its main objectives and that its contribution to the literature with regard to the interrelationships among the key variables within the Vietnamese context cannot be overemphasized.

The current findings have several implications. For example, this study suggests that, for Vietnamese students of psychology, in terms of enhancing the degree of life satisfaction and declining the amount of depression, anxiety, and stress, problem-focused coping is the

most effective strategy in dealing with stressful situations, including academic demands, leading to higher life satisfaction and lower levels of depression, anxiety, and stress. In response to this implication, deans and other administrators of Vietnamese faculties of psychology are encouraged to offer counseling services, seminar-workshops, or other relevant mental health services for infusion in the mainstream curriculum of psychology students to help them understand and manage stress. These students will, in the near future, become mental health professionals themselves; thus, giving them the right preparation in terms of knowledge and skills in stress management would be invaluable for future practice, higher life satisfaction, decreased levels of depression, anxiety, and stress, improvement in their academic performance and, more importantly, for personal and professional growth. For college counselors, it is anticipated that the current findings would raise their awareness of the impact of coping style on students' mental health. It would be ideal as well as practical for these counselors to help integrate the matter of coping strategies into students' working plan in order to help these students improve their academic performance and overall quality of life. Additionally, another important implication of the current findings is that Vietnamese higher education policy-makers should review, evaluate, and implement changes in the tertiary curriculum, with a view to providing more support and resources to college students aimed at reducing academic overload and promoting mental health.

Recommendations and Avenues for Future Research

Based on the limitations, conclusions, and implications of the current study, the following recommendations are proposed.

1. In as much as many Western-based scales are neither reliable nor valid measures of non-Western attitudes and beliefs, future research should be directed at initially testing the psychometric properties of these scales within the Vietnamese cultural context. Indeed, validating the psychometric properties of these scales within a non-Western context may encourage more research to be conducted within the Asian setting and, thus, contribute towards the development of a knowledge base that focuses on the psychosocial variables of interest from the Asian perspective.
2. Researchers interested in the same variables investigated in this study may wish to replicate the study using other sample groups such as junior students or fresh graduates seeking employment to examine their level of stress, anxiety, depression, coping styles, and life satisfaction and how these may impact on their studies, work, and daily lives.
3. According to some past studies on coping strategies (e.g., Carver & Scheier, 1989; Folkman & Lazarus, 1984), the choice of coping strategies may change over time. As such, it is recommended that longitudinal research be conducted to assess the process of change in coping strategies that may occur for students during their transition to the final year of student life. Understanding the fluidity of change may shed light on why some final year students cope better than others.
4. During the orientation period, students should engage in question-and-answer sessions with the counseling department staff so that they would know where to get counseling from when they face stressful situations. Counseling services should include equipping students with effective time management skills, planning techniques, academic adjustment skills, and suchlike.

5. College workload, class schedules, school activities, thesis writing, and other academic requirements make the curriculum intense and difficult for most students; therefore, hearing the students' perspectives on what they feel would foster a better learning environment which would be conducive not only to student learning experience but also to their overall well-being.

Avenues for future research.

The current findings suggest a number of avenues worth investigating in future research. First, the study can be replicated and the hypothesized path model tested with a larger sample that includes psychology undergraduate students from different regions in Viet Nam. The present study's sample is fair in size ($n=510$) and, as such, generalizability and accuracy of the findings are constrained by the attenuation of the variables' variability. Future research should employ a much larger sample that includes psychology undergraduate students from different regions in Viet Nam rather than from only one city. Utilizing a larger sample would enhance the external validity of the study's findings.

Second, future researchers should consider employing a mixed-design that includes the use of qualitative methodology. While the present study which used a purely quantitative approach in its investigation has uncovered findings that are statistically sound, these findings are, nevertheless, superficial at best and offer very little insight into the final year student respondents' cognitive processes. The qualitative approach allows for more in-depth investigation of the primary variables being investigated and, in particular, the 'thinking' that establishes the relationship between the primary exogenous predictor variables, the mediator variables, and the criterion variables. A qualitative approach that focuses on in-depth interviews would complement the current findings by determining the real reasons for the

participants' reported levels of depression, anxiety, and stress, their choice of coping strategies, and their level of life satisfaction beyond what numerical scores obtained from Likert-type scales can provide.

Third, as mentioned in the 'Limitations' section, much of the literature employed in the present study to underpin the study's conceptual framework is Western-based. Hence, it would be useful for researchers to conduct more studies on non-Western samples in order to build up a knowledge base that focuses on the psychosocial variables of interest from the Asian perspective which has the added advantage of forcing future researchers to re-evaluate the cross-cultural validity of the Western-based instruments used in psychological research. Testing and ensuring the cross-cultural validity of Western-based measures increases the researchers' confidence in using these instruments within the Asian context.

Lastly, when participating in research and, in particular, when filling in questionnaires, there is the tendency to want to please the researcher. As such, there is the motivation to provide socially desirable responses that may not truly reflect the respondents' views or opinions. That is, respondents exposed to psychological principles may deliberately skew their responses (e.g., reporting lower/higher agreement with the scale items) in order to appear more socially acceptable to the researcher. Controlling for socially desirable responses is extremely difficult, if not impossible. Nevertheless, it is hoped that the guarantee of anonymity and the confidentiality of the respondents' responses would have gone some way in ameliorating this problem.

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APPENDIX A

Informed Consent Form

Assumption University
Graduate School of Psychology

Informed Consent for Participants

Title of the Study: Influence of coping style on life satisfaction among Vietnamese undergraduates of psychology, mediated by stress, anxiety, and depression

Investigator: Tran Anh Vu, Master of Science in Counseling Psychology (Candidate), Graduate School of Psychology, Assumption University, Bangkok, Thailand

Purpose of the Study: This study aims to investigate the influence of coping style on life satisfaction among Vietnamese undergraduates of psychology, mediated by their levels of stress, anxiety, and depression.

Study Procedure and Confidentiality: You will be asked to answer the survey questionnaire in the following section that will take about 10–15 minutes of your time. The questionnaire is completely anonymous and the answer you provide will be used solely for the purposes of the study. Your answers will be combined with those of other people surveyed, and no one will possibly be able to tell how any one person responded. There will be no costs involved; participation in this study is free.

Possible Risks: When filling out the questionnaire, you may come across a question that you find unpleasant, upsetting or, otherwise, objectionable. For instance, a few of the questions may cause you to think about past negative emotional events. If filling out the questionnaire upsets you, you may quit at anytime without penalty. In addition, a referral for a qualified counselor can be provided to discuss negative feelings that may have been brought about by participating in this study. In this case, please contact the researcher at his email address: g5819450@au.edu.

Possible Benefits: There may be no personal benefit from your participation but the knowledge gained by contributing to this research study may help in the understanding of how coping style impacts on life satisfaction, mediated by stress, anxiety, and depression.

Opportunities to Question and/or Be Informed of the Results: Please contact Mr. Tran Anh Vu on his e-mail: g5819450@au.edu.

Your participation is voluntary. Refusal to participate, withdrawal of your consent, or discontinued participation in the study will not result in any penalty or loss of benefit or right to which you might otherwise be entitled. Please note that your willingness to fill in the questionnaire represents your informed consent and permission to participate in this study.

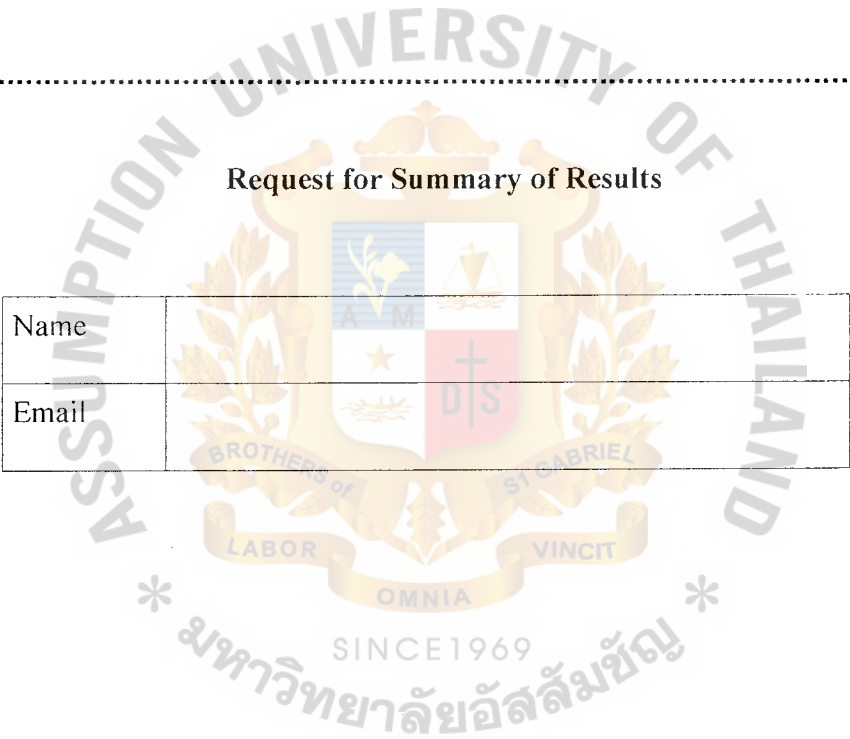
Thank you very much in advance for your kind participation in making this research achievable.

If you would like a copy of the summary of the results of this study, please detach the bottom portion with your name and email and a summary of the study will be sent to you after its completion and approval.



Request for Summary of Results

Name	
Email	



APPENDIX B**Survey Questionnaire (English Version)****Part 1. Personal Information**

Directions: For each of the following items, please tick (✓) the appropriate box.

1. Gender

- ☐ Male
☐ Female

2. Type of student

- ☐ Full-time student
☐ Part-time student

3. Accommodation status

- ☐ Living with family
☐ Living in a dorm or an apartment
☐ Other (specify) _____

4. Year level

- ☐ First year student
☐ Second year student
☐ Third year student
☐ Fourth year student

5. GPA _____

6. AGE _____

Part 2. CISS

Directions: The following items describe ways people react to various difficult, stressful, or upsetting situations. Using the rating scale below, please indicate how much you engage in these types of activities when you encounter a difficult, stressful, or upsetting situation by circling (O) the number that best reflects your opinion.

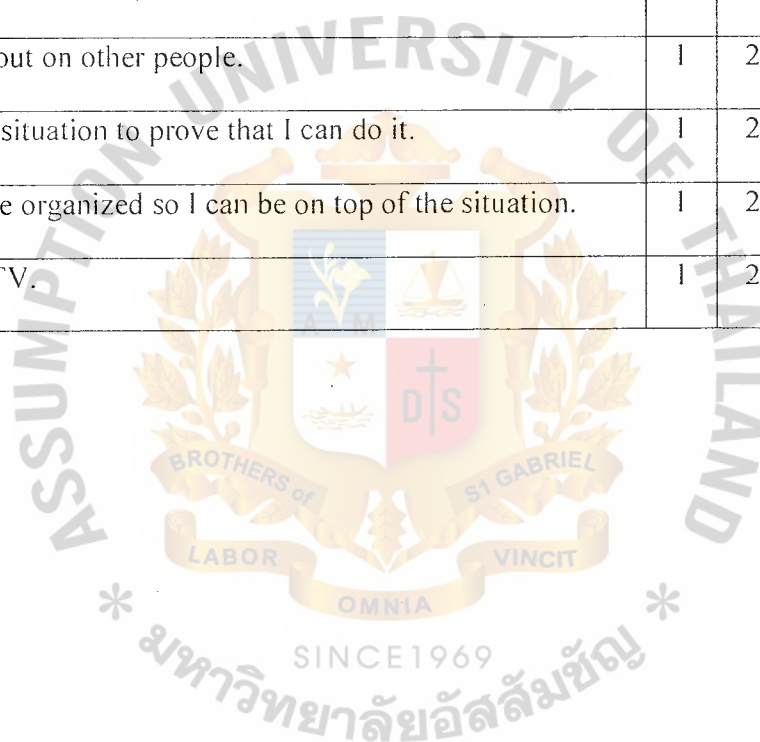
1 2 3 4 5

Not at all Seldom Sometimes Often Very much

1	Schedule my time better.	1	2	3	4	5
2	Focus on the problem and see how I can solve it.	1	2	3	4	5
3	Think about the good times I've had.	1	2	3	4	5
4	Try to be with other people.	1	2	3	4	5
5	Blame myself for putting things off.	1	2	3	4	5
6	Do what I think is best.	1	2	3	4	5
7	Preoccupied with aches and pains.	1	2	3	4	5
8	Blame myself for having gotten in to this situation.	1	2	3	4	5
9	Window shop.	1	2	3	4	5
10	Outline my priorities.	1	2	3	4	5
11	Try to go to sleep.	1	2	3	4	5
12	Treat myself to a favorite food or snack.	1	2	3	4	5
13	Feel anxious about not being able to cope.	1	2	3	4	5
14	Become very tense.	1	2	3	4	5

15	Think about how I have solved similar problems.	1	2	3	4	5
16	Tell myself that it is really not happening to me.	1	2	3	4	5
17	Blame myself for being too emotional about the situation.	1	2	3	4	5
18	Go out for a snack or meal.	1	2	3	4	5
19	Become very upset.	1	2	3	4	5
20	Buy myself something.	1	2	3	4	5
21	Determine a course of action and follow it.	1	2	3	4	5
22	Blame myself for not knowing what to do.	1	2	3	4	5
23	Go to a party.	1	2	3	4	5
24	Work to understand the situation.	1	2	3	4	5
25	"Freeze" and don't know what to do.	1	2	3	4	5
26	Take corrective action immediately.	1	2	3	4	5
27	Think about the event and learn from my mistake.	1	2	3	4	5
28	Wish that I could change what had happened or how I felt.	1	2	3	4	5
29	Visit a friend.	1	2	3	4	5
30	Worry about what I am going to do.	1	2	3	4	5
31	Spend time with special person.	1	2	3	4	5
32	Go for a walk.	1	2	3	4	5
33	Tell myself that it will never happen again.	1	2	3	4	5
34	Focus on my general inadequacies.	1	2	3	4	5
35	Talk to someone whose advice I value.	1	2	3	4	5
36	Analyze my problem before reacting	1	2	3	4	5
37	Phone a friend.	1	2	3	4	5

38	Get angry.	1	2	3	4	5
39	Adjust my priorities.	1	2	3	4	5
40	See a movie.	1	2	3	4	5
41	Get control of the situation.	1	2	3	4	5
42	Make an extra effort to get things done.	1	2	3	4	5
43	Come up with several different solutions to the problem.	1	2	3	4	5
44	Take time off and get away from the situation.	1	2	3	4	5
45	Take it out on other people.	1	2	3	4	5
46	Use the situation to prove that I can do it.	1	2	3	4	5
47	Try to be organized so I can be on top of the situation.	1	2	3	4	5
48	Watch TV.	1	2	3	4	5



Part 3. DASS

Directions: Please consider each of the statements listed below and then decide how often the situation described in that statement applies to you. Using the rating scale below, please circle (O) the number that best reflects your opinion. There are no right or wrong answers.

0 = Did not apply to me at all

1 = Applied to me to some degree, or some of the time

2 = Applied to me to a considerable degree, or a good part of the time

3 = Applied to me very much, or most of the time

1	I was aware of dryness of my mouth.	0	1	2	3
2	I couldn't seem to experience any positive feeling at all.	0	1	2	3
3	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion).	0	1	2	3
4	I tended to overreact to situations.	0	1	2	3
5	I found it difficult to relax.	0	1	2	3
6	I felt that I had nothing to look forward to.	0	1	2	3
7	I felt that I was using a lot of nervous energy.	0	1	2	3
8	I felt I wasn't worth much as a person.	0	1	2	3
9	I felt that I was rather touchy.	0	1	2	3
10	I felt scared without any good reason.	0	1	2	3

11	I found it hard to wind down.	0	1	2	3
12	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).	0	1	2	3
13	I felt downhearted and blue.	0	1	2	3
14	I felt I was close to panic.	0	1	2	3
15	I was unable to become enthusiastic about anything.	0	1	2	3
16	I was intolerant of anything that kept me from getting on with what I was doing.	0	1	2	3
17	I felt that life was meaningless.	0	1	2	3
18	I found myself getting agitated.	0	1	2	3
19	I was worried about situations in which I might panic and make a fool of myself.	0	1	2	3
20	I experienced trembling (e.g., in the hands).	0	1	2	3
21	I found it difficult to work up the initiative to do things.	0	1	2	3

Part 4. SWLS

Directions: Please indicate your agreement or disagreement with each item by circling (O) the number which best reflects your opinion.

1 = Strongly disagree

2 = Disagree

3 = Slightly disagree

4 = Neither agree nor disagree

5 = Slightly agree

6 = Agree

7 = Strongly agree

1	In most ways, my life is close to ideal.	1	2	3	4	5	6	7
2	The conditions of my life are excellent.	1	2	3	4	5	6	7
3	I am satisfied with my life.	1	2	3	4	5	6	7
4	So far, I have gained the important things I want in my life.	1	2	3	4	5	6	7
5	If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

THANK YOU FOR YOUR PARTICIPATION

APPENDIX C

Survey Questionnaire (Vietnamese Version)

Phần I. Thông tin cá nhân

Vui lòng đánh dấu (✓) cho mỗi thông tin dưới đây:

7. Giới tính

- ☐ Nam
☐ Nữ

8. Công việc

- ☐ chỉ đi học
☐ đi làm thêm hoặc có công việc chính thức

9. Nơi ở

- ☐ Sống với gia đình
☐ Ở trọ hoặc ký túc xá
☐ Khác (cụ thể): _____

10. Năm học

- ☐ năm nhất
☐ năm hai
☐ năm ba
☐ năm tư

11. Điểm số _____

12. Tuổi _____

Phần II – CISS

Những câu sau đây mô tả cách con người phản ứng với những tình huống gây khó khăn và căng thẳng. Sử dụng thang đo dưới đây, vui lòng chỉ ra mức độ thực hiện những hoạt động này khi bạn đương đầu với một tình huống khó khăn, căng thẳng và bối rối bằng cách **khoanh tròn** vào ô trống bên cạnh mỗi câu.

1 2 3 4 5
không có hiếm khi thỉnh thoảng thường xuyên rất nhiều

1	Sắp xếp lại thời gian biểu.	1	2	3	4	5
2	Tập trung vào vấn đề và xem cách mà tôi có thể giải quyết nó.	1	2	3	4	5
3	Nghĩ về những khoảng thời gian tốt đẹp mà tôi từng trải qua.	1	2	3	4	5
4	Cố gắng ở bên cạnh người khác.	1	2	3	4	5
5	Đổi lỗi cho bản thân vì trì hoãn công việc.	1	2	3	4	5
6	Làm những điều mà tôi nghĩ là tốt nhất.	1	2	3	4	5
7	Bận tâm với những cơn đau và những tổn thương.	1	2	3	4	5
8	Đổi lỗi cho bản thân.	1	2	3	4	5
9	Đi tham quan ở các khu mua sắm.	1	2	3	4	5
10	Lập ra danh sách những ưu tiên của bản thân	1	2	3	4	5
11	Cố gắng đi ngủ.	1	2	3	4	5
12	Đối xử tốt với bản thân bằng đồ ăn vặt hoặc một món ăn yêu thích.	1	2	3	4	5
13	Cảm thấy lo âu vì không có khả năng đương đầu.	1	2	3	4	5
14	Trở nên rất căng thẳng.	1	2	3	4	5
15	Nghĩ về cách thức mà tôi đã từng giải quyết những vấn đề tương tự.	1	2	3	4	5
16	Nói với bản thân rằng điều này không thật sự xảy ra cho	1	2	3	4	5

	tôi.					
17	Đổ lỗi cho bản thân vì đã quá nhạy cảm trong tình huống.	1	2	3	4	5
18	Ra ngoài ăn vặt hoặc ăn uống.	1	2	3	4	5
19	Trở nên rất bối rối.	1	2	3	4	5
20	Mua cho bản thân một thứ gì đó.	1	2	3	4	5
21	Xác định những điều cần làm và thực hiện theo đó.	1	2	3	4	5
22	Đổ lỗi cho bản thân về việc không biết phải làm gì.	1	2	3	4	5
23	Tham dự một buổi tiệc	1	2	3	4	5
24	Cố gắng để hiểu những gì đang xảy ra.	1	2	3	4	5
25	Bị đóng băng và không biết điều cần làm.	1	2	3	4	5
26	Sửa chữa hành động ngay lập tức.	1	2	3	4	5
27	Nghĩ về sự kiện và học từ những sai lầm của chính tôi.	1	2	3	4	5
28	Ước rằng tôi có thể thay đổi điều đã xảy ra hoặc cách mà tôi đã cảm nhận.	1	2	3	4	5
29	Thăm một người bạn.	1	2	3	4	5
30	Lo lắng về điều tôi đang làm.	1	2	3	4	5
31	Dành thời gian cho những người quan trọng với tôi.	1	2	3	4	5
32	Đi dạo.	1	2	3	4	5
33	Nói với bản thân rằng nó sẽ không bao giờ xảy ra một lần nữa.	1	2	3	4	5
34	Tập trung vào những sự thiếu hụt nói chung của tôi.	1	2	3	4	5
35	Nói chuyện với người có những lời khuyên giá trị.	1	2	3	4	5
36	Phân tích vấn đề của tôi trước khi phản ứng.	1	2	3	4	5

37	Gọi cho một người bạn.	1	2	3	4	5
38	Giận dữ.	1	2	3	4	5
39	Điều chỉnh những ưu tiên của tôi.	1	2	3	4	5
40	Đi xem phim.	1	2	3	4	5
41	Kiểm soát tình hình.	1	2	3	4	5
42	Nỗ lực nhiều hơn để hoàn thành việc.	1	2	3	4	5
43	Nảy ra những giải pháp khác nhau cho vấn đề.	1	2	3	4	5
44	Dành thời gian nghỉ và tránh xa khỏi tình huống.	1	2	3	4	5
45	Giận cá chém thớt.	1	2	3	4	5
46	Sử dụng tình huống để chứng minh rằng tôi có thể làm được.	1	2	3	4	5
47	Cố gắng sắp xếp lại để tôi có thể kiểm soát tình hình.	1	2	3	4	5
48	Xem TV.	1	2	3	4	5

Part: III – DASS

Vui lòng cân nhắc về mỗi phát biểu ở thang đo phía dưới và sau đó quyết định tần suất mà tình huống được mô tả ứng với bạn. Vui lòng **khoanh tròn** con số phản ánh tốt nhất ý kiến của bạn. Không có câu trả lời đúng hoặc sai trong thang đo này.

0 = Không ứng với tôi

1 = Thỉnh thoảng ứng với tôi

2 = Ứng với tôi trong khoảng thời gian đáng kể

3 = Ứng với tôi trong hầu hết thời gian

1	Tôi cảm thấy miệng bị khô.	0	1	2	3
2	Dường như tôi không thể cảm nhận được bất cứ cảm xúc tích cực nào.	0	1	2	3
3	Tôi cảm thấy khó thở (ví dụ như thở gấp quá mức, khó thở dù không vận động mạnh).	0	1	2	3
4	Tôi có xu hướng phản ứng quá mức với tình huống.	0	1	2	3
5	Tôi cảm thấy khó mà thư giãn.	0	1	2	3
6	Tôi cảm thấy tôi không có gì để trông đợi.	0	1	2	3
7	Tôi cảm thấy rằng tôi lo lắng rất nhiều.	0	1	2	3
8	Tôi cảm thấy rằng tôi không có nhiều giá trị.	0	1	2	3
9	Tôi cảm thấy rằng tôi hay hờn dỗi.	0	1	2	3
10	Tôi cảm thấy sợ mà không có lý do nào cụ thể.	0	1	2	3
11	Tôi cảm thấy khó mà bình tĩnh.	0	1	2	3
12	Dù không vận động mạnh, tôi vẫn cảm nhận rõ hoạt động tim của mình (ví dụ nhịp tim tăng, rối loạn nhịp tim)	0	1	2	3
13	Tôi cảm thấy buồn và chán nản.	0	1	2	3
14	Tôi cảm thấy tôi gần như bị hoảng loạn.	0	1	2	3

15	Tôi không thể nhiệt tình với bất cứ thứ gì.	0	1	2	3
16	Tôi không chịu được bất cứ thứ gì cản trở điều tôi đang làm	0	1	2	3
17	Tôi cảm thấy cuộc sống vô nghĩa.	0	1	2	3
18	Tôi cảm thấy bồn chồn.	0	1	2	3
19	Tôi lo lắng về những tình huống có thể làm tôi hoảng sợ và làm trò cười.	0	1	2	3
20	Tôi bị run (ví dụ ở 2 bàn tay)	0	1	2	3
21	Tôi cảm thấy khó bắt đầu để làm một điều gì đó.	0	1	2	3

Part: IV – SWLS

Vui lòng cho biết bạn đồng ý hay không đồng ý với mỗi câu dưới đây bằng cách khoanh tròn con số phản ánh tốt nhất ý kiến của bạn.

1 – Hoàn toàn không đồng ý

2 – Không đồng ý

3 – Hơi không đồng ý

4 – Không có ý kiến

5 – Hơi đồng ý

6 – Đồng ý

7 – Hoàn toàn đồng ý

1	Cuộc sống của tôi khá là lý tưởng	1	2	3	4	5	6	7
2	Điều kiện sống của tôi rất tốt	1	2	3	4	5	6	7
3	Tôi hài lòng với cuộc sống của mình.	1	2	3	4	5	6	7
4	Đến lúc này tôi đã đạt được những điều quan trọng mà tôi mong muốn.	1	2	3	4	5	6	7
5	Nếu tôi có thể sống cuộc đời của chính mình một lần nữa, tôi sẽ chẳng thay đổi điều gì.	1	2	3	4	5	6	7

Cám ơn sự nhiệt tình tham gia của bạn!!!



APPENDIX D

Statistical Output

Frequencies for Demographics

Statistics								
		Gender	Type_student	Accommodation_status	Year_level	GPA	AGE	University
N	Valid	510	510	509	510	305	498	510
	Missing	0	0	1	0	205	12	0
Mean		1.7451	1.2510	1.5972	2.3765	7.1722	20.0141	3.0333
Median		2.0000	1.0000	2.0000	2.0000	7.1500	20.0000	3.0000
Std. Deviation		.43623	.43400	.59267	1.06352	.75600	1.70152	1.52930
Minimum		1.00	1.00	1.00	1.00	4.75	18.00	1.00
Maximum		2.00	2.00	3.00	4.00	9.03	26.00	5.00

Frequency Table

Gender				
		*Frequency	Percent	Valid Percent
Valid	Male	130	25.5	25.5
	Female	380	74.5	74.5
Total		510	100.0	100.0

Type_student				
		Frequency	Percent	Valid Percent
Valid	Full-time student	382	74.9	74.9
	Part-time student	128	25.1	25.1
Total		510	100.0	100.0

Accommodation status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Living with family	233	45.7	45.8	45.8
	Living in a dorm or an apartment	248	48.6	48.7	94.5
	Others	28	5.5	5.5	100.0
	Total	509	99.8	100.0	
Missing	System	1	.2		
Total		510	100.0		

Year level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	First year student	136	26.7	26.7	26.7
	Second year student	138	27.1	27.1	53.7
	Third year student	144	28.2	28.2	82.0
	Fourth year student	92	18.0	18.0	100.0
	Total	510	100.0	100.0	

GPA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4.75	1	.2	.3	.3
	Very much	5	1.0	1.6	2.0
	5.40	2	.4	.7	2.6
	5.50	2	.4	.7	3.3
	5.59	1	.2	.3	3.6
	5.75	1	.2	.3	3.9
	5.90	1	.2	.3	4.3
	6.00	10	2.0	3.3	7.5
	6.01	2	.4	.7	8.2
	6.02	1	.2	.3	8.5

6.08	1	.2	.3	8.9
6.10	3	.6	1.0	9.8
6.20	2	.4	.7	10.5
6.25	9	1.8	3.0	13.4
6.30	2	.4	.7	14.1
6.50	15	2.9	4.9	19.0
6.52	1	.2	.3	19.3
6.54	1	.2	.3	19.7
6.58	1	.2	.3	20.0
6.60	2	.4	.7	20.7
6.70	2	.4	.7	21.3
6.72	1	.2	.3	21.6
6.75	7	1.4	2.3	23.9
6.79	1	.2	.3	24.3
6.80	8	1.6	2.6	26.9
6.85	1	.2	.3	27.2
6.90	6	1.2	2.0	29.2
6.93	1	.2	.3	29.5
6.94	1	.2	.3	29.8
6.97	1	.2	.3	30.2
7.00	47	9.2	15.4	45.6
7.02	1	.2	.3	45.9
7.03	1	.2	.3	46.2
7.03	1	.2	.3	46.6
7.05	1	.2	.3	46.9
7.06	1	.2	.3	47.2
7.10	4	.8	1.3	48.5
7.12	3	.6	1.0	49.5
7.13	1	.2	.3	49.8
7.15	1	.2	.3	50.2
7.18	1	.2	.3	50.5
7.20	8	1.6	2.6	53.1
7.22	1	.2	.3	53.4
7.23	1	.2	.3	53.8
7.25	3	.6	1.0	54.8
7.30	9	1.8	3.0	57.7

7.33	3	.6	1.0	58.7
7.34	1	.2	.3	59.0
7.36	2	.4	.7	59.7
7.40	10	2.0	3.3	63.0
7.43	1	.2	.3	63.3
7.45	1	.2	.3	63.6
7.50	20	3.9	6.6	70.2
7.53	1	.2	.3	70.5
7.53	1	.2	.3	70.8
7.54	2	.4	.7	71.5
7.55	1	.2	.3	71.8
7.60	5	1.0	1.6	73.4
7.63	1	.2	.3	73.8
7.65	1	.2	.3	74.1
7.68	1	.2	.3	74.4
7.70	3	.6	1.0	75.4
7.75	6	1.2	2.0	77.4
7.76	1	.2	.3	77.7
7.78	2	.4	.7	78.4
7.80	9	1.8	3.0	81.3
7.83	1	.2	.3	81.6
7.83	1	.2	.3	82.0
7.85	2	.4	.7	82.6
7.90	5	1.0	1.6	84.3
7.93	1	.2	.3	84.6
7.95	1	.2	.3	84.9
8.00	15	2.9	4.9	89.8
8.03	1	.2	.3	90.2
8.05	1	.2	.3	90.5
8.10	3	.6	1.0	91.5
8.13	1	.2	.3	91.8
8.15	1	.2	.3	92.1
8.17	1	.2	.3	92.5
8.18	1	.2	.3	92.8
8.25	3	.6	1.0	93.8
8.30	2	.4	.7	94.4

8.33	1	.2	.3	94.8
8.33	1	.2	.3	95.1
8.36	1	.2	.3	95.4
8.45	1	.2	.3	95.7
8.50	3	.6	1.0	96.7
8.53	1	.2	.3	97.0
8.58	2	.4	.7	97.7
8.63	1	.2	.3	98.0
8.65	1	.2	.3	98.4
8.75	1	.2	.3	98.7
8.85	1	.2	.3	99.0
8.93	1	.2	.3	99.3
8.95	1	.2	.3	99.7
9.03	1	.2	.3	100.0
Total	305	59.8	100.0	
Missing System	205	40.2		
Total	510	100.0		

		AGE			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	18.00	103	20.2	20.7	20.7
	19.00	120	23.5	24.1	44.8
	20.00	107	21.0	21.5	66.3
	21.00	76	14.9	15.3	81.5
	22.00	52	10.2	10.4	92.0
	23.00	20	3.9	4.0	96.0
	24.00	10	2.0	2.0	98.0
	25.00	7	1.4	1.4	99.4
	26.00	3	.6	.6	100.0
	Total	498	97.6	100.0	
Missing System		12	2.4		
Total		510	100.0		

Reliability Analysis

Reliability analysis – Scale (Problem focused coping)

Case Processing Summary

		N	%
Cases	Valid	464	91.0
	Excluded ^a	46	9.0
	Total	510	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.828	15

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Schedule my time better.	48.1293	51.283	.290	.827
Focus on the problem and see how I can solve it.	47.2457	49.965	.455	.818
Do what I think is best.	46.9418	50.245	.428	.819
Outline my priorities.	48.1875	49.172	.367	.824
Think about how I have solved similar problems.	47.5172	50.255	.372	.822
Determine a course of action and follow it.	47.4526	48.266	.516	.813
Work to understand the situation.	47.4720	49.770	.370	.823
Take corrective action immediately.	47.7414	48.836	.451	.818
Think about the event and learn from my mistake.	47.2716	48.172	.510	.814
Adjust my priorities.	47.8815	49.552	.407	.820
Get control of the situation.	47.7716	48.743	.483	.815

Make an extra effort to get things done.	47.2435	48.012	.592	.809
Come up with several different solutions to the problem.	47.3879	48.998	.474	.816
Use the situation to prove that I can do it.	47.8341	48.536	.451	.818
Try to be organized so I can be on top of the situation.	47.7414	47.777	.563	.810

Reliability analysis – Scale (Emotion focused coping)

Case Processing Summary

		N	%
Cases	Valid	484	94.9
	Excluded ^a	26	5.1
	Total	510	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.844	12

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Blame myself for putting things off.	31.4959	51.124	.492	.833

Preoccupied with aches and pains.	31.7810	51.952	.418	.839
Blame myself for having gotten in to this situation.	31.6550	49.837	.568	.828
Feel anxious about not being able to cope.	31.6405	49.655	.600	.825
Become very tense.	31.7066	48.738	.641	.822
Blame myself for being too emotional about the situation.	31.7831	50.108	.534	.830
Become very upset.	31.7872	50.963	.555	.829
Blame myself for not knowing what to do.	31.9256	49.941	.548	.829
"Freeze" and don't know what to do.	31.9938	50.321	.526	.831
Worry about what I am going to do.	31.5640	51.559	.506	.832
Get angry.	31.7376	52.906	.351	.844
Take it out on other people.	32.2479	52.663	.382	.841

Reliability analysis – Scale (Avoidance focused coping)

Case Processing Summary

		N	%
Cases	Valid	489	95.9
	Excluded ^a	21	4.1
	Total	510	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.795	13

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
Think about the good times I've had.	40.8303	54.809	.446	.774
Try to be with other people.	41.2372	54.509	.408	.777
Window shop.	41.6115	53.836	.508	.769
Treat myself to a favorite food or snack.	40.7710	54.472	.443	.774
Go out for a snack or meal.	41.0736	52.773	.522	.767
Buy myself something.	41.0920	53.891	.508	.769
Go to a party.	42.1002	54.648	.443	.774
Visit a friend.	41.6380	54.678	.468	.772
Spend time with special person.	40.6789	54.714	.451	.774
Go for a walk.	41.3517	56.454	.308	.786
Talk to someone whose advice I value.	40.8466	56.692	.303	.786
Phone a friend.	41.5112	54.041	.453	.773
Watch TV.	41.3722	56.279	.271	.790

Reliability analysis – Scale (Depression)

Case Processing Summary

	N	%
Cases Valid	505	99.0
Excluded ^a	5	1.0
Total	510	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.837	7

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
I couldn't seem to experience any positive feeling at all.	5.8337	14.254	.567	.818
I felt that I had nothing to look forward to.	5.8832	13.675	.634	.807
I felt I wasn't worth much as a person.	5.7366	13.853	.585	.815
I felt downhearted and blue.	5.4931	13.739	.643	.806
I was unable to become enthusiastic about anything.	5.8475	14.098	.541	.822
I felt that life was meaningless.	6.2139	13.914	.703	.799
I found it difficult to work up the initiative to do things.	5.5663	14.714	.461	.834

Reliability analysis – Scale (Anxiety)

Case Processing Summary

	N	%
Cases Valid	504	98.8
Excluded ^a	6	1.2
Total	510	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.751	7

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
I was aware of dryness of my mouth.	5.6508	12.411	.349	.744
I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion).	5.8948	11.625	.466	.721
I felt scared without any good reason.	5.6905	10.592	.557	.699
I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).	5.7579	11.003	.471	.721
I felt I was close to panic.	6.0337	11.182	.528	.708
I was worried about situations in which I might panic and make a fool of myself.	5.3532	11.330	.465	.721
I experienced trembling (e.g., in the hands).	5.7381	11.450	.431	.729

Reliability analysis – Scale (Stress)

Case Processing Summary

	N	%
Cases Valid	506	99.2
Excluded ^a	4	.8
Total	510	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.795	7

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I tended to overreact to situations.	6.8518	12.598	.522	.769
I found it difficult to relax.	6.9486	11.601	.614	.751
I felt that I was using a lot of nervous energy.	6.4783	11.806	.579	.758
I felt that I was rather touchy.	6.7411	12.200	.485	.777
I found it hard to wind down.	6.9605	12.101	.593	.756
I was intolerant of anything that kept me from getting on with what I was doing.	6.7569	13.016	.388	.794
I found myself getting agitated.	7.0020	13.004	.506	.773

Reliability analysis – Scale (Life Satisfaction)

Case Processing Summary

	N	%
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Cases	Valid	505	99.0
	Excluded ^a	5	1.0
	Total	510	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.742	5

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
In most ways, my life is close to ideal.	16.8713	23.128	.614	.663
The conditions of my life are excellent.	16.6614	24.760	.468	.710
I am satisfied with my life.	16.6911	22.329	.604	.661
So far I have gained the important things I want in my life.	18.0970	23.401	.506	.696
If I could live my life over, I would change almost nothing.	17.9525	21.057	.410	.756

MEANS AND STANDARD DEVIATIONS

Frequencies

Statistics

	Problem focused coping	Emotion focused coping	Avoidance focused coping	Depression	Anxiety	Stress	Life Satisfaction
N Valid	464	484	489	505	504	506	505
Missing	46	26	21	5	6	4	5
Mean	3.3991	2.8888	3.1729	.9661	.9552	1.1366	4.3137
Median	3.4000	2.8333	3.2143	.8571	.8571	1.1429	4.4000
Std. Deviation	.49783	.64349	.56600	.61608	.55069	.57555	1.16039
Minimum	1.73	1.00	1.36	.00	.00	.00	1.00
Maximum	4.73	4.67	4.64	3.00	2.86	3.00	7.00

Frequency Table

Problem focused coping					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.73	1	.2	.2	.2
	1.93	2	.4	.4	.6
	2.07	2	.4	.4	1.1
	2.13	2	.4	.4	1.5
	2.27	1	.2	.2	1.7
	2.40	1	.2	.2	1.9
	2.47	7	1.4	1.5	3.4
	2.53	5	1.0	1.1	4.5
	2.60	7	1.4	1.5	6.0
	2.67	8	1.6	1.7	7.8
	2.73	15	2.9	3.2	11.0
	2.80	12	2.4	2.6	13.6
	2.87	8	1.6	1.7	15.3
	2.93	17	3.3	3.7	19.0
	3.00	14	2.7	3.0	22.0
	3.07	25	4.9	5.4	27.4
	3.13	19	3.7	4.1	31.5
	3.20	16	3.1	3.4	34.9
	3.27	23	4.5	5.0	39.9
3.33	26	5.1	5.6	45.5	

3.40	26	5.1	5.6	51.1
3.47	28	5.5	6.0	57.1
3.53	30	5.9	6.5	63.6
3.60	23	4.5	5.0	68.5
3.67	24	4.7	5.2	73.7
3.73	18	3.5	3.9	77.6
3.80	25	4.9	5.4	83.0
3.87	13	2.5	2.8	85.8
3.93	11	2.2	2.4	88.1
4.00	10	2.0	2.2	90.3
4.07	13	2.5	2.8	93.1
4.13	6	1.2	1.3	94.4
4.20	6	1.2	1.3	95.7
4.27	3	.6	.6	96.3
4.33	3	.6	.6	97.0
4.40	3	.6	.6	97.6
4.47	2	.4	.4	98.1
4.53	2	.4	.4	98.5
4.60	3	.6	.6	99.1
4.67	2	.4	.4	99.6
4.73	2	.4	.4	100.0
Total	464	91.0	100.0	
Missing System	46	9.0		
Total	510	100.0		

Emotion focused coping

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	.2	.2	.2
	1.17	1	.2	.2	.4
	1.25	1	.2	.2	.6
	1.33	3	.6	.6	1.2
	1.42	1	.2	.2	1.4
	1.50	4	.8	.8	2.3
	1.58	2	.4	.4	2.7

1.67	4	.8	.8	3.5
1.75	6	1.2	1.2	4.8
1.83	7	1.4	1.4	6.2
1.92	4	.8	.8	7.0
2.00	13	2.5	2.7	9.7
2.08	13	2.5	2.7	12.4
2.17	13	2.5	2.7	15.1
2.25	8	1.6	1.7	16.7
2.33	19	3.7	3.9	20.7
2.42	19	3.7	3.9	24.6
2.50	16	3.1	3.3	27.9
2.58	23	4.5	4.8	32.6
2.67	26	5.1	5.4	38.0
2.75	29	5.7	6.0	44.0
2.83	33	6.5	6.8	50.8
2.92	15	2.9	3.1	53.9
3.00	28	5.5	5.8	59.7
3.08	23	4.5	4.8	64.5
3.17	25	4.9	5.2	69.6
3.25	21	4.1	4.3	74.0
3.33	16	3.1	3.3	77.3
3.42	23	4.5	4.8	82.0
3.50	15	2.9	3.1	85.1
3.58	14	2.7	2.9	88.0
3.67	8	1.6	1.7	89.7
3.75	10	2.0	2.1	91.7
3.83	7	1.4	1.4	93.2
3.92	7	1.4	1.4	94.6
4.00	5	1.0	1.0	95.7
4.08	8	1.6	1.7	97.3
4.17	4	.8	.8	98.1
4.25	2	.4	.4	98.6
4.33	2	.4	.4	99.0
4.50	3	.6	.6	99.6
4.58	1	.2	.2	99.8
4.67	1	.2	.2	100.0

Total	484	94.9	100.0
Missing System	26	5.1	
Total	510	100.0	

Avoidance focused coping

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.36	1	.2	.2	.2
1.64	1	.2	.2	.4
1.79	1	.2	.2	.6
1.86	1	.2	.2	.8
1.93	2	.4	.4	1.2
2.00	7	1.4	1.4	2.7
2.07	5	1.0	1.0	3.7
2.14	7	1.4	1.4	5.1
2.21	5	1.0	1.0	6.1
2.29	3	.6	.6	6.7
2.36	12	2.4	2.5	9.2
2.43	10	2.0	2.0	11.2
2.50	16	3.1	3.3	14.5
2.57	16	3.1	3.3	17.8
2.64	11	2.2	2.2	20.0
2.71	14	2.7	2.9	22.9
2.79	17	3.3	3.5	26.4
2.86	17	3.3	3.5	29.9
2.93	20	3.9	4.1	33.9
3.00	21	4.1	4.3	38.2
3.07	20	3.9	4.1	42.3
3.14	26	5.1	5.3	47.6
3.21	30	5.9	6.1	53.8
3.29	26	5.1	5.3	59.1
3.36	29	5.7	5.9	65.0
3.43	25	4.9	5.1	70.1
3.50	19	3.7	3.9	74.0
3.57	25	4.9	5.1	79.1

3.64	16	3.1	3.3	82.4
3.71	10	2.0	2.0	84.5
3.79	14	2.7	2.9	87.3
3.86	12	2.4	2.5	89.8
3.93	12	2.4	2.5	92.2
4.00	9	1.8	1.8	94.1
4.07	3	.6	.6	94.7
4.14	9	1.8	1.8	96.5
4.21	5	1.0	1.0	97.5
4.29	4	.8	.8	98.4
4.36	1	.2	.2	98.6
4.43	2	.4	.4	99.0
4.50	2	.4	.4	99.4
4.57	1	.2	.2	99.6
4.64	2	.4	.4	100.0
Total	489	95.9	100.0	
Missing System	21	4.1		
Total	510	100.0		

Depression				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid .00	15	2.9	3.0	3.0
.14	26	5.1	5.1	8.1
.29	41	8.0	8.1	16.2
.43	49	9.6	9.7	25.9
.57	46	9.0	9.1	35.0
.71	53	10.4	10.5	45.5
.86	42	8.2	8.3	53.9
1.00	41	8.0	8.1	62.0
1.14	36	7.1	7.1	69.1
1.29	27	5.3	5.3	74.5
1.43	28	5.5	5.5	80.0
1.57	27	5.3	5.3	85.3
1.71	19	3.7	3.8	89.1

	1.86	14	2.7	2.8	91.9
	2.00	13	2.5	2.6	94.5
	2.14	7	1.4	1.4	95.8
	2.29	8	1.6	1.6	97.4
	2.43	6	1.2	1.2	98.6
	2.57	2	.4	.4	99.0
	2.86	4	.8	.8	99.8
	3.00	1	.2	.2	100.0
	Total	505	99.0	100.0	
Missing	System	5	1.0		
Total		510	100.0		

Anxiety					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	10	2.0	2.0	2.0
	.14	27	5.3	5.4	7.3
	.29	32	6.3	6.3	13.7
	.43	49	9.6	9.7	23.4
	.57	53	10.4	10.5	33.9
	.71	37	7.3	7.3	41.3
	.86	50	9.8	9.9	51.2
	1.00	48	9.4	9.5	60.7
	1.14	47	9.2	9.3	70.0
	1.29	37	7.3	7.3	77.4
	1.43	32	6.3	6.3	83.7
	1.57	22	4.3	4.4	88.1
	1.71	21	4.1	4.2	92.3
	1.86	10	2.0	2.0	94.2
	2.00	7	1.4	1.4	95.6
	2.14	11	2.2	2.2	97.8
	2.29	7	1.4	1.4	99.2
	2.43	3	.6	.6	99.8
	2.86	1	.2	.2	100.0
	Total		504	98.8	100.0

Missing	System	6	1.2		
Total		510	100.0		

Stress					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	9	1.8	1.8	1.8
	.14	11	2.2	2.2	4.0
	.29	20	3.9	4.0	7.9
	.43	28	5.5	5.5	13.4
	.57	32	6.3	6.3	19.8
	.71	41	8.0	8.1	27.9
	.86	51	10.0	10.1	37.9
	1.00	53	10.4	10.5	48.4
	1.14	61	12.0	12.1	60.5
	1.29	39	7.6	7.7	68.2
	1.43	41	8.0	8.1	76.3
	1.57	25	4.9	4.9	81.2
	1.71	18	3.5	3.6	84.8
	1.86	22	4.3	4.3	89.1
	2.00	19	3.7	3.8	92.9
	2.14	9	1.8	1.8	94.7
	2.29	14	2.7	2.8	97.4
	2.43	8	1.6	1.6	99.0
	2.57	3	.6	.6	99.6
	2.71	1	.2	.2	99.8
	3.00	1	.2	.2	100.0
	Total	506	99.2	100.0	
Missing	System	4	.8		
Total		510	100.0		

Life Satisfaction				
	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	1.00	1	.2	.2	.2
	1.60	3	.6	.6	.8
	1.80	5	1.0	1.0	1.8
	2.00	10	2.0	2.0	3.8
	2.20	7	1.4	1.4	5.1
	2.40	6	1.2	1.2	6.3
	2.60	16	3.1	3.2	9.5
	2.80	17	3.3	3.4	12.9
	3.00	11	2.2	2.2	15.0
	3.20	19	3.7	3.8	18.8
	3.40	33	6.5	6.5	25.3
	3.60	28	5.5	5.5	30.9
	3.80	24	4.7	4.8	35.6
	4.00	32	6.3	6.3	42.0
	4.20	32	6.3	6.3	48.3
	4.40	39	7.6	7.7	56.0
	4.60	27	5.3	5.3	61.4
	4.80	38	7.5	7.5	68.9
	5.00	21	4.1	4.2	73.1
	5.20	27	5.3	5.3	78.4
	5.40	23	4.5	4.6	83.0
	5.60	19	3.7	3.8	86.7
	5.80	21	4.1	4.2	90.9
	6.00	20	3.9	4.0	94.9
	6.20	9	1.8	1.8	96.6
	6.40	7	1.4	1.4	98.0
	6.60	4	.8	.8	98.8
	6.80	4	.8	.8	99.6
	7.00	2	.4	.4	100.0
	Total	505	99.0	100.0	
Missing	System	5	1.0		
Total		510	100.0		

Gender Difference

T-Test

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Problem focused coping	Male	119	3.4045	.54891	.05032
	Female	345	3.3973	.47979	.02583
Emotion focused coping	Male	118	2.7126	.65920	.06068
	Female	366	2.9456	.62879	.03287
Avoidance focused coping	Male	121	3.0372	.54695	.04972
	Female	368	3.2176	.56576	.02949
Depression	Male	128	.9397	.59717	.05278
	Female	377	.9750	.62289	.03208
Anxiety	Male	128	.9252	.59105	.05224
	Female	376	.9654	.53671	.02768
Stress	Male	129	1.0753	.63086	.05554
	Female	377	1.1576	.55470	.02857
Life Satisfaction	Male	130	4.2954	1.16012	.10175
	Female	375	4.3200	1.16196	.06000

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Problem focused coping	Equal variances assumed	4.049	.045	.136	462	.892	.00719	.05298	-.09693	.11130
	Equal variances not assumed			.127	184.005	.899	.00719	.05656	-.10440	.11878

Emotion focused coping	Equal variances assumed	.102	.750	3.459	482	.001	-.23301	.06736	-.36537	-.10066
	Equal variances not assumed			3.376	190.457	.001	-.23301	.06901	-.36914	-.09688
Avoidance focused coping	Equal variances assumed	.029	.864	3.067	487	.002	-.18040	.05881	-.29595	-.06484
	Equal variances not assumed			3.120	210.756	.002	-.18040	.05781	-.29436	-.06643
Depression	Equal variances assumed	.147	.702	-.559	503	.576	-.03526	.06307	-.15917	.08865
	Equal variances not assumed			-.571	227.664	.569	-.03526	.06177	-.15697	.08645
Anxiety	Equal variances assumed	4.470	.035	-.713	502	.476	-.04020	.05638	-.15098	.07057
	Equal variances not assumed			-.680	202.892	.497	-.04020	.05912	-.15677	.07637
Stress	Equal variances assumed	3.504	.062	1.404	504	.161	-.08233	.05865	-.19756	.03290
	Equal variances not assumed			1.318	199.919	.189	-.08233	.06246	-.20550	.04083
Life Satisfaction	Equal variances assumed	.018	.893	-.208	503	.835	-.02462	.11822	-.25687	.20764
	Equal variances not assumed			-.208	224.943	.835	-.02462	.11812	-.25739	.20816

Regression

Dependent Variable: Life Satisfaction

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Emotion focused coping		Forward (Criterion: Probability-of-F-to-enter <= .050)
2	Problem focused coping		Forward (Criterion: Probability-of-F-to-enter <= .050)
3	Avoidance focused coping		Forward (Criterion: Probability-of-F-to-enter <= .050)

a. Dependent Variable: Life Satisfaction

Model Summary^d

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.358 ^a	.128	.126	1.05964	.128	62.136	1	422	.000	
2	.410 ^b	.168	.164	1.03628	.040	20.236	1	421	.000	
3	.431 ^c	.185	.180	1.02675	.017	8.850	1	420	.003	1.965

a. Predictors: (Constant), Emotion focused coping

b. Predictors: (Constant), Emotion focused coping, Problem focused coping

c. Predictors: (Constant), Emotion focused coping, Problem focused coping, Avoidance focused coping

d. Dependent Variable: Life Satisfaction

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	69.768	1	69.768	62.136	.000 ^b
	Residual	473.834	422	1.123		

	Total	543.601	423			
2	Regression	91.499	2	45.749	42.602	.000 ^c
	Residual	452.103	421	1.074		
	Total	543.601	423			
3	Regression	100.828	3	33.609	31.881	.000 ^d
	Residual	442.773	420	1.054		
	Total	543.601	423			

a. Dependent Variable: Life Satisfaction

b. Predictors: (Constant), Emotion focused coping

c. Predictors: (Constant), Emotion focused coping, Problem focused coping

d. Predictors: (Constant), Emotion focused coping, Problem focused coping, Avoidance focused coping

Coefficients ^a									
Model		Unstandardized Coefficients		Standardized Coefficients		95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound	Tolerance VIF
1	(Constant)	6.153	.237		25.979	.000	5.688	6.619	
	Emotion focused coping	-.629	.080	-.358	-7.883	.000	-.786	-.472	1.000 1.000
2	(Constant)	4.551	.425		10.710	.000	3.716	5.386	
	Emotion focused coping	-.616	.078	-.350	-7.879	.000	-.769	-.462	.998 1.002
	Problem focused coping	.459	.102	.200	4.498	.000	.259	.660	.998 1.002
3	(Constant)	4.068	.451		9.019	.000	3.182	4.955	
	Emotion focused coping	-.637	.078	-.363	-8.192	.000	-.790	-.484	.990 1.010
	Problem focused coping	.358	.107	.156	3.354	.001	.148	.568	.897 1.115
	Avoidance focused coping	.280	.094	.139	2.975	.003	.095	.465	.893 1.120

a. Dependent Variable: Life Satisfaction

Excluded Variables^a

		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics		
						Tolerance	VIF	Minimum Tolerance
1	Problem focused coping	.200 ^b	4.498	.000	.214	.998	1.002	.998
	Avoidance focused coping	.188 ^b	4.217	.000	.201	.994	1.006	.994
2	Avoidance focused coping	.139 ^c	2.975	.003	.144	.893	1.120	.893

a. Dependent Variable: Life Satisfaction

b. Predictors in the Model: (Constant), Emotion focused coping

c. Predictors in the Model: (Constant), Emotion focused coping, Problem focused coping

Dependent Variable: Depression

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Emotion focused coping		Forward (Criterion: Probability-of-F-to-enter <= .050)
2	Problem focused coping		Forward (Criterion: Probability-of-F-to-enter <= .050)
3	Avoidance focused coping		Forward (Criterion: Probability-of-F-to-enter <= .050)

a. Dependent Variable: Depression

Model Summary^d

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.495 ^a	.245	.244	.52843	.245	137.860	1	424	.000	
2	.573 ^b	.329	.325	.49900	.083	52.493	1	423	.000	

3	.589 ^c	.347	.342	.49278	.018	11.748	1	422	.001	2.006
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- a. Predictors: (Constant), Emotion focused coping
b. Predictors: (Constant), Emotion focused coping, Problem focused coping
c. Predictors: (Constant), Emotion focused coping, Problem focused coping, Avoidance focused coping
d. Dependent Variable: Depression

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	38.496	1	38.496	137.860	.000 ^b
	Residual	118.398	424	.279		
	Total	156.894	425			
2	Regression	51.567	2	25.783	103.548	.000 ^c
	Residual	105.327	423	.249		
	Total	156.894	425			
3	Regression	54.420	3	18.140	74.702	.000 ^d
	Residual	102.474	422	.243		
	Total	156.894	425			

- a. Dependent Variable: Depression
b. Predictors: (Constant), Emotion focused coping
c. Predictors: (Constant), Emotion focused coping, Problem focused coping
d. Predictors: (Constant), Emotion focused coping, Problem focused coping, Avoidance focused coping

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	-.386	.118		-3.267	.001	-.618	-.154		
	Emotion focused coping	.467	.040	.495	11.741	.000	.389	.546	1.000	1.000
2	(Constant)	.851	.204		4.174	.000	.450	1.252		
	Emotion focused coping	.456	.038	.484	12.132	.000	.382	.530	.998	1.002
	Problem focused coping	-.354	.049	-.289	-7.245	.000	-.450	-.258	.998	1.002

3	(Constant)	1.113	.215		5.167	.000	.690	1.536		
	Emotion focused coping	.468	.037	.496	12.543	.000	.395	.541	.990	1.010
	Problem focused coping	-.297	.051	-.242	-5.813	.000	-.397	-.196	.892	1.121
	Avoidance focused coping	-.154	.045	-.143	-3.428	.001	-.243	-.066	.889	1.125

a. Dependent Variable: Depression

Excluded Variables^a

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics		
						Tolerance	VIF	Minimum Tolerance
1	Problem focused coping	-.289 ^b	-7.245	.000	-.332	.998	1.002	.998
	Avoidance focused coping	-.222 ^b	-5.431	.000	-.255	.995	1.005	.995
2	Avoidance focused coping	-.143 ^c	-3.428	.001	-.165	.889	1.125	.889

a. Dependent Variable: Depression

b. Predictors in the Model: (Constant), Emotion focused coping

c. Predictors in the Model: (Constant), Emotion focused coping, Problem focused coping

Dependent Variable: Anxiety

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Emotion focused coping		Forward (Criterion: Probability-of-F-to-enter <= .050)
2	Problem focused coping		Forward (Criterion: Probability-of-F-to-enter <= .050)

a. Dependent Variable: Anxiety

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.474 ^a	.225	.223	.47501	.225	122.428	1	422	.000	
2	.493 ^b	.243	.240	.46993	.018	10.181	1	421	.002	1.942

a. Predictors: (Constant), Emotion focused coping

b. Predictors: (Constant), Emotion focused coping, Problem focused coping

c. Dependent Variable: Anxiety

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	27.624	1	27.624	122.428	.000 ^b
	Residual	95.219	422	.226		
	Total	122.843	423			
2	Regression	29.873	2	14.936	67.636	.000 ^c
	Residual	92.971	421	.221		
	Total	122.843	423			

a. Dependent Variable: Anxiety

b. Predictors: (Constant), Emotion focused coping

c. Predictors: (Constant), Emotion focused coping, Problem focused coping

Coefficients^a

		Unstandardized		Standardized			95.0% Confidence		Collinearity	
		Coefficients		Coefficients			Interval for B		Statistics	
			Std.				Lower	Upper		
Model		B	Error	Beta	t	Sig.	Bound	Bound	Tolerance	VIF
1	(Constant)	-.191	.106		-1.797	.073	-.401	.018		
	Emotion focused coping	.397	.036	.474	11.065	.000	.327	.468	1.000	1.000
2	(Constant)	.321	.192		1.673	.095	-.056	.699		

Emotion focused coping	.393	.036	.469	11.054	.000	.323	.463	.999	1.001
Problem focused coping	-.147	.046	-.135	-3.191	.002	-.237	-.056	.999	1.001

a. Dependent Variable: Anxiety

Excluded Variables^a

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics		
						Tolerance	VIF	Minimum Tolerance
1	Problem focused coping	-.135 ^b	-3.191	.002	-.154	.999	1.001	.999
	Avoidance focused coping	-.073 ^b	-1.708	.088	-.083	.995	1.005	.995
2	Avoidance focused coping	-.033 ^c	-.726	.468	-.035	.890	1.124	.890

a. Dependent Variable: Anxiety

b. Predictors in the Model: (Constant), Emotion focused coping

c. Predictors in the Model: (Constant), Emotion focused coping, Problem focused coping

Dependent Variable: Stress

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Emotion focused coping		Forward (Criterion: Probability-of-F-to-enter <= .050)
2	Problem focused coping		Forward (Criterion: Probability-of-F-to-enter <= .050)

a. Dependent Variable: Stress

Model Summary^c

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.561 ^a	.315	.313	.47034	.315	194.951	1	424	.000	
2	.573 ^b	.328	.325	.46624	.013	8.495	1	423	.004	1.970

a. Predictors: (Constant), Emotion focused coping

b. Predictors: (Constant), Emotion focused coping, Problem focused coping

c. Dependent Variable: Stress

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	43.127	1	43.127	194.951	.000 ^b
	Residual	93.797	424	.221		
	Total	136.923	425			
2	Regression	44.973	2	22.487	103.446	.000 ^c
	Residual	91.950	423	.217		
	Total	136.923	425			

a. Dependent Variable: Stress

b. Predictors: (Constant), Emotion focused coping

c. Predictors: (Constant), Emotion focused coping, Problem focused coping

Coefficients^a

		Unstandardized Coefficients		Standardized Coefficients	969	95.0% Confidence Interval for B		Collinearity Statistics		
		B	Std. Error	Beta		t	Sig.	Lower Bound	Upper Bound	Tolerance
1	(Constant)	-.284	.105		-2.704	.007	-.491	-.078		
	Emotion focused coping	.495	.035	.561	13.962	.000	.425	.564	1.000	1.000
2	(Constant)	.180	.190		.946	.345	-.194	.555		
	Emotion focused coping	.491	.035	.557	13.956	.000	.421	.560	.998	1.002
	Problem focused coping	-.133	.046	-.116	-2.915	.004	-.223	-.043	.998	1.002

a. Dependent Variable: Stress

Excluded Variables^a

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics		
						Tolerance	VIF	Minimum Tolerance
1	Problem focused coping	-.116 ^b	-2.915	.004	-.140	.998	1.002	.998
	Avoidance focused coping	-.072 ^b	-1.786	.075	-.086	.995	1.005	.995
2	Avoidance focused coping	-.037 ^c	-.882	.378	-.043	.886	1.129	.886

a. Dependent Variable: Stress

b. Predictors in the Model: (Constant), Emotion focused coping

c. Predictors in the Model: (Constant), Emotion focused coping, Problem focused coping

Dependent Variable: Life Satisfaction & Independent variable: Depression, Anxiety, Stress

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Depression		Forward (Criterion: Probability-of-F- to-enter <= .050)

a. Dependent Variable: Life Satisfaction

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.423 ^a	.179	.178	1.05834	.179	107.014	1	490	.000	1.911

a. Predictors: (Constant), Depression

b. Dependent Variable: Life Satisfaction

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	119.866	1	119.866	107.014	.000 ^b
	Residual	548.844	490	1.120		
	Total	668.710	491			

a. Dependent Variable: Life Satisfaction

b. Predictors: (Constant), Depression

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	5.087	.088		57.501	.000	4.913	5.261		
	Depression	-.798	.077	-.423	-10.345	.000	-.950	-.647	1.000	1.000

a. Dependent Variable: Life Satisfaction

Excluded Variables^a

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics		
						Tolerance	VIF	Minimum Tolerance
1	Anxiety	.039 ^b	.747	.455	.034	.624	1.603	.624
	Stress	-.020 ^b	-.350	.726	-.016	.536	1.864	.536

a. Dependent Variable: Life Satisfaction

b. Predictors in the Model: (Constant), Depression

Dependent Variable: Life satisfaction & Independent variable: Problem-focused coping, Emotion-focused coping, Avoidance-focused coping, and Depression

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Depression		Forward (Criterion: Probability-of-F- to-enter <= .050)
2	Emotion focused coping		Forward (Criterion: Probability-of-F- to-enter <= .050)
3	Avoidance focused coping		Forward (Criterion: Probability-of-F- to-enter <= .050)

a. Dependent Variable: Life Satisfaction

Model Summary^d

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.435 ^a	.189	.187	1.02133	.189	97.856	1	419	.000	
2	.466 ^b	.217	.213	1.00508	.027	14.656	1	418	.000	
3	.480 ^c	.231	.225	.99725	.014	7.585	1	417	.006	1.927

a. Predictors: (Constant), Depression

b. Predictors: (Constant), Depression, Emotion focused coping

c. Predictors: (Constant), Depression, Emotion focused coping, Avoidance focused coping

d. Dependent Variable: Life Satisfaction

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	102.075	1	102.075	97.856	.000 ^b
	Residual	437.062	419	1.043		
	Total	539.137	420			
2	Regression	116.880	2	58.440	57.851	.000 ^c
	Residual	422.257	418	1.010		

	Total	539.137	420			
3	Regression	124.424	3	41.475	41.703	.000 ^a
	Residual	414.714	417	.995		
	Total	539.137	420			

a. Dependent Variable: Life Satisfaction

b. Predictors: (Constant), Depression

c. Predictors: (Constant), Depression, Emotion focused coping

d. Predictors: (Constant), Depression, Emotion focused coping, Avoidance focused coping

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	5.112	.093		54.842	.000	4.928	5.295		
	Depression	-.808	.082	-.435	-9.892	.000	-.969	-.647	1.000	1.000
2	(Constant)	5.909	.228		25.962	.000	5.462	6.356		
	Depression	-.632	.093	-.341	-6.831	.000	-.814	-.450	.754	1.326
	Emotion focused coping	-.334	.087	-.191	-3.828	.000	-.505	-.162	.754	1.326
3	(Constant)	5.196	.343		15.130	.000	4.521	5.872		
	Depression	-.564	.095	-.304	-5.934	.000	-.751	-.377	.703	1.422
	Emotion focused coping	-.382	.088	-.218	-4.325	.000	-.555	-.208	.725	1.379
	Avoidance focused coping	.247	.090	.123	2.754	.006	.071	.424	.927	1.078

a. Dependent Variable: Life Satisfaction

Excluded Variables^a

Model		Beta In	t	Sig.	Partial Correlation	Collinearity Statistics		
						Tolerance	VIF	Minimum Tolerance
1	Problem focused coping	.091 ^b	1.978	.049	.096	.903	1.108	.903
	Emotion focused coping	-.191 ^b	-3.828	.000	-.184	.754	1.326	.754

	Avoidance focused coping	.085 ^b	1.901	.058	.093	.965	1.037	.965
2	Problem focused coping	.118 ^c	2.587	.010	.126	.885	1.130	.668
	Avoidance focused coping	.123 ^c	2.754	.006	.134	.927	1.078	.703
3	Problem focused coping	.092 ^d	1.961	.051	.096	.828	1.208	.649

a. Dependent Variable: Life Satisfaction

b. Predictors in the Model: (Constant), Depression

c. Predictors in the Model: (Constant), Depression, Emotion focused coping

d. Predictors in the Model: (Constant), Depression, Emotion focused coping, Avoidance focused coping



