ACTIVE, ADAPTIVE AND MALADAPTIVE COPING STRATEGIES IN RELATION TO MENTAL HEALTH OF POLICE PERSONNEL

Shweta Singh* and P.C. Mishra**

ABSTRACT

The study was aimed to investigate relationship between active, adaptive and maladaptive coping strategies and mental health in police personnel. The sample included 100 constables, 100 inspectors and 100 officers incidentally selected from Uttar Pradesh (UP) police department. The Brief COPE scale (Carver, 1997) and Mental Health Inventory (Jagdish & Srivastava, 1983) were administered on them. Pearson’s product moment correlations demonstrate that in all police personnel, relationship between the three types of coping strategies and mental health is largely found to be positive. The positive correlation of mental health is found to be significant in relation to active and adaptive strategies in inspectors and in relation to the active strategies alone in the case of Officers. However in constables the correlations are not found to be significant.

Key Words: Coping strategies, Active, Adaptive and Maladaptive Coping Strategies, Mental health, Police personnel

During a stressful episode various coping strategies help us to maintain a biological as well as psychosocial adaptation. Recently the concept of ‘coping’ is understood as the process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, and seeking to master, minimize, reduce or tolerate stress or conflict (Weiten & Lloyd, 2006). Hence its...
impact does seem to play a prominent role in the transition from a state of good mental and physical health to that of ill-health (Thomas, Pandey, Ramdas, & Nair 2002).

The procedures used for coping can be conceptualized under three distinct approaches i.e. (a) trait or dispositional approach which perceives coping in terms of the temperamental disposition, (b) contextual approach which views coping as a situation specific response (Hann, 1977) and (c) transactional approach which is a more comprehensive framework, pays emphasis on both enduring personal and changeable situational factors in shaping the coping effects.

There are many ways to classify the coping responses. Historically, coping has been viewed as fulfilling two basic functions and thus termed as problem-focused coping and emotion focused coping. However most recent approaches distinguish between (a) active strategies that are oriented towards directly confronting the problem, (b) adaptive strategies which are helpful in becoming accustomed to a new or demanding situation and (c) maladaptive strategies that entail an effort to reduce tension by avoiding dealing with the problem (Carver, Scheiber & Weintraub, 1989).

Globally ‘police stress’ is acknowledged as a major setback. Ample of psychological studies conducted throughout the world reveal many mental health difficulties like anxiety, depression, aggression, substance abuse, suicidal ideations, suicidal attempts, and higher incidence of suicidal rates in the police personnel (Colwell, 1998; Berg, Hem & Ekeberg, 2005).

In relation to the police, Evans, Coman, Stanley et.al. (1993) define effective coping as (a) the efficacy with which the individuals deal with their emotional responses to stressors and act to resolve the stressors, and (b) the cost of their effectiveness to the individual. Poor coping skills appear to be a significant predictor of higher levels of stress experienced in police work (Anshel, 2000). In line with this Beehr, Johnson & Nieva (1995) showed that problem-focused coping strategies were negatively related to thoughts of suicide among police officers; with the exception of alcohol abuse, emotion-focused coping strategies were related to every police strain. A study in South African Police Service of the North West Province (Pienaar, Rothmann, Fons et.al., 2007) found that police members with low scores on approach coping strategies obtained high scores on suicide ideation.

Keeping in mind role of coping and mental health difficulties, presently it appears most logical to study the association between the three major types of coping strategies and mental health status of police personnel. It was therefore hypothesized that the relationship between active and adaptive coping strategies and mental health of police personnel will be positive. In addition a negative relationship was hypothesized between maladaptive coping strategies and mental health of police personnel.
METHOD

Sample
The study included 300 U.P. police personnel (100 constables, 100 inspectors and 100 officers) incidentally selected from U.P. police department from 6 districts viz. Lucknow, Varanasi, Meerut, Raibareilly, Ghazipur and Noida. The category of officers included Circle Officers (CO), Superintendent of Police (SP), Assistant SP (ASP), and Senior SP (SSP) whereas the category of inspectors included subinspectors as well. The age of respondents ranged from 35 to 45 years (average age-40 years). Their academic qualification ranged between intermediate and post-graduate and their minimum length of service was 10 to 20 years (average experience -15 years).

Tools

Brief COPE Scale: The Brief COPE scale developed by Carver (1997) was used to assess the coping strategies of police personnel. In present study the Hindi version of COPE scale (Prakash, 2004) was used. The scale contains 28 items designed to provide information about fourteen dimensions of coping strategies. In our study three strategies of coping were used (a) Active strategies (active coping, planning and positive reframing), (b) Adaptive strategies (acceptance, religion, emotional support, instrumental support, humor and self distraction), (c) Maladaptive strategies (denial, venting, substance use, behavioural disengagement and self blame). Response options in the scale format range from 1 (I haven’t been doing this at all) to 4 (I’ve been doing this a lot). The internal reliability of the scale reports Cronbach alpha coefficients ranging from 0.50 to 0.90. A structured method of confirmatory factor analysis presents evidence of the convergent and discriminate validity of the scale. The variance accounted by factors varied from 3.72% to 9.76%.

Mental Health Inventory: The Mental Health Inventory (MHI) developed and standardized by Jagdish and Srivastava (1983) was used to assess the level of mental health of police personnel. This inventory consists of 56 statements with four alternative responses, namely always, mostly, seldom and never. The possible scores for each item were ranged from one to four (1-4, i.e. Always to Never). The reliability of MHI determined by computing split half method was found to be 0.73 as a whole. In addition, the Construct validity determined by computing the co-efficient of correlation between mental health inventory and personal adjustment (Pestonjee, 1973) was found to be 0.57.

Procedure
A brief pilot study was conducted in the city of Lucknow to determine the characteristics of the sample which included age range, the 3 categories of job
hierarchy, income range, and years of service. In the main study the respondents were incidentally selected from the identified areas. They were contacted at their workplace. After receiving their consent for participation in the study they were given appointments at the individual level for responding to the questionnaires.

RESULTS AND DISCUSSION

To examine the relationship of coping strategies with mental health, Pearson’s product moment correlations have been worked out. Generally, the relationship between the three types of coping strategies and mental health is found to be positive. The positive correlation of mental health is found to be significant in relation to active and adaptive strategies in inspectors (p<0.01, Table 1) and in officers with respect to the active strategies alone (p<0.01, Table 3). In addition a significant positive correlation is recorded between the active and adaptive strategies in inspectors and officers (p<0.01, Tables 2 & 3).

TABLE 1
Relationship between Coping Strategies and Mental Health of Inspectors (N=100)

<table>
<thead>
<tr>
<th></th>
<th>Active Coping</th>
<th>Adaptive coping</th>
<th>Maladaptive coping</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Coping</td>
<td>1.00</td>
<td>0.41**</td>
<td>0.04</td>
<td>0.39**</td>
</tr>
<tr>
<td>Adaptive coping</td>
<td>1.00</td>
<td>-0.08</td>
<td>0.39**</td>
<td></td>
</tr>
<tr>
<td>Maladaptive coping</td>
<td>1.00</td>
<td>0.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
</tr>
</tbody>
</table>

* *p<0.01

TABLE 2
Relationship between Coping Strategies and Mental Health of Constables (N=100)

<table>
<thead>
<tr>
<th></th>
<th>Active Coping</th>
<th>Adaptive coping</th>
<th>Maladaptive coping</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Coping</td>
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<td>0.31**</td>
<td>-0.03</td>
<td>0.12</td>
</tr>
<tr>
<td>Adaptive coping</td>
<td>1.00</td>
<td>0.13</td>
<td></td>
<td>0.06</td>
</tr>
<tr>
<td>Maladaptive coping</td>
<td>1.00</td>
<td>0.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
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* *p<.01
The results of the present study reveal a trend of positive relationship between coping strategies and Mental health (Tables 1, 2 & 3), although all the corelational values are not found to be significant. In inspectors the relationship of active and adaptive strategies with the mental health is found to be significantly positive (p<0.01, Table 1). Similarly, in officers the relationship between active strategies and the mental health is significantly positive (p<0.01, Table 3). In constables, however, the correlations are found to be positive but not significant. Additionally, in all cases the correlations between the maladaptive coping strategies and mental health are also found to be positive but not significant.

The Psychological model of stress propounded by Lazarus (1976) attempts to explain how coping affects the mental health. This model gives strong emphasis to the coping procedures. According to Lazarus the short and long-term consequences of coping strategies and their utilization are invariably related to stress. Coping involves both psychological (cognitive behavioural strategies) as well as physiological reactions. Here, if the normal coping is ineffective, stress is prolonged and abnormal responses may occur. In addition the prolonged exposure to stress may lead to functional and structural changes which affect the mental health.

As we have already seen various coping strategies can be categorized into *functional methods* (active and adaptive strategies) and *dysfunctional methods* (maladaptive strategies). The active coping strategies, involving negotiation and optimistic comparisons, have been linked to reductions in concurrent distress. Hence they are considered to play a positive role in mental health. In contrast, avoidance coping, such as denial and withdrawal, are generally found to be associated with psychological distress, particularly when adjustment is assessed beyond the initial crisis period (Sulz & Fletcher, 1985).

Taking the Indian perspective into account, Pareek (1983) indicated that coping may either take the form of confronting the problem by means of *proactive strategies* or avoiding the situation by using *reactive strategies*. The proactive strategies are used by people who face the realities of stress consciously and take actions to solve the problems themselves or with the help of the others.
These ‘functional’ approaches of dealing with stressful situations are more approved by psychologists (Pareek, 1983). On the other hand, the reactive strategies are used by people who decide to suffer from, accept or deny the experienced stress, or put the blame on someone (self or others) or something for being in that stressful situation. They are prone to employ passive approaches also referred as ‘dysfunctional’ styles of coping.

Studies signify that coping strategies related to active, adaptive approaches play a buffering role in mitigating work stress-illness connection, however, maladaptive approaches are exercised in tensing role in stress-health connections (Pandey & Srivastava, 2004; Endler, Corace and Summerfeldt et. al., 2003; Nicholls, Holt, Polman et. al., 2006). Similar results are found in the police personnel (Miller, 2006 & 2007).

Though, Hall (1972) pointed out that coping as opposed to non-coping is related to satisfaction and the process of coping is more important than a particular strategy. We find evidences where the maladaptive strategies are also perceived in positive light in terms of their impact on mental health. For example, it is regarded that maladaptive strategies of coping may be damaging when they prevent essential direct action, but may be extremely useful in helping a person to maintain a sense of well-being, integration, or hope under conditions otherwise likely to encourage psychological disintegration (Pareek, 1983). This dynamics also attempts to explain the absence of negative relationship between the maladaptive strategies and mental health found in our study.

The significant positive relationship between active strategies and the mental health of officers (p<0.01, Table 3) could be attributed to many factors associated with their upper position in the hierarchy ladder like having more discretion at their command, availability of various facilities and good support from various social network apart from their superior educational and social background. In addition, the significant positive relationship between active and adaptive strategies and mental health found in inspectors (p<0.01, Table 1) could be owing to their being subordinate to the officers but above constables which entails adapting to the state of affairs in addition to taking active steps to take action as expected from them. Nonetheless in constables the positive corelational values are not found to be significant (Table 2) probably because their work stress is estimated to be lesser than the inspectors and officers, which poses lesser demand on their capacity to cope.

In light of our findings and above mentioned discussion the first hypothesis is accepted, however, the second hypothesis is rejected. The study implies that the society, government, media and the police department itself need to become responsive towards the mental health requirement of police personnel. They all need to start making efforts at the various levels for the mental health promotion of policemen. Camps and workshops, for example, should aim at training them to avoid maladaptive coping techniques and adapt more active and adaptive
strategies. Moreover, detailed measurement of certain psychological variables (anxiety levels, suicidal ideation, depression levels) with particular coping techniques (religiously, alcohol use) may be planned for upcoming research.

REFERENCES


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