



An Investigation of Turkish University Students' Strategies of Coping with Stress and Their Level of Alexithymia*

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ABSTRACT This study investigates university students' strategies of coping with stress based on their gender and level of alexithymia. The sample group consists of 383 males and 494 females, making a total of 877 students in the study. In the research, Stress Coping Strategies Scale and the Toronto Alexithymia Scale were used. The results suggest that as individuals' alexithymia level decreases, they use the stress coping strategies of self-confidence approach, positive approach and seeking social support more; as their alexithymia level increases, they use submissive and helplessness approaches more. In terms of gender, male and female participants exhibit different strategies of coping with stress. Male students use the stress coping strategies of self-confidence and positive approach more than the female students; whereas, female students use helplessness and seeking social support strategies more than the male students. The results are discussed in relation to the literature.

INTRODUCTION

Individuals who experience any kind of pressure, inhibition and challenge are the target of environmental, social and personal stress sources. According to Selye, the main element of stress theory is stressor. While some stressors have a positive impact, others may have a negative effect. Individuals' response to stress changes based on their character, understanding and biological setup (Taylor 1995). Lazarus and Folkman (1984) on the other hand, explained the reason why certain events cause stress in some people and not in others as the individuals' own cognitive evaluations. The meaning that people associate the event with, their evaluation of the event and how they direct it are the main factors responsible for the increase or decrease in stress.

Since the mid 1980s, there has been a rise in the level of awareness regarding the fact that stress and trauma are not specific to children and adolescents only; however, it is clear that this complex situation is yet to be thoroughly understood (Miars 2004). Individuals who are

aware of stress factors or threats, use either adaptive or maladaptive strategies to cope with stress. Adaptive strategies are those that are related to problem-solving and relieving emotions (Ercan 2002).

Various studies have shown that there is a relationship between stress and shyness (Epli Koç 2006), exam anxiety (Çankiroglu 2007), emotional intelligence level (Göçet 2008), autonomy and depressive symptoms (Matthew et al. 2010). Schneider (2004) concluded that people with high neuroticism scores have a higher tendency of experiencing stress; Hamarta et al. (2009) found that irrational beliefs and low self-confidence have a negative effect on coping with stress; Hanson (2010) suggested that intense stress results in less sleep.

As outlined in the studies above, strategies of coping with stress are highly related to different psychological structures. Alexithymia, which has similar structures, is thought to be one of these. Alexithymia is defined as an individual's awareness of emotions, but encounter failure in being able to express those to other parties (Way et al. 2007). Kalkstein (2005) defined alexithymia as an ineffectiveness in creating visual images for existing emotions, imagining and relating emotions to thoughts.

For the continuity of daily life, people need their emotions. Throughout the history of humanity, identifying and expressing emotions, which is of great importance and functionality

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in people's lives, has been a major issue (Koçak 2002). It has also been pointed out that culture has an impact on realizing and expressing emotions (Nhu-Lee et al. 2002). The prevalence rate of alexithymia ranges between 7 percent and 28 percent and individuals with high alexithymia scores tend to have other disorders as well (Bulinski 2008).

The most distinct feature of individuals who suffer from alexithymia is that they are aware of their emotions but have difficulty expressing them. The most recent studies foreground the fact that alexithymic people do not only have difficulty in expressing their feelings verbally, but also encounter difficulty in processing feelings cognitively. As a result of this situation, feelings do not change but are arranged incorrectly. These features are directly related to neuroticism and depression, which affect alexithymia (Martínez-Sánchez et al. 2001). Moreover, it is suggested that in families suffering from alexithymia, individuals exhibit psychopathological symptoms more; (Levant et al. 2009) and there is a relation between mothers who demonstrate alexithymic traits and a child's alexithymic traits (Karakuvi and Saarrijarvi 2014). Oktay and Batigün (2014) also indicated that there is a close relationship between alexithymia and bonding, self-perception, interpersonal relationship styles and anger. A review of the literature shows that there are no studies in which two variables are examined together. However, it is believed that there might be a relationship between stress coping styles and alexithymia.

Objectives

This study aims at determining whether university students' styles of coping with stress differs based on their alexithymia levels. The research question that guides this study is "Do university students with different gender demonstrate different stress coping styles; namely, self-confidence approach, seeking social support, helplessness approach, submissive approach, and positive approach based on their level of alexithymia?"

METHODOLOGY

Participants

The sample of the study consisted of 877 (383 females, 494 males) university students en-

rolled at the faculties of Mersin University in the academic year of 2011-2012.

Data Collection Instrument

The Toronto Alexithymia Scale (TAS) and Stress Coping Style Questionnaire (SCSQ) were used in the study.

The Toronto Alexithymia Scale (TAS)

The Scale which was developed by Taylor et al. (1958) demonstrated an internal consistency coefficient of .77 and test-retest reliability of .75. Thereafter, Kauhanen et al. (1991) found an internal consistency coefficient of .72; and test-retest reliability of .78 conducted within an 8 months interval. The Turkish version was done by Varol (1998). The reliability of the Turkish was calculated as .72 (Dereboy 1990). In this study, the Cronbach Alpha reliability coefficient of TAS has been found as .75. TAS is a 26 item-self report scale with 4 factors measuring alexithymic features. An increase in scores refers to an increase in alexithymia level (Dereboy 1990).

Stress Coping Strategies Scale (SCSS)

In the study, the five factor scale developed by Folkman and Lazarus and adapted and shortened by Sahin and Durak (1995) was used. Based on three different sampling results, sub-scales show a reliability coefficient between .68 and .80 (Sahin and Durak 1995). In this study, the sub-scale reliability coefficient ranges between .59 and .78.

Data Analysis

To investigate whether individual's stress coping strategies differ according to alexithymia level and gender, two-way ANOVA and Kruskal-Wallis analysis were conducted. To identify the source of difference, the Tukey test was run.

RESULTS

The results showed that based on individuals' alexithymia levels, there is a meaningful difference between the stress coping strategies of self-confidence approach [$F_{(2,871)} = 53.419, p < .01$], positive approach [$F_{(2,871)} = 22.487, p < .01$], helplessness approach [$F_{(2,871)} = 22.487, p < .01$] and

seeking social support [$F_{(2-871)} = 12.217, p < .01$]. That is, the results suggested that as individuals' alexithymia level decreases, they use the stress coping strategies of self-confidence approach, positive approach and seeking social support more; as their alexithymia level increases, they use submissive and helplessness approaches more.

Regarding gender, the results suggested that there is a meaningful difference between male and female subjects in terms of self-confidence [$F_{(1-871)} = 4.414, p < .01$], positive approach [$F_{(1-871)} = 7.486, p < .01$], helplessness approach [$F_{(1-871)} = 5.340, p < .01$], and seeking social support [$F_{(1-871)} = 5.520, p < .01$]. The results for the submissive approach suggested that both male [$\chi^2_{(2)} = 40.103, p < .05$] and female [$\chi^2_{(2)} = 42.806, p < .05$] participants use the submissive approach more as their alexithymia level decreases. As a result, male students use the stress coping strategies of self-confidence and positive approach more, than the female students; whereas, female students use helplessness and seeking social support strategies more than the male students.

When alexithymia level and gender are analyzed together, only the stress coping strategy of positive approach [$F_{(2-871)} = 3.403, p < .01$] caused a meaningful difference in terms of average scores. It is found that males and females with low alexithymia level use the stress coping strategy of positive approach more than males and females with high alexithymia level. Likewise, male participants with high alexithymia level use the positive approach more than the female participants with high alexithymia level. No significant difference has been observed in terms of the stress coping strategies of self-confidence [$F_{(2-871)} = 1.561, p > .01$], helplessness approach [$F_{(2-871)} = 1.484, p > .01$] and seeking social support [$F_{(2-871)} = 651, p > .01$].

DISCUSSION

The results suggested that as individuals' alexithymia level decreases, they use the stress coping strategies of self-confidence, positive approach, and seeking social support approach more; likewise, as their alexithymia level increases, they use the stress coping strategies of submissive approach and helplessness more frequently. As for the literature in this area, no studies have been found that directly support this finding. However, Cordan Yazici et al. (2006) in-

dicated that alexithymia level makes coping with stress more difficult. It is a widely accepted fact that the ability to cope with stress is the main factor for an individual's welfare and health. Research shows that high level of stress leads to ineffective cognitive processing, failure in performance, lack of harmony in interpersonal skills, weakness in the immune system and various illnesses (Matheny et al. 1986). People with alexithymia face difficulties in their emotional functioning and interpersonal relations (Batigün and Büyüksahin 2008). Sallioğlu (2002) stated that the feeling of efficiency is higher in people with no alexithymia; on the other hand, unhappiness and the feeling of doubt is higher in people with alexithymia. Karakuvi and Saarijarvi (2014) suggested that people have problems identifying and sharing their own feelings when depressive symptoms peak. Ünal (2004) and Yalug et al. (2009) stated that symptoms of depression increase as alexithymia level increases. Aslan et al. (1997) pointed out that when people's social anxiety rises, their alexithymic features increase as well. Similarly, Türk (1992), in his study on alexithymia features and mental health, found that alexithymia scores increase as people's mental health corrupts. Papini et al. (1990) and Bağcı (2008) indicated that students with low self-respect exhibit a higher level of alexithymia. Moreover, Bach et al. (1994), suggested that alexithymic features are more evident in cases with various psychiatric disorders, lack of self-confidence, perceived difficulties in self-expression, neurotic structure and emotional suppression.

Coping requires a person to minimize or tolerate internal and external stress sources, by employing all cognitive and behavioral attempts (Folkman 1984). However, as mentioned earlier, the ability to cope with stress is directly related to the person's well-being and health. Recent studies emphasize the fact that people with alexithymia have not only difficulty in expressing their emotions verbally; but they also do face difficulties while processing emotions cognitively. This makes emotions remain unchanged, thus causing them to be arranged in an inaccurate way. These features are directly related to neuroticism and depression which affect alexithymia (Martinen 2001). In the light of these studies, it can easily be explained why individuals suffering from alexithymia, who cannot express their feelings, and having a low self-confidence and

self-respect, exhibit a submissive and helpless approach when they face stress sources.

Genderwise, there is a difference between male and female students in terms of coping with stress and the strategies they employ. Kokkonen et al. (2001) found that 9.4 percent of male and 5.2 percent of females show alexithymic behavior. Other studies also show that the alexithymia level in males is usually higher than that in females (Levant et al. 2009). The high level of alexithymia in the male population can be attributed to their social environment consisting of their wives, mothers, sports coach, which create a joint pressure that hinders them from expressing their emotions (Levant et al. 2009).

When coping with stress, male participants use the strategies of self-confidence and positive approach more than the female participants; female students use the strategies of helplessness and seeking social support approaches more than the male students. The results of this study are in agreement with the ones conducted earlier on stress coping strategies and gender (Altundag 2011; Çankiroglu 2007; Demirtas 2007; Ercan 2002; Hamarta et al. 2009; Heiman 2004).

CONCLUSION

The results suggested that as individuals' alexithymia level decreases, they use the stress coping strategies of self-confidence, positive approach, and seeking social support approach more; likewise, as their alexithymia level increases, they use the stress coping strategies of submissive approach and helplessness more frequently.

RECOMMENDATIONS

Based on the findings of this study, the following suggestions can be made:

1. Identifying individuals' stress coping strategies and determining their level of alexithymia would support diagnostic studies at universities and shed light on the psychological and advisory guidance.
2. Preventive and protective mental health services can develop and organize group training programs to alexithymic individuals on loneliness, expressing emotions, and communication skills.

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