

Coping Strategies in the Management of Traumatic Events and Cognitive and Emotional Processing from Disclosure

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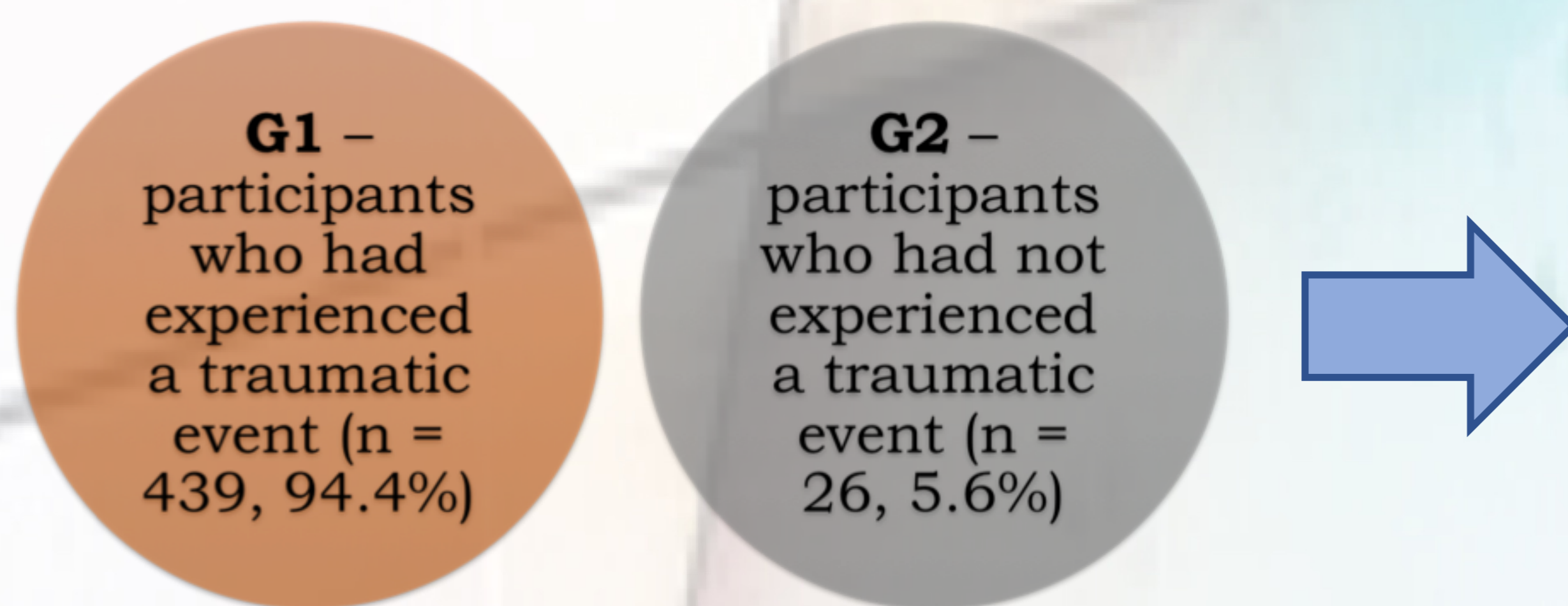
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Introduction

Coping is conceived as the set of strategies people use to adapt to adverse circumstances. Some authors propose a model that divides coping into two functional categories: problem-focused coping and emotion-focused coping [1]. The **Cognitive and Emotional Processing from Disclosure** aims to understand how to think about certain life events has implications for coping and psychosocial adjustment to the traumatic experiences [2]. The main objective of this study is to evaluate the coping strategies and the cognitive and emotional processing most used by individuals who have experienced **traumatic events**.

Materials and Methods

- This study comprised 465 Portuguese adults ($M = 31.04$, $SD = 13.87$).
- The sample was divided in two groups:



The participants responded online to the sociodemographic questionnaire, the Cognitive and Emotional Processing from Disclosure [2] and the Brief-COPE [3]. The study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki.

The majority of the participants were female ($n = 323$, 69.5%), with ages between 18 and 21 years (43.6%). With regard to qualifications, the 12th year predominates ($n = 262$, 59.8%).

Results

Of the total sample, **439** individuals reported to have experienced some kind of trauma in their lives.

The results of **one way ANOVA** showed significant differences between groups in what regards the following coping strategies: Planning [$F(1,464) = 6.48$, $p = .011$]; Positive Reframing [$F(1,464) = 5.10$, $p = .024$]; Acceptance [$F(1,464) = 7.99$, $p = .005$]; Behavioral Disengagement [$F(1,464) = 5.41$, $p = .020$] and Substance Use [$F(1,464) = 6.16$, $p = .013$]. G1 ($n = 439$) presented higher averages in all of these coping strategies mentioned above.

From the G1, we compared the coping strategies in relation to the different types of trauma and we obtained the following results:

- People who suffered a **Severe illness of one's own** presented higher **Cognitive processing** ($M = 2.81$, $SD = 1.17$), [$F(1,437) = 5.74$, $p = .017$]; **Active coping** ($M = 1.96$, $SD = .69$), [$F(1,437) = 7.12$, $p = .008$]; and **Religion** ($M = 1.21$, $SD = .98$), [$F(1,437) = 8.64$, $p = .003$].
- Participants who suffered from an **Autoimmune disease** showed higher **Using emotional support** ($M = 2.04$, $SD = .99$), [$F(1,437) = 5.72$, $p = .017$].
- Individuals who made an **Voluntary interruption of pregnancy** presented higher **Emotional processing** ($M = 3.07$, $SD = 1.29$), [$F(1,437) = 6.42$, $p = .012$]; **Cognitive processing** ($M = 2.89$, $SD = 1.26$), [$F(1,437) = 5.32$, $p = .022$] and **Venting** ($M = 1.55$, $SD = .76$), [$F(1,437) = 4.68$, $p = .031$].
- People who suffered **Persecution referred** higher **Self-blame** ($M = 1.56$, $SD = .77$), [$F(1,437) = 11.11$, $p = .001$]; **Venting** ($M = 1.60$, $SD = .91$), [$F(1,437) = 5.89$, $p = .016$]; **Substance use** ($M = .54$, $SD = .84$), [$F(1,437) = 9.22$, $p = .003$] and **Denial** ($M = 1.00$, $SD = .79$), [$F(1,437) = 8.24$, $p = .004$].
- People who experienced **Divorce** identified higher **Positive Reframing** ($M = 1.92$, $SD = .84$), [$F(1,437) = 5.57$, $p = .019$] and **Self-Distraction** ($M = 1.32$, $SD = .73$), [$F(1,437) = 5.14$, $p = .024$].
- Participants who experienced **Aggression** presented higher **Self-blame** ($M = 1.48$, $SD = .93$), [$F(1,437) = 8.52$, $p = .004$]; **Acceptance** ($M = 1.60$, $SD = .85$), [$F(1,437) = 4.15$, $p = .042$]; **Self-distraction** ($M = 1.96$, $SD = .87$), [$F(1,437) = 8.99$, $p = .003$]; and **Substance use** ($M = .51$, $SD = .84$), [$F(1,437) = 8.60$, $p = .004$].
- Individuals who faced a **Crime of robbery or burglary** showed higher **Self-blame** ($M = 1.40$, $SD = .87$), [$F(1,437) = 12.36$, $p = .000$]; **Venting** ($M = 1.46$, $SD = .84$), [$F(1,437) = 5.12$, $p = .024$]; and **Behavioral Disengagement** ($M = .69$, $SD = .84$), [$F(1,437) = 4.41$, $p = .036$].
- People who experienced **Severe illness of a close person** identified higher **Active Coping** ($M = 1.81$, $SD = .78$), [$F(1,437) = 8.63$, $p = .003$]; **Planning** ($M = 1.91$, $SD = .75$), [$F(1,437) = 12.28$, $p = .001$]; **Religion** ($M = 1.00$, $SD = .98$), [$F(1,437) = 8.10$, $p = .005$] and **Acceptance** ($M = 1.89$, $SD = .65$), [$F(1,437) = 4.04$, $p = .045$].
- Participants who suffered a **Natural disaster** presented higher **Self-Distraction** ($M = 2.06$, $SD = .83$), [$F(1,437) = 5.37$, $p = .021$].
- People who suffered an **Accident** showed higher **Emotional processing** ($M = 2.17$, $SD = 1.42$), [$F(1,437) = 4.69$, $p = .031$]; **Religion** ($M = .62$, $SD = .86$), [$F(1,437) = 4.44$, $p = .036$] and **Self-distraction** ($M = 1.35$, $SD = .90$), [$F(1,437) = 4.62$, $p = .032$].
- Individuals who suffered **Another type of traumatic experience**, identified higher **Active coping** ($M = 1.38$, $SD = .78$), [$F(1,437) = 7.63$, $p = .006$].

Discussion and Conclusions

The coping strategies most used by the participants were Planning, Acceptance, Substance use and the Behavioral disengagement.

We verified statistically significant differences between the different coping strategies in the different types of trauma.

Coping strategies are important so that individuals can develop skills to manage traumatic experience effectively [4].

Further studies with a larger and similar sample on both groups are recommended.

References

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