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**COPING STRATEGIES AMONG PAKISTANI ELDERLY:  
COPING IN EVERYDAY LIFE AND IN STRESSFUL  
CONDITIONS**

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**Abstract**

The purpose of this cross-sectional study was to probe into the coping strategies adopted by the elderly residing in community in the everyday life and stressful conditions. Interview schedule was used as the tool of data collection. Equal representation was given to elderly male and female in sample of 624 elderly aged 60+ using multi stage sampling technique. The results show that majority of the respondents used company of age fellows, household duties, and prayer as coping strategies to deal with the routine life disengagement. In case of illness, loss of roles and status, stress, misbehaviour of family and in problematic situation, majority of the respondents reported the involvement in emotional coping like aggressive behaviour, isolation, depressed feeling, restricted family interaction, seeking social support and remaining silent to compromise the situation, while a small fraction adopted problem solving coping. Moreover, the finding of study revealed that female elderly are using more emotional coping than male elderly; they are more prone to the spiritual coping (recitation of Holly Quran, offer prayers) to seek social support.

**Keywords:** Coping strategies; Elderly; Emotional coping; Problem solving coping; Everyday life; Stressful conditions; Gender difference

## Introduction

Aging is linked with dominant traumatic life changes and challenges. Psychological and physical losses may daunt older adults to active participation in daily life activities. Elderly in later life face stressful life situations, loss of close ones, retirement, living with lower income status, deterioration in physical and mental capacity (Boardman 2004; Pearlin, Schieman, Fazio, & Meersman 2005; Zastrow and Kirst-Ashman 2012). These emotional and behavioural difficulties may pave the way to the disturbance of mental health of elderly. Due to these obstacles, many older adults adapt various coping mechanisms/strategies to face the changes in their lives.

“Coping means contending with or attempting to overcome difficulties. Overtime, we develop various skills of thought and behavior i.e. coping skills, that we use to grapple with problems we encounter in everyday life” (Atchley & Barusch, 2004, p. 163). “Constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141), “coping styles are the specific ways individuals respond to stressful circumstances” (Murberg & Bru, 2001).

Coping has two dimensions, one is problem solving and second is emotion focused coping. In problem focused coping a person become autonomic and takes practical steps to deal with the problematic situation but in latter coping a person deals with negative effects of prevailing condition of stress or strain (Lazarus & Folkman, 1984). Therefore a person may demand for social support or apply denial as maladaptive way in routine life confrontation with problematic situation (Carver, Scheier, & Weintraub, 1989). Moreover, loss of roles of elderly activates stress and cause mental health problems like depression, anxiety which impedes coping (Cochran, brown, & McGregor, 1999).

While talking about the various coping styles, the research reveals heterogeneity of results. In classic coping studies problem focused coping is less occur among female than male (Ptacek, Smith, & Zanas, 1992; Simon, 1995; Vitaliano et al., 1990). Little research work has been conducted on the coping strategies used by elderly to deal with everyday life stressors and difficulties rather than most of studies deal with coping in case of illness (Kraaij et al. 2002; Lorenz, 2010). In recent studies, female exhibited more emotion focused coping styles such as crying, seeking assistance, dependency and getting anxious and depressed (Anshel, Sutarso, & Jubenville, 2009; Garnefski et al., 2003; Li et al., 2006). In a contemporary study, it was reported that the percentage of help seeking behaviour was more observed in female as compared to male (Daughtry & Paulk, 2006). Plethora of studies has reported that there are significant

gender difference existed in coping behaviour among elderly (Tamres, Janicki, and Helgeson, 2002).

Low socio-economic status, physical and functional changes causes deterioration that increases the intensity of older adults towards the emotional focused coping rather the problem solving coping (Cox, 2001; Fiscella, Franks, Gold & Clancy, 2000; Ren, Amick, & Willaim, 1999). In an elderly African Americans study, economic conditions were diagnosed as causative factors to lessen the resources for coping (smith, 1997; Bowles et al., 2000).

Disabled and chronic ill persons are used to internalize negative feelings of society which lower the self esteem. This increase in negative feeling can lead them towards forlornness (luborsky, 1994).

Martin and his research fellows (2001) found a significant association between coping strategies, education and religion among elderly. Similarly, the educated people were prone to have tendency regarding problem focused coping whereas the low literacy were used to pray as coping strategy. Education enables to cope with the stress through problem solving coping (Lazarus & Folkman, 1984).

## **Material and Methods**

In this quantitative study, face to face interviews were conducted from 624 households of community dwelling elderly in central Punjab, Pakistan. Descriptive analysis and chi-square were used for description and association of coping strategies. The six percent sample size was taken from the elderly population of central Punjab i.e. 2921280 according to the 1998 census of Pakistan. This sample were drawn from universe by using the formula  $N/1+N_e^2$  set by Taro Yamane (Yamane, 1967, p. 95). Equal representation were given to both male and female elderly by using Multistage sampling technique. Firstly, one forth districts were drawn randomly and secondly one tehsil was chosen randomly from each district. At third stage, tehsils were divided into urban and rural stratas and each strata was comprised of 250 household. At last, respondents were accessed by using convenience sampling to collect data.

Interview schedule was administered for data collection comprising four parts i.e. socio-economic profile, family behaviour, risk factors of mental health problems and coping strategies among elderly. Data were entered on SPSS-20 version. The Chi-square test was used to estimate the significance of different coping styles with various stressful conditions.

## Results

This study is purely designed to observe the role of gender in respondent's coping strategies/mechanism among elderly in routine matter life. From the four districts of central Punjab, Pakistan, 624 individuals participated in this study. In Pakistani culture the disengagement from the economic activities were pervasively observed. As the results of study indicated that almost one fourth of respondents were engaged in economic activities while other major fraction adopted disengagement. These elders adopted social support coping (company their friends) and religious coping (spiritual *Mehphils* and five time prayers) to manage their free time and live successful elderly life.

**Table 1. Gender Disparity in coping strategies of Disengagement for male and female**

Coping Mechanism/Strategies	Response	Frequency	Percentage
Coping mechanism of disengagement (Males)	Engaged in household activities	58	9.3
	Reading newspaper and watching TV	39	6.3
	Join the company of age group	90	14.4
	Attend the spiritual Mehphils and offer prayers	65	10.4
	Join any welfare organization	11	1.8
	1 and 4 options	30	4.8
	2 and 3 options	19	3
	Not applicable for females	312	50
	Coping mechanism of disengagement(Females)	Engaged in household activities/child caring	82
Reading newspaper and watching TV		53	8.5
Attend the functions, visits relatives and friends		25	4
Join any welfare organizations		12	1.9
Attend the spiritual Mehphils and say prayers		91	14.6
2 and 3 options		35	5.6
1 and 3 options		14	2.2
Not applicable		312	50

Table no. 1 shows that 14.4 percent (90) like to spend more time with their age fellows, 10.4 percent (65) and 9.3 percent (58) participated in spiritual *mehphils* and engaged in five time prayers. Whereas 6.2 percent (39) read newspapers & watch T.V, 1.8 percent (11) engaged in welfare activities. In case of multiple responses, few elderly simultaneously adopted religious

coping and watching T.V, reading news papers, engagement in household activities as coping mechanism.

The results of female coping mechanisms/strategies of disengagement, findings indicated that majority of female elderly i-e. 14.6 percent (91) were habitual to attend spiritual *mehfils* & offer prayers and rest of them i.e. 13.1 percent (82) were engaged in child rearing and house hold chores. 8.5 percent (53) would watch TV and read newspapers. 4.0percent (25) and 1.9 percent (12) were participated in family functions and attached with welfare organizations. While, 5.6 percent (35) were adopting dual coping, as reading, participation in family events and visited relatives. A difference was observed between the coping genders wise as plethora of female adopted 'Engagement in household chores' as coping strategies to manage their disengagement while males joined company of their age fellows.

**Table no: 2 Gender and Coping Strategies of Illness/Increased Physical Dependency**

Coping in Case of Illness and Increased Physical Dependency					
	Insist Treatment	Seek Social Support	Compromise the Situation	Try to Cope the Problem Personally	Total
Gende male	7.2% 45	15.3 % 96	12.33 % 77	15.06 % 94	312
r female	8 % 50	11.53 % 72	16.18 % 101	14.26 % 89	312
Total	95	168	178	183	624

Table no.2 reveals the difference of coping in case of illness and physical dependency gender wise. It shows that 7.2 percent males and 8 percent insisted for treatment. 15.3 percent males and 11.5 percent females seek for social support. 12.33 percent male elderly compromised with the situation and 16.18 percent had compromising attitude while 15.06 percent male and 14.26percent female elderly tried to cope the feeling of pain and distress in case of illness. It was concluded that females are more adaptive that males as they compromise with the situation but in other coping strategies no major difference was found.

**Table: 3 Gender and coping mechanism of Loss of Roles and Status**

Respondents' Coping in Loss of Roles and Status	Total
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	Demand for your participation in decision making	Become irritating and aggressive	Compromise the situation	Engage in other activities	Try to Cope With Problems		
Gender	male	6.25 % 39	5.92 % 37	16.34 % 102	3.84 % 24	17.62 % 110	312
r	female	4 % 25	8.97 % 56	14.90 % 93	6.41 % 40	15.70 % 98	312
Total		64	93	195	64	208	624

Table no. 3 shows the cross tabulation of gender and coping strategies in loss of roles and status. 6.25 percent male respondents making and 4 percent female elderly respondents demanded for participation in decision-making. 5.92 percent male and 8.97 percent female elderly expressed irritating behaviour on account of role and status loss. 16.34 percent male elderly and 14.90 percent female elderly compromised the situation. 3.84 percent male and 6.41 percent female respondents engaged themselves in other household activities as a coping strategy while 17.62 percent male and 15.70 percent female older persons adopted problem focused coping. It was concluded that male elderly are adopting problem solving strategies more than female ones.

**Table no. 4 Gender Wise difference in Coping Strategies in Stress**

Respondents' Reaction in Stress							
	Become Depressed	Become Emotional	Recite Holy Quran/Offer Prayers	Become Courageous and think about solution	Need the Family and Friends's Help	Total	
Gender	male	8.49 % 53	10.41 % 65	7 % 43	17.46 % 109	9.77 % 61	312
r	female	3.84 % 24	6.73 % 42	10.41 % 65	14.42 % 90	11.53 % 72	312
Total		77	107	108	199	133	624

Table no. 4 indicates the comparison of difference between the adoption of various strategies among elderly males and females in stress. 8.49 percent men and 3.84 percent women become depressed and 10.41 percent elderly men and 6.73 percent elderly women become emotional as a coping strategy to manage the stress. 7 percent male and 10.41 percent female

recited holly Quran and 17.46 percent male and 14.42 percent female respondents became courageous and used problem solving coping. Moreover, 9.77 percent male and 11.53 percent female respondents expressed their feelings regarding the need to seek social support by friends and family members. These findings revealed that female elderly are using emotional coping more than male elderly and are more prone to the spiritual coping (recitation of Holly Quran) than men.

**Table no. 5 Gender on Account of Family's Misbehaviour**

Respondents's Reaction on Account of Misbehavior of family						
	Compromise the Situation	Become depressed	Become Emotional	Become Isolated	Pray to God & seek family support	Total
Gende male	15.38 % 96	9.29 % 58	8.33 % 52	6.41 % 40	10.57 % 66	312
r female	14.42 % 90	6.41 % 40	9.13 % 57	5.92 % 37	14.10 % 88	312
Total	186	98	109	77	154	624

Table no. 5 represents the difference between elderly men and women on account of misbehaviour from the family. It shows that 15.38 percent male and 14.42 percent female elderly compromised the situation and as a result, 9.29 percent male and 6.41 percent female become depressed. Similarly, 8.33 percent male and 9.13 percent female elderly become emotional and 6.41 percent male and 5.92 percent used to go in isolation as a coping strategy. 10.57 percent male and 14.10 percent female elderly prayed to God and to seek social support. These results indicate that there is slight difference between coping strategies except spiritual coping and social support that is more prevalent among females rather than males.

**Table no. 6 Gender and Respondents' Coping on Account of Problematic Situation**

Respondents' Coping on Account of Problematic Situation					
	Internalize Negative Assessment	Inclination Withdraw	Become Autonomic	Total	
Gende male	17.14 % 107	15.38 % 96	17.46 % 109	312	
r female	18.42 % 115	14.42 % 90	17.14 % 107	312	

**Table no. 6 Gender and Respondents' Coping on Account of Problematic Situation**

		Respondents' Coping on Account of Problematic Situation			
		Internalize	Inclination	Become	Total
		Negative Assessment	Withdraw	Autonomic	
Gender	male	17.14 % 107	15.38 % 96	17.46 % 109	312
r	female	18.42 % 115	14.42 % 90	17.14 % 107	312
Total		222	186	216	624

Table no. 6 reveals the gender-wise difference of coping style in case of problematic situation. It indicates that 17.14 percent male elderly and 18.42 percent female elderly used internalised negative assessment as coping strategy and 15.38 percent male and 14.42 percent adopted inclination to withdraw. 17.46 percent male and 17.14 percent female elderly became autonomic as a problem focused coping in confrontation with problematic situations. It indicates that in coping to deal with problematic situation no difference was found between the coping styles of male and female elderly.

### Discussion

In Pakistani culture, elderly are habitual to adopt social support activities and religious activities as coping mechanism to deal with disengagement or free time in everyday life. These results are in line with Atchley's (1999) findings who reported positive relationship, positive attitude and spirituality as coping among elderly.

A remarkable difference was observed between the coping genders wise, as majority of female adopted 'Engagement in household chores' as coping strategies to manage their disengagement. While male adopted company of age fellows and spiritual coping as well. These results are in parallel with the previous studies (Atchley & Bausch, 2004; Daughtry & Paulk, 2006; Kohler, J. M., Munz, D. C., & Grawitch, M. J. (2006).). Troll (1971) also holded up the same results. While taking about the coping in case of disengagement, she reported that the role loss of elderly may be compensated by involvement in familial matters and compensation



is a major coping strategy of elderly as described by Atchely in literature. In a Meta-analysis Tamres et al (2002) concluded that women are habitual to adopt strategies that deals with expressing themselves verbally, seeking assistance, mediating about problem, and self talk. Similarly Matud (2004) reported that women used more emotional and avoidance coping to deal the stressors of life.

In case of respondents coping regarding the illness, majority of elderly reported 'compromise the situation', 'seeking help from God' and remained contented with the will of God as coping. These findings are supported by Koenig (1995) who mentioned that almost one third elderly used religious practices as coping mechanism.

Inclination to withdraw and internalize negative assessment has been categorised in emotional coping and autonomic reactions exhibited emotional coping reactions. The majority of respondents reported emotional coping and this result is in constant with the findings of lasarus et al. (1998) & stone & Neale (1984).

The autonomic reaction is problem solving coping while the other both inclination to withdraw and are emotional coping behaviour. It was revealed that two third elderly adopt emotional coping and one third exhibit problem solving coping. It is propped up by Lazarus et al., (1998), they reported that the younger adopted active and problem solving coping while the elder people showed passive emotional coping. Stone and Neale found that in old age, the vulnerability among elderly towards the stressors of life increases with age, so they could not manage the situation and they are more prone to become sufferer of emotional coping rather problem focused coping styles. Moreover, illiterate respondents were more prone to face emotional coping and these result as well in line with the previous studies (Lazarus and Folkman, 1984; Carver, et al., 1989).

In the current study, a notable gender disparity was found indicating that females used more emotional coping than men which is in line with the previous studies. Meanwhile, the literature supported the gender difference between adoptions of coping styles i.e. females are more habitual to adopt emotional coping in comparison with male elderly. Females are more using crying, seeking help, get depressed as coping strategies in routine life experiences. (Anshel, Sutarso, & Jubenville, 2009; Garnefski et al., 2003; Li et al., 2006). In Pakistani society, the females have to reside in household setting and males are in domineering position in sphere of everyday life. This feeling of dependency triggers them towards the depressed feeling, isolation, sense of deprivation, blaming their fate, become emotional, engagement in household duties, seek social support and inclination towards religious practices as coping strategies. As prior

literature disclosed that religious coping was more prevalent among women than men. Religion was used as coping style in majority of older adults and this finding is in consistent with the previous studies that women are more adoptive religious practices as coping strategies. Moreover this significant association between health and religions improves their level of wellbeing (Ferraro and Kelley-Moore 2000; Reid-Arndt, Smith, Yoon, & Johnstone 2011).

Moreover, in some problematic and stressful situations, while discussing gender in coping strategies, no difference was observed between genders and coping strategies. Table no. 6 reveals that there exists no markeable difference between gender responses against coping level. This result is in line with the study of Cox (2001), who discussed variation of disengagement between elderly men and women. These results are supported by the study of Kohler et al. (2006) as well, in which they investigated that the pattern of relationship for control and avoidance coping styles to cope the stressors of life were used to be similar for males and females.

### **Conclusion**

The present study concluded that in the routine life coping strategies of disengagement, female used to engage in household activities and spirituality more than male elderly. It was also revealed that gender disparity existed between various coping strategies and gender. Female are more prone to use the emotional coping and are less adaptive in problem focused coping in contrast with the male elderly. It's alarming that majority were indulging in emotional coping rather problem focused or problem solving coping. This utilization of emotional coping initiates to deal with the routine life confrontation to manage the situation and this regular utilization of emotional coping may lead towards the psychological distress. It will cause the emergence of mental health problems and cause disturbance in successful aging. These findings of the study highlighted the need of enabling elderly with different resilience building activities such as social networking, stress management programs in private and public sector. So they will have something to look forward and would have less time to think about the misfortunes of life.

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