



**RESEARCH PAPER**

**Exploring Emotional, Problem Focus and Dysfunctional Coping Strategies and Life Satisfaction among Married and Unmarried Spinal Cord Injury Patients**

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**ABSTRACT**

The research objective is to investigate the connection between life satisfaction and various coping methodologies, including emotions, problems, and dysfunctional coping skills among married and unmarried patients suffering from spinal cord injuries (SCI). A00 spinal cord individuals with a marital status ratio of 29% participated. From Paraplegic Center, Peshawar, the sample was selected using the purposive sampling technique. The Life satisfaction and Brief Cope scale were used. The findings of the study indicate that life gratification stood considerably and progressively associated with emotional coping ( $r = .32, p < .01$ ) and meaningful and undesirably associated with problem-focused cope ( $r = .27, p < .01$ ) and dysfunctional cope ( $r = .23, p < .05$ ). Emotion focused cope considerably and absolutely while problem-focused cope adversely predicts life gratification. In addition, dysfunctional coping negatively predicts life satisfaction but was not statistically significant, and the model explains 21% of the variance. The findings of the study showed that emotion-focused coping and problem-focused coping was significantly high among married spinal cord injury patients than among single spinal cord injury patients ( $p < .01$ ). The current study findings reflect a dire need for the management of these psychological problems by using different kinds of evidence-based psychotherapies such as Narrative exposure therapy, cognitive behavioral therapy, and family therapy. Mixed methods, i.e., Qualitative and quantitative methods, should be used in future studies to explore the phenomenon in detail.

**Keywords:** Dysfunctional Coping Strategies, Emotion, Married and Unmarried Couples, Problem Focus

**Introduction**

It is vital to an organ of human and damage to it due to falling, firing, road mishaps, etc., could be in lead toward partial or whole palsy, disrupt the sensory tissues, including the sense of hearing distance, flavor, feel, etc., along with involuntary reaction to Neural structure (Janssen, and Hopman, 2005). Consequently, patients suffering from spinal cord injury face many hurdles in their daily life disturbs their parents, siblings, and other relatives (Elliott & Rivera, 2003).

In this injury, direct action occurs on the spine, which may crack to displace the disc of the vertebral Colum, which create impairment in axons; such wounds which are occurring are cured but not all human become physical disable with limbs, and sometimes becomes fully paralyzed which make them entirely dependent on another one of his homes. (Crewe & Krause, 2009). Every individual in the world wants a relaxed life and aims to achieve goals for which he is struggling when he achieves his goal, that condition of humans is called life satisfaction. (Essays, UK 2013).

Lippman, Guzman, and Moore (2012) study that when a human on succeeding his right pathway and feels glad, this situation is called satisfaction with life. The pilot study was conducted on adolescents to investigate whether the satisfaction associated with young lord consequences is partial. The study's finding shows a negative association between using drugs or other things, depressive mood, when fighting with others, and also law-breaking and found a positive relationship with good marks. The coping strategies are valuable struggles that comprise equally mental and behavioral factors which help overcome unwilling full, tense situations that individuals face in ordinary life. (Taylor, 1998). The study was based on particular disabled strategies of coping skills that play a significant role in individual who has dysfunctions in the body, i.e., lower limbs are not working, etc., and are also helpful in severe diseases of an individual. (Livneh Lott, Antonak, 2004). The strategies of copings played a vital role when the individual suffered from a neurological problem, making the treatment or rehab of these patients more effective and scientifically proven. (Meng, Zdrahal-Urbaneck, Frank, 2006).

Emotion-focused is defined as reducing and overcoming the intensity of unfavorable and distressing feelings evoked by a traumatic atmosphere to resolve worrying circumstances—emotion-purposeful cope (Galor, 2012).

Problem cope is stated to be nonexistent on occasion or in a traumatic situation, clicking the source of stress. The problem overwhelms the tension to get off that aid to the agreement, i.e., situation, and himself away from this stressful condition (Carroll, 2013).

Dysfunctional cope is defined as consisting of rejection, expelling, substance use, developmental detachment, self-distraction, and person-blame sense (Carver, Scheier, & Weintraub, 1989). The research indicated that uncompassionate is a tense response reduced by compassion, as that is constructive sentiment. In this stressful situation, compassion is utilized as emotional coping to reduce the situation so emotional coping works as removing stress from the environment and making them mentally sound. This study result shows that forgiveness, which plays the role of emotional coping, has a constructive influence on well-being through societal provision, relationships, and religious conviction, which are the realm of emotional coping. The study shows that emotional coping strategies help to reduce stress in a stressful situation (Worthington & Scherer, 2004).

The study was conducted to establish two groups: the controller class and the investigational group. The investigational unit avails the problem cope training for twelve days even though another did not attend it. The results of the study showed significant differences occur between the two groups. This research showed that problem-coping has a title role in the family unit experience of kids and improves the psychological well-being of mothers (Pourmohamadreza-Tajrishi, Azadfallah, Garakani & Bakhshi, 2015). The study indicated that using dysfunction cope supplementary in prior farmed person than elder grown persons along with the negative relationship with life satisfaction. Youthful adults have shown a happy relationship between mentioned coping strategy with satisfaction with life. (Segal, Hook, and Coolidge, 2001).

## **Literature review**

Dijkers (1999) studied 2,183 subjects aged from one to twenty years after Spinal cord injury. To examine life satisfaction using the tool of life satisfaction related to the period of life, socioeconomic status, place, the teaching of mobile bodily dysfunction, Sex and clinical topographies, occupation, etc. The research was conducted to investigate the gratification along with life in SCI persons mutually who reside in a communal environment and population group. The finding shows that these factors are more prominent in the population group with SCI. (Post, Van Dijk, Van Asbeck, & Schrijvers, 1998)

The research showed that the feeling of pain negatively affects the life satisfaction of the subject and those with no pain. The more psychological signs and symptoms like anxiousness and depression are observed, the lower the effects of satisfaction in life in subjects considered for study (Budh & Österåker, 2007). The research findings showed that married participants are beyond assured because they get enough attention and support for care during their injury. (Chase & English, 2000)

The study shows that the individual is more satisfied by using that strategy which plays a positive role in the search for emotional coping strategies. The relationship is negative with dysfunctional coping factors. The result of the study climaxes that emotional cope is cast off the majority of affected role with pediatrics – beginning back damage, and plenty of coping forms make humans more satisfied. (Anderson, Vogel, Chlan, & Betz 2008).

The study result shows that locus of control, consistency of senses, to make valuable, feeling of hope, the aim of affirmative emotional impact was consistently related with life satisfaction. However, undesirable emotional impact and posttraumatic thoughts are related to less satisfaction in life. The study concluded that the locus of control, consistency of senses, to make valuable, feeling of hope, aim in his life has a positive relationship with improving the excellent life value of spine injury subject. (Van Leeuwen, Kraaijeveld, Lindeman, & Post, 2012)

The study result indicated that a situation in problem is directly associated with life satisfaction if proper support not provides to spinal cord injury patients, which directly affects the life satisfaction of patients, so this shows a negative relationship with life satisfaction (Van Leeuwen, Post, van Asbeck, van der Woude, Groot & Lindeman, 2010).

Whiteneck, Gerhart, and Cusick (2004) conducted a study that designated that familiar atmosphere, transference, altruism in the family, well-being care capability, and legislative strategies have an effect. The tool of CHIEF-SF shows that four percent or fewer of changes in individual participated so that ten percent of changes in satisfaction of life.

The study was conducted on 87 spinal cord injury adults' associations among positive mental factors and life satisfaction during acute rehabilitation and discharge after three months. In serious rehab, outcomes show that patients are more satisfied due to a feeling of hope and affirmative touch. So, the significant modification indicated that individuals were more satisfied with obstacle variables like feelings of prolonged sadness, undesirable effect, and avoidant coping. This concluded that affirmative mental factors play a vital part in spinal cord injury in post-rehabilitation to facilitate a positive outcome for more satisfied spine injury individuals (Korte, Gilbert, Gorman, & Wegener, 2010).

Brilliant (2005) Studies the correlation between religiousness and gratification of life among spine damage participants. The study analysis shows a constructive association between life gratification and mental/religious aspect on the QOL directory Scale. It concluded that care of spirituality and life satisfaction helps clients with infirmities such as SCI to resume their well-being and increase the latest suggestions for life expectancy.

Brilliant (2004 ) conducted a study showing that differences in SWLS and QLI are insignificant with a kind of urinary management used like a catheter, reflex voiding, etc. Another result of research remains that no such variations in SWLS and QLI with Spinal injury patients admitted for urinary Problems like infections.

The study examined disability-related stress, and coping mechanisms focused on two EFCs and PFC. In emotional and problem-focused coping, emotional coping effectively reduces emotional distraction from stress and resolves the problem. (DE Graff, & Schaffer, 2008)

The study was conducted on hundred women married students to examine the family situation, social support, coping strategies, and stressful events. The study concluded that the problem-focused positive relationship between women and married students has high life satisfaction. Findings show a significant relationship with married women. (Zuhara, Muflikhati, & Krisnatuti, 2017)

The study result showed that stress was higher in depression participants and more dyadic coping in the distressed couple. We also identify that gender-related patterns related to depression and marital distress are essential for working with couples. It concluded that couple coping is not beneficial for treating depression partners nor dysfunctional focused coping. The study shows that couple coping has a relationship with depression couple partner, and dysfunctional coping has no relationship. (Gabriel, Bodenmann, & Beach, 2016).

### **Hypotheses**

1. Life satisfaction is related to coping approaches in spinal cord injury patients.
2. Married spinal cord injury individuals are more gratified than unmarried spinal cord injury individuals.
3. Emotional coping and problem-focusing approaches are more improvident than dysfunctional coping approaches in married than unmarried.

### **Material and Methods**

#### **Research Design**

In this research, the cross-sectional survey method was applied.

#### **Sample**

The 100 samples (married = 71, unmarried = 29) were selected from the paraplegic center through a purposive sampling technique.

#### **Instruments**

The life satisfaction scale has five-question built by Diener et al. (1985) and was changed to the Urdu language by Muhammad Mustafa. Amana Ghani And Shah Rukh of Government college university Lahore in 2014 to examine Life satisfaction. Each Scale has five items using a 7-point scale that ranges. It saved the interview's timing and assets related to numerous measures of life satisfaction. (Pavot & Diener, 2008) Internal consistency was (Cronbach's  $\alpha=0.83-0.92$ ) (See Appendix A).

**Brief Cope:** It is a self-report Scale applied to measure different coping behaviors and opinions individuals might get in reply to a specific situation which Akhtar translated in the national institution of psychology Quaid Azam university Islamabad in 2005. The measuring ranges from 1 to 4. Its Cronbach's Alpha consistencies vary from ( $\alpha = 0.57$  to  $0.90$ ) (Carver, 1997) (See Appendix B.).

#### **Analysis**

The SPSS version 22 Software has been applied. To evaluate the link between life gratification and coping strategies. Pearson correlation coefficient has been used.

To investigate the distinction between unmarried and married in words of life gratification and various coping approaches, an independent sample t-test was applied.

Multiple linear regression analyses were used to examine the influence of coping strategies on life gratification. P value, which is less than .05, was considered significant.

### Ethical Approval

The ethical review board of the institute approves conducting research. To gather the information on SCI individuals, consent was carried out from the head of the department head. The participants were initially instructed regarding the research objectives and then handed over the informed consent after filling out this questionnaire. Confidence and privacy were safeguarded.

### Procedure

After getting permission from the review board, I arranged a meeting with the head of a paraplegic center in Peshawar. After getting approval, the researcher starts collecting data. In the data process, the patient was first briefed about the study's purpose and gave consent. The questionnaires were handed over to individuals, and they were filled out. The data was put into SPSS. After that, the analysis was carried out using SPSS version 22 Software. The result interpretation indicated that correlation between life gratification and various coping approaches among married and unmarried spinal injury patients. The hundred SCI have a mean age of  $33.05 \pm 11.21$  and had a ratio of 71% were married and married 29 %. This study result showed a positive correlation between life satisfaction and emotional coping in spinal cord injury patients.

### Results and Discussion

The research examines the relationship between life satisfaction and coping strategies. Determine the difference between married and unmarried spinal cord injury individuals in the context of life satisfaction and coping strategies. Multiple linear regression was used to measure the effect of coping strategies on life satisfaction.

**Table 1**  
**Psychometric Properties of Study Major Scales**

Measures	No. of items	$\alpha$	Range		M	SD	Skew.	Kurt.
			Potential	Actual				
SWLS	05	.61	7-49	08-35	23.89	5.56	-0.54	0.09
BCS	28	.59	0-84	33-66	50.81	6.51	-0.27	-0.20

*Note.* SWLS = Satisfaction with Life Scale; BCS = Brief Cope Scale; Scale; Skew = Skewness; Kurt = Kurtosis.

Table 1 Indicates the psychometric attributes of research tests. The Cronbach Alpha values exhibit reasonable reliability of the tests, but the skewness and kurtosis values showed the normality of the data.

**Table 2**  
**Pearson correlation among variables**

Variables	1	2	3	4
1. SWLS	1	.32**	-.27**	-.23*
2. Emotional-focused coping		1	.15	-.04
3. Problem Focusing			1	.33**
4. Dysfunctional Coping				1

*Note.* SWLS = Satisfaction With Life Scale

Table 2 Indicates the association between the gratification of life and distinct kinds of coping approaches. The findings presented that life gratification was substantially and certainly related to emotionally focused cope ( $r = .32$ ,  $p < .01$ ) and substantially and negatively correlated with problem cope ( $r = .27$ ,  $p < .01$ ) and dysfunctional cope ( $r = .23$ ,  $p < .05$ )

**Table 3**  
Mean differences between Single and Married Spinal Cord Injury patients in terms of significant study variables (N=100)

Variable	Single (n = 29)		Married (n = 71)		t (98)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
1. SWLS	24.03	5.75	23.83	5.52	0.17	0.89	-2.24	2.65	0.036
2. EFC	21.28	3.19	22.66	2.76	2.18	0.03	-2.65	-0.12	0.46
3. PFC	10.62	4.56	12.28	3.89	2.75	0.01	-2.86	-0.46	0.39
4. DC	17.07	5.75	16.62	5.52	0.50	0.62	-1.34	2.30	0.079

Note. SWLS = Satisfaction With Life Scale; EFC = Emotion-Focused Coping; PFC = Problem Focused Coping; DC = Dysfunctional Coping

The mean difference between single and married was found in the perspective of life satisfaction and coping strategies. The findings showed that the marital mean score on emotion-focused coping was substantially high ( $M = 22.66$ ,  $SD = 2.76$ ) than single ( $M = 21.28$ ,  $SD = 3.19$ ),  $t(98) = -2.18$ ,  $p < .05$ . Also, the married mean score on problem-focused cope was considerably high ( $M = 12.28$ ,  $SD = 3.89$ ) than single ( $M = 10.62$ ,  $SD = 4.56$ ),  $t(98) = -2.75$ ,  $p < .01$ . However, the distinction among single and married in perspective of dysfunctional coping and life satisfaction was not statistically significant.

**Table 3**  
Multiple Regression analysis demonstrating the effect of Coping Strategies on Life Satisfaction (n=100)

Predictors	Model 1 B	Life Satisfaction	
		95% CI	LL, UL
(constant)	18.46***	[9.50, 27.43]	
E F C	.66***	[0.32, 1.01]	
PFC	-.55**	[-0.93, -0.17]	
DC	-.17	[-0.43, .09]	
$R^2$	.21		
F	08.62***		

\*\*\*  $p < .001$ ; \*\*  $p < .01$ ; \*  $p < .05$

Table 6 Findings of the study indicated multiple regression analysis with coping strategies as predictor variables, whereas life satisfaction was the outcome variable. The model explained a total of 21 % as showed by the  $R^2$  value (.21). Results showed that emotion-focused coping significantly and positively while problem-focused coping negatively predicts life satisfaction. In addition, dysfunctional coping negatively predicted life satisfaction but was not statistically significant.

## Discussion

The study aims to examine the correlation between life gratification and various coping approaches among married and unmarried spinal injury patients. The hundred SCI

have a mean age of  $33.05 \pm 11.21$  and had a ratio of 71% were married and married 29 %. This study result showed a positive correlation between life satisfaction and emotional coping in spinal cord injury patients. Study results are consistent with previous studies (Suh, Diener, Oishi, & Triandis, 1998; Post, Ros, & Schrijvers, 1999; DeGraff, & Schaffer, 2008; Tzonichaki & Kleftras, 2002; Van Leeuwen, Kraaijeveld, Lindeman, & Post, 2012; Van Leeuwen et al., 2010; Hampton, 2001; Kuppens, Realo, & Diener, 2008). According to Suh, Diener, Oishi, and Triandis (1998), the study findings show that emotion-focused variation help sustains good interpersonal interactions in collectivistic cultures, which helps self-esteem and enhances satisfaction in life. This indicates that Emotion's role in good interpersonal communication is essential and contributes to life satisfaction.

Post, Ros, and Schrijvers's (1999) study show that emotion-oriented provision is healthy mental functioning that helps boost gratification of spinal cord injury patients' life. DeGraff and Schaffer (2008) stated that emotionally focused coping reduces stress in the individual, enhancing life satisfaction. The study emphasizes emotional-focused coping when patients have no option to reduce stress, so this time, emotional-focused coping is to be applied to SCI individuals. The individuals with SCI, facilitated by family, friends, society, and government, were more satisfied with their lives than those who did not. So, the associations established and upheld in household and communal atmospheres are vital to maintaining QOF among SCI individuals. (Hampton, 2001).

Kuppens, Realo, and Diener's (2008) study showed the relationship between undesirable emotions and life satisfaction. Findings showed that positive Emotion is essential in enchanting life satisfaction and is lower than negative emotions. In addition, Van Leeuwen et al. (2010) reported that situations in problems are directly associated with satisfaction with life uncertainty; appropriate sustenance is not present in SCI, which ultimately influences the satisfaction with life of individuals, so this shows the negative relationship with satisfaction with life.

The current study indicated a negative relationship between problem-focused coping and life satisfaction. However, the present study results contrast with some previous studies (Deniz, 2006), which showed a constructive correlation between satisfaction with AND problem-focused copes.

The current study also showed that dysfunctional coping negatively affects life satisfaction. The findings are consistent with previous studies (Clayton, & Chubon, 1994; Westgren & Levi, (1998); Martz, Livneh, Priebe, Wurmser, & Ottomanelli, 2005; Middleton, Tran & Craig, 2007).

The study was conducted, which showed that lower quality of life which is related to greater severity of disability in spinal cord injury patients. Disability shows a negative relationship with quality of life. The rigorousness of infirmity in spine injury patients showing low life satisfaction as our study conducted the severity of infirmity in spinal injury patients shows dysfunction has a negative relationship with low life satisfaction (Clayton & Chubon, 1994).

Martz, Livneh, Priebe, Wurmser, and Ottomanelli's (2005) study showed a low level of life satisfaction due to negative Emotions and other factors like denial and severity of disability, ignorance, and disengagement-type coping in spinal cord injury patients. Dysfunctional coping, mentioned in this study, negatively affects life satisfaction.

The psychological disorder showed dysfunctional coping in spinal cord injury patients, which offers a negative relationship with life satisfaction (Craig, Tran, & Middleton, 2009)

Furthermore, the current study indicated a significant negative association between problem-focused coping and life satisfaction; as problem-focused coping increases in spinal cord injury patients, their life satisfaction decreases. Other studies also report similar findings (Danoff-Burg, Prelow, & Swenson, 2004; Nätterlund & Ahlström, 1999), but within different cohorts. However, the results contradict some studies in which the reported relationship between problem-focused coping and life satisfaction is positive (Swindells, Mohr, Justice, & Berman, 1999). In the study of Swindells et al. (1999), the cohort was HIV patients; though they had a disease, they had no disabilities as spinal cord injury patients. Besides this, as the problem coping consists of dynamic coping and planning with the tangential provision, these could be useful for HIV patients but not for patients with spinal cord injuries.

The current study also validated the findings of some other studies (McNETT, 1987; Shinn, Wong, Simko, & Ortiz-Torres, 1989; Ben-Zur, 2001; Ben Zur, Gilbar, & Lev, 2001; Arias, & Pape, 1999; Lee-Baggley Preece, & DeLongis, 2005) in terms of significant difference between single and married regarding emotion-focused coping as these studies reported that married individuals use higher emotion-focused coping as compared to single. Similarly, problem-focused coping was also significantly used by married spinal injury subjects more than single spine injury patients. These findings were also consistent with previous research (Mc NETT, 1987; Pande & Tewari, 2011; Beehr, Johnson, & Nieva, 1995; Tuncay, & Yildirim, 2015; Thoits, 2009; Shinn, Wong, Simko, & Ortiz-Torres, 1989; Zahara, Muflikhati, & Krisnatuti, 2017). In addition, this study did not indicate a significant difference between single and married individuals having spinal cord injuries concerning dysfunctional coping. Many studies also report the same results (Bodenmann & Cina, 2006; Gabriel, Bodenmann, & Beach, 2016; Sperlich & Maina, 2014).

## Conclusion

The research measured the relationship between satisfaction with life and several forms of coping approaches among spinal cord injury individuals. The research findings showed a positive association between satisfaction with life. They emotionally focused on coping, although there was a negative association between problem-focused cope and dysfunctional cope among participants of the study. The outcomes showed married mean score on emotion-focused cope was meaningfully greater than that of single besides this, the marital mean score on problem-focused cope was meaningfully higher than single. However, the variance amongst single and married people in the context of dysfunctional coping and satisfaction with life was insignificant. The Present research results reflect a way for administration by employing mental health professionals besides physical therapists and social workers to custom the diverse types of evidence-grounded therapies such as Narrative exposure, cognitive behavioral therapy, family therapy, etc.

The parent and family of SCI individuals must also show the optimistic protagonist in restoration in hospices and at birthplaces like open-handed communal provision through problematic deliberations and social communication, clinician visits, psychologists and physiotherapist sessions, toilet training, sanitary exercise by nutritionists and physiotherapists, learning of vocational skill like tailoring, in jobs like receptionist and motivational speakers, etc.

Well-wishers' dealings are also vital, assisting in participating in bands of his age friend and company events like communal gatherings, hardboard sports, etc.

Marriage is a permissible association among people that offers societal assistance to one human being, which comes to be vital while personal is endured from disease or wound. The present research showed that married SCI Individuals were more gratified than unmarried SCI, so this determined that marriage has a vital role in the life of humans, especially in worse conditions.



Besides, our culture and Religion have a unique role in tolerant realism, which is fundamental for SCI individuals; since most SCI individuals are not entirely recuperated, the spiritual instructor has an optimistic role in assisting the receipt of spinal cord injury with the help of religious knowledge

### **Recommendations**

1. The study is useful for the professional whom where working with person with disability.
2. The sample will be different consider the orthopedic patients.
3. The finding of this study helps in family counselling of spinal cord injury patients
4. The special inventory will be develop for spinal cord injury patients

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