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**A STUDY OF THE EFFECT OF SENSE OF
COHERENCE AND PROACTIVE COPING UPON
HEALTH AND QUALITY OF LIFE**

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A Study of the Effect of Sense of Coherence and Proactive Coping upon Health and Quality of Life

Dr. Shailendra Singh^{1*} Parveen Kumar²

¹ Associate Professor, Department of Psychology, G. D. Govt. Girls College, Alwar, Rajasthan

² Research Scholar, Department of Psychology, G. D. Govt. Girls College, Alwar, Rajasthan

Abstract – The present study was undertaken to assess the contribution of Sense of coherence, Proactive coping to the prediction of Health and Quality of life among elderly people. A sample of 400 elements from both sexes was drawn. Mean, Sd, Pearson correlation and regression analysis was computed with the help of SPSS. Results revealed that Sense of coherence, Proactive coping don't make significant contribution to the prediction of criterion variable i.e. health, though these results are contrary to previous findings for the same. However, Sense of coherence, Proactive coping contribute significantly to the prediction of another criterion variable i.e. Quality of life.

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INTRODUCTION

Sense of Coherence:-

Antonovsky (1979) defined "sense of coherence as a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environment are predictable and that there is high probability that things will work out as well as can be reasonably expected"

Health promoting behaviours and psychosocial well-being are important determinants of health status and quality of life. Health promoting activities seek to strengthen the host through a variety of approaches in the form of health education, life style modification, behaviour change, environment modification and nutrition intervention. The physical, social, cultural and economic environment in which a person lives and work, is largely responsible for health. To expect an individual take responsibility for his/her health while at the same time ignoring the social and environmental conditions that make him ill, is fundamentally defective approach. Individual responsibility need be analysed differently as far as determinants of health behaviours or health promotions are concerned.

Introduction of the concept of Salutogenesis and "sense of coherence" brought about a shift in the focus. Salutogenesis refers to the study of origin or sources of health and emphasizes on elements or factors that help a person to cope with stress or exposure to pathogenic factors. It also explores the sources of self-regeneration and self-healing power, in

nutshell it explains how some people are able to maintain and even improve health even in stressful conditions. It is a relatively stable personal orientation in adults and refers to basic assumptions of life and is essential for dealing with demands (Faltermaier, 2005). Sense of coherence is central to salutogenic process and represents a global orientation or perception- an enduring way of seeing the world and one's life in it- it builds up during childhood until early adulthood (Antonovsky, 1985). According to Antonovsky (1996) SOC refers to the, "extent that the person saw the world as ordered, believed that the myriad of stimuli bombarding the organism made sense, he/she could mobilize the resources which seemed appropriate to cope with whatever bugs were current. Given the availability of resources individual can repeatedly make experiences of consistency, Participation and balance of demands. This leads to a strong SOC which is pervasive, enduring though dynamic feeling of confidence that one's life and environments-inner and outer- are predictable, comprehensible, meaningful and manageable. In essence SOC is decisive in "shaping order out of chaos in the human organism. Thus raising SOC based on freeing the self from the fixation of the victim perspective and experience one-self as, "a doer" (Fah, 2002), optimally mobilize its resources and moving toward the healthy pole of the continuum (Faltermaier, 2005). However the availability of Generalized Resistance Resources (GRR) to a person strongly determines the outcomes of the SOC (strong or low) as a generalized, pervasive orientation. If one is high on the scale, the location on health continuum serves as a GRR, but if one is low it becomes a stressor. Thus Sense of Coherence is

directly related to with one's ability to employ cognitive, affective and instrumental strategies that help to improve the capacity to cope with stress. This approach views stress as a dynamic, manageable process that generates positive outcomes and effective coping and functioning.

Various cross-cultural studies on Salutogenic theory reveal that a strong SOC enhances well-being. Persons with a strong SOC are less likely to perceive stressful situations as threatening and anxiety provoking than those with a weak SOC. Sense of coherence may, therefore, provide an important focus for the strategies aiming at lifestyle modification. The salutogenic perspective focuses on three aspects. First, the focus is on Problem solving i.e. finding solutions. Second, it identifies GRR that help people move in the direction of positive health. Third, it identifies a global and the pervasive sense in the individual, groups, population or system that serves as the overall mechanism or capacity for this process i.e. development of SOC.

Proactive Coping:-

Coping is defined as the process of managing external or internal demands that tax or exceed the resources of the person. It is complex and multidimensional process that is sensitive to both the environment and the personality. All coping begins with an appraisal, and the purpose of the appraisal is to assess the controllability of the external stressor.

Initially coping was seen as reactive, a strategy to be used once stress had been experienced but more recently coping has come to be seen as something one can do before stress occurs. Thus coping is seen as having multiple positive functions. The idea that coping can have positive functions parallels recent research highlighting the role of positive beliefs in the promotion of health (Taylor, Kemeny, Reed, Bower & Gruenewald, 2000)

Proactive Coping incorporates a confirmatory and positive approach to dealing with stressors. Proactive coping focuses on improving the quality of life and in doing so incorporates elements of positive psychology. There are several reasons for believing that positive beliefs might contribute to the promotion of well-being. For example, positive beliefs may predict to higher levels of physical health by promoting better health practices. Individuals who have a positive sense of self-worth and believe in their own ability to exert control, may be more likely to practice conscientious health habits. Positive emotional states are related to good social relations. Self-confident and optimistic individual may have more social support and they may be more effective in mobilizing it when they experience stress. Also, individuals who have well developed psychosocial resources including a sense of personal control, high self-esteem and optimism, are with more likely to cope with respect to health which may minimize the effect of stress.

Proactive coping is a coping strategy that is multidimensional and forward looking. It integrates processes of personal quality of life management with those of self-regulatory goal attainment. Proactive coping differs from traditional conceptions of coping in three main ways:

First, traditional coping forms tend to be reactive coping in that they deal with stressful events that have already occurred, with the aim of compensating for loss or harm in the past. Proactive coping is future oriented. In contrast, proactive coping consists of efforts to build up general resources that facilitate promotion of challenging goals and personal growth.

Secondly, Reactive coping is regarded as risk management while proactive coping is regarded as Goal management (Schwarzer, 1999a). In proactive coping, people have a vision. They see risks, demands, and opportunities in future, but they don't appraise them as threats, harm or loss. Rather, they perceive difficult situations as challenges. Proactive coping becomes goal management instead of risk management.

Third, the motivation for proactive coping is more positive than in traditional coping in that it derives from perceiving situations as challenging and stimulating whereas reactive coping emanates from risk appraisal i.e. environmental demands are appraised negatively.

Health:-

According to World Health Organization, "Health is a state of complete physical, mental and Social well-being and not merely the absence of disease or infirmity". For humans, physical health means a good body health, which is healthy because of regular physical activity, good nutrition, and adequate rest. Another term for physical health is **physical well-being**. Physical well-being is defined as something a person can achieve by developing health related components of his/her lifestyle. Fitness reflects a person's cardiorespiratory endurance, muscular strength, flexibility, and body composition. Other contributors to physical well-being may include proper nutrition, body weight management, abstaining from drug abuse, avoiding alcohol abuse, responsible sexual behaviour, hygiene, and getting the right amount of sleep.

Physical health is an essential part of someone's overall health which includes everything ranging from physical fitness to overall wellness. Health is a state of complete well-being thus physical health makes an individual mechanically fit to carry out his daily activities without any problem.

Mental Health refers to people's cognitive and emotional well-being. A person who enjoys good mental health does not have a mental disorder. According to WHO, mental health is "a state of well-being in which the individual realizes his her own

abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community". Mental health refers to our cognitive, and emotional well-being- it is all about how we think, feel and behave. It has two dimensions- Positive Mental Health and Negative Mental Health.

Quality of Life:-

Quality of life has been defined as the satisfaction of an individual's values, goals and needs through the actualization of their abilities or lifestyle. This definition is consistent with the conceptualization that satisfaction and well-being stem from the degree of fit between an individual's perception of their objective situation and their needs or aspirations (Felce & Perry, 1995). WHO defines Quality of life as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment (Oort, 2005).

Quality of life is a broad concept that incorporates all aspects of life and has been used in a variety of disciplines such as : geography, philosophy, medical science, social science, health promotion and advertising. Ferrell, who has carried out a large research programme on pain and quality of life, defined quality of life as well-being covering four areas of life i.e. physical, mental, social and spiritual well-being. Researchers suggest that quality of life depends on experiencing connectedness in six interrelated domains- Metaphysical domain, Spiritual domain, Biological domain, Interpersonal domain, Environmental domain, and Societal domain.

METHODOLOGY:

Objective of the study:- The general objective of the study was to examine the relationship between Sense of Coherence , Proactive Coping and Health and Quality of life in a sample of elderly people of both sex above 65 years of age.

Hypothesis:- 1. There is no relationship between sense of coherence and proactive coping and the two variables together don't significantly contribute to predict health among elderly people.

2. There is no relationship between sense of coherence and proactive coping and the two variables together don't significantly contribute to predict quality of life among elderly people.

Sample:- The sample for present research was obtained by contacting elders both male and female above 60 yrs of age living with their family. A

prerequisite would be that they should living with their family. Approximately 400 (200 Males and 200 Females) elderly people constituted the sample.

Sample was drawn from the municipal limits of Alwar City.

Variables:-

a) Predictor Variable-

1. Sense of Coherence
2. Proactive Coping

b) Criterion Variable-

1. Health
2. Quality of life

Tools and Measures-

For the purpose of the present study investigator made use of the following psychological tests and scales.

1. Orientation to Life Questionnaire (A. Antonovsky, 1984)
2. Proactive Coping Scale (Greenglass, Schwarzer, & Taubert, 1999; Taubert, 1999)
3. PGI Health Questionnaire (Verma, Wig and Prasad, 2005)
4. Comprehensive Quality of Life Scale (COMQOL-4, Cummins, 1993)

RESULTS AND DISCUSSION

Table 1

CORRELATION BETWEEN SOC, PROACTIVE COPING, HEALTH AND QUALITY OF LIFE

Correlations		SOC-Tot	Procop-Tot	Hlth-Tot	Qol-Tot
SOC-Tot	Pearson Correlation	1	.604**	0.025	.526**
	Sig. (2-tailed)		0	0.614	0
	N	400	400	400	400
Procop-Tot	Pearson Correlation	.604**	1	0.027	.436**
	Sig. (2-tailed)	0	0	0.596	0
	N	400	400	400	400
Hlth-Tot	Pearson Correlation	0.025	0.027	1	0.044
	Sig. (2-tailed)	0.614	0.596	0	0.38
	N	400	400	400	400
Qol-Tot	Pearson Correlation	.526**	.436**	0.044	1
	Sig. (2-tailed)	0	0	0.38	0
	N	400	400	400	400

The correlation table reveals that Sense of Coherence (SOC) has a positive correlation with Proactive Coping in that an increase in SOC is met with a corresponding increase in PC and this

correlation is significant at both .01 and .05 level of probability ($r=.604$). However the correlation of SOC with health is positive but insignificant but the correlation between SOC and Quality of Life is again positive and significant at both 0.01 and .05 level of probability.

Proactive Coping has positive but insignificant correlation with health but it has significant and positive correlation with Quality of Life ($r=.436$) at both .01 and .05 level of probability.

Table-2

REGRESSION OF SOC AND PROACTIVE COPING ON HEALTH

Coefficients		Model Summary									
Model		UnstandCoef.	Stand Coef.	t	Sig.	R	R ²	RA	F	Sig.	
	B		Std. Error	Beta							
1	Constant	24.57	1.986	12.37	0	0.29a	0.001	0.004	0.167	.846b	
	Soc-Tot	0.008	0.034	0.015	0.231	0.818					
	proCoping-Tot	0.007	0.026	0.018	0.283	0.777					
a. Dependent Variable: Hlth_Tot											
b. Predictors: (Constant) Procop-Tot,SOC_Tot											

Our first hypothesis was that there is no correlational pattern between Sense of Coherence and Proactive Coping and the two variables together do not explain significant amount of variance to the dependent variable i.e. health. In this case the Null hypothesis stands accepted and alternative hypothesis gets rejected. The two variables explain only about 1 % of variance and $F=.846$ being insignificant at .05 level. However these results are not in line with the findings of previous researches.

Social and psychological resources have been found to be determining factors in an individual's adjustment to new society (Diwan, Jonnalagadda & Balaswamy, 2004). These

Resources had important deterrent effects on the experience of stressors and their subsequent deleterious consequences. Results indicated that different coping resources influenced positive and negative effects, when stressful life events were controlled for. SOC is defined as a global orientation or personality characteristic that expresses the general view of individuals regarding their internal and external environment (Antonovsky, 1979, 1989). It contains three main resources namely, comprehensibility, manageability and meaningfulness, which may help facilitate individual's positive adjustment.

Table-3

REGRESSION OF SOC AND PROACTIVE COPING ON QUALITY OF LIFE

Coefficients		Model Summary									
Model		UnstandCoef.	Stand Coef.	t	Sig.	R	R ²	RA	F	Sig.	
	B		Std. Error	Beta							
1	Constant	16.8	3.377		0	.547a	.299	.296	84.79	.000b	
	Soc-Tot	.459	.058	.814	7.855	0					
	proCoping-Tot	.157	.044	.353	3.539	0					
a. Dependent Variable: Qol-Tot											
b. Predictors: (Constant) Procop-Tot,SOC_Tot											

Our second hypothesis was that SOC and Proactive Coping do not have any correlational pattern between them and with quality and the two variables taken together do not statistically significantly contribute to the prediction of criterion variable. In this case the Null hypothesis gets refuted and Alternative hypothesis gets accepted.

Fok et. al. (2005) explored the relationships among patient's sense of coherence, coping ability and health related quality of life following a critical illness observed that sense of coherence is strong determinant of positive health outcomes and successful coping. Promoting sense of coherence has been used for promotion of health in general public so that better coping ability will be achieved and thus, better quality of life. There have been limited studies focusing on these aspects in patients. Sense of coherence was significantly correlated with quality of life and with coping ability. Furthermore coping ability was significantly correlated with six out of eight dimensions of quality of life. It was also found that high household income and support from adult children were predictors of strong sense of coherence. Patients with a strong sense of coherence are likely to take an active role in shaping their own health outcomes.

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Corresponding Author

Dr. Shailendra Singh*

Associate Professor, Department of Psychology, G. D. Govt. Girls College, Alwar, Rajasthan