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Coping with university-related problems: A cross-cultural comparison

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The main aims of the present study were (a) to compare problem- and emotion-focused coping in students from North America (Canada and the United States), Germany, and Malaysia, and (b) to examine the association between coping and physical symptoms. A total of 365 undergraduates, 143 males and 222 females, participated in the study. The subjects' mean age was 22 years, and most were not married. In dealing with academic-related problems, Malaysians used substantially more emotion-focused coping than did North Americans and Germans. North American and German students who had high scores on emotion-focused coping experienced fewer symptoms, whereas the reverse relationship was found in the Malaysian group. The data on cultural preferences in coping and control behavior are discussed.

Coping has been defined as a "constantly changing cognitive and behavioral effort 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). Lazarus and Folkman differentiated between two types of coping strategies: problem-focused coping and emotion-focused coping. In problem-focused coping, efforts are made to change the stressful situation through problem solving, decision making, and/or direct action. In emotion-focused coping, attempts are made to regulate distressing emotion, sometimes by changing the meaning of the stressful situation cognitively without actually changing the situation (Folkman & Lazarus, 1985).

Coping style is affected not only by the individual's appraisal of the situation he or she is faced with but also by the resources available, the use of which may be approved of or prohibited by cultural values and norms (Lazarus & Folkman, 1984). Further, cultures may differ with respect to environmental demands, social structure, resources, and cultural norms, which may influence coping patterns. However, research on coping has been

conducted predominantly in "individualistic" (Western) cultures and rarely in "collectivistic" (Asian) cultures so that our understanding of coping is based mainly on Western views and concepts.

Individualistic and collectivistic cultures have been defined as follows (Hofstede, 1983; Hofstede & Bond, 1984; Triandis, 1990). In individualistic cultures, high emphasis is placed on the individual self (e.g., self-determination, individual autonomy). In collectivistic cultures, high value is placed on kinship, conformity, submissiveness, and group orientation. However, a differentiation between cultures as individualistic and collectivistic is problematic because such a one-dimensional approach cannot account for other relevant psychological variables. Also, cultures are multidimensional phenomena (Schwartz, 1990; Trommsdorff 1989). On the other hand, it is useful to investigate certain psychological concepts in a cultural context that differ strongly from Western cultures to avoid ethnocentric generalizations.

According to some cross-cultural studies, coping styles in collectivistic Asian and individualistic Western societies differ. For example, studies by Marsella and colleagues (Marsella, Escudero, & Gordon, 1972; Marsella & Snyder, 1981) have shown that the most common types of coping styles used by subjects in collectivistic cultures such as those in the Philippines, Korea, and Taiwan were "projection" (i.e., blame external forces), "acceptance" (i.e., accept one's plight as destiny or God's will), "religion" (i.e., turn to prayer and other religious rituals), and "perseverance" (i.e., endure and persevere in the face of problems).

In Murakami's (1983) study (cited in Marsella & Dash-Scheuer, 1987), Caucasian Americans most frequently used "personal" and "social" coping strategies, whereas Japanese Americans mainly used "social support." This difference was interpreted as being related to a tendency of Japanese to suppress personal feelings and emotion, to rely on the family's support, and to accept one's circumstances in life. Chataway and Berry (1989) found English Canadians as being more inclined than French Canadians and Chinese to use "tension reduction" strategies, whereas French Canadians were more engaged in "positive thinking." Chinese students scored slightly higher on several emotion-focused coping subscales (e.g., "detachment," "self-blame," "withdrawal") and slightly lower on problem-focused coping than did French and English Canadians. A study by Seiffge-Krenke and Schulman (1990) in two Western societies showed that German adolescents generally use "active" coping (i.e., use of social resources to solve the problem), whereas Israeli adolescents use "internal" coping (i.e., appraisal of the situation and the search for a compromise).

The findings of these few cross-cultural studies may be roughly generalized as showing that the ways in which people cope with stressors differ considerably across cultures. People in collectivistic cultures seem to prefer emotion-focused coping (e.g., acceptance), whereas those in individualistic cultures seem to prefer problem-focused coping (e.g., self-action).

To date, the relationship of coping styles to physical symptoms in different cultures is not clear. Several authors have reported that it is not stress per se but rather how people cope with it that affects health and well-being. These studies have shown a strong association between coping and health or psychological well-being (Billings & Moos, 1981; Folkman & Lazarus, 1984, 1986; Pearlin & Schooler, 1978), although the directions of this relationship have been inconsistent. In some studies, high emotion-focused coping was associated with high number of psychological symptoms (Billings & Moos, 1981; Menaghan, 1982; Surwit, Feinglos, & Scovern, 1983), and high problem-focused coping with low number of psychological symptoms (Holahan & Moos, 1985; Mitchell, Cronkite, & Moos, 1983). Other studies, however, revealed that people high in emotion-focused coping reported less physical and psychological symptoms than did people high in problem-focused coping (Asendorpf & Scherer, 1983; Linden, Paulhus, & Dobson, 1986). These inconsistent findings may be due to different measures of physical/psychological symptoms and coping. To enhance our knowledge of the relationship of coping to well-being, another purpose of the present study is to examine the association between coping and certain physical symptoms.

The main aims of the present study are to address the following questions:

a. Do university students from North America, Germany, and Malaysia differ with respect to problem- and emotion-focused coping styles? How great is the variance within each cultural context?
b. What are the relationships between physical symptoms and coping styles?

Based on previous findings (Chataway & Berry, 1989; Marsella & Snyder, 1981; Marsella et al., 1972; Murakami, 1983), Malaysian students are expected to score higher on emotion-focused coping and lower on problem-focused coping than are North American and German students.

Individuals having high problem-focused coping are expected to have fewer physical symptoms than are those with high emotion-focused coping strategies. The rationale behind this assumption is that subjects with problem-focused coping feel more responsible for their situations (e.g., try to actively influence their health conditions) than do subjects with emotion-focused coping, who tend to be more passive and more inclined to accommodate to existing realities.

METHOD

SELECTION OF COUNTRIES

The present study was carried out in Malaysia, North America (Canada and the United States), and Germany. Malaysia was chosen because it represents a collectivistic culture in that Malaysians highly value group harmony and traditional beliefs that strongly encourage compliance and submissiveness to group norms (Hofstede, 1983; Murphy, 1976; Ward & Williams, 1982). The two North American countries and Germany were selected to represent individualistic cultures; these three countries are quite comparable because they all stress the importance of individualism and because socialization practices and personality development in these cultures are based on the value of individual autonomy (Hofstede, 1983).

SUBJECTS

The Malaysian samples were recruited from University Pertainan Malaysia, Sarawak campus; only Malay and Iban students were recruited for the present study because most students at that university were of these two ethnic groups. The Canadians were drawn from Lakehead University, the Americans from Hofstra University, and the Germans from the University of Constance and Ludwigs-Maximilians University. To ensure maximum comparability, only first- and second-year undergraduates in the social science stream (mostly psychology) were recruited for the present study. Also, undergraduates in these countries had similar experiences with answering questionnaires.

A total of 365 subjects, 143 males and 222 females, were recruited (Table 1). Of these subjects, 162 were North American, 111 were German, and 92 were Malaysian. Their mean age was 21.8 years ($SD = 4.0$). Students in all cultures were comparable with respect to age and marital status. Females outnumbered males in North America and Germany, whereas a more balanced gender distribution was found in Malaysia. Malaysian students grew up in larger families and had more extended family relatives living in their households than did students from other cultures.

PROCEDURE AND INSTRUMENTS

In all countries, the questionnaires were administered by the instructors during regular classes. Potential respondents were advised of the voluntary nature of the study and told that their answers would be confidential. The

TABLE 1
Sociodemographic Characteristics of All Subjects

	North America (n = *162*)	*Germany* (n = *111*)	*Malaysia* (n = *92*)
Sex			
Male	70 (43.2)	25 (22.5)	48 (52.2)
Female	92 (56.8)	86 (77.5)	44 (47.8)
Age (years)			
Mean	19.94	24.67	21.74
Standard deviation	3.01	5.00	1.57
Marital status			
Single	155 (95.7)	78 (70.3)	91 (98.9)
Married	4 (2.5)	22 (19.8)	—
Separated/divorced	3 (1.8)	11 (9.9)	1 (1.1)

NOTE: Percentages are in parentheses.

completed questionnaires were returned to Germany, where they were scored, coded, and analyzed.

The Sociodemographic Checklist assessed basic sociodemographic information of the subjects such as gender, age, and marital status. It also contained items, mostly adapted from the Symptom Checklist (Cockerham, Lueschen, Kunz, & Spaeth, 1986), for measuring physical symptoms. Specifically, subjects were asked whether they had experienced 12 different kinds of symptoms during the past 12 months: cough that lasted for 3 weeks or more, sudden feelings of weakness or faintness, diarrhea that lasted for 4 to 5 days, shortness of breath after doing even light work, repeated indigestion or upset stomach, an unexplained loss of more than 10 kilograms of weight, repeated vomiting for 1 day or more, aching or sore muscles that lasted 2 to 3 days, pains or swelling in any joint, occassional trouble sleeping at night, sore throat or running nose with a high fever for at least 2 days, and occasional heartburn after heavy meals. The total symptoms were calculated by adding all the positive responses for the 12 symptoms.

The Ways of Coping Checklist (WOCC) was used to measure coping styles (Folkman & Lazarus, 1984). The WOCC consists of two parts. The first part asks subjects to write a few sentences about a stressful situation related to their academic work. The second part consists of 42 items that tap a wide variety of coping strategies. Subjects were asked to indicate whether or to what extent they used each coping strategy (ranging from 0 [*not used*] to 3 [*used a grea al*]) in dealing with the previously described stressful

situation related to academic work. The WOCC items were differentiated into two main scales: problem-focused coping and emotion-focused coping.

The problem-focused scale consisted of 11 items that described efforts to analyze the situation, to generate a solution to the problem, and to carry out the planned action/solution (e.g., "Stood my ground and fought for what I wanted"). The internal consistency coefficient (Cronbach's alpha) for the problem-focused coping scale was quite high in all cultures, ranging from .75 to .84 (Table 2).

The emotion-focused scale consisted of 31 items that described effort directed at regulating emotional distress engendered by the stressful situation without directly changing the situation in a concrete way. Emotion-focused coping generally is achieved through diverse techniques such as distancing, emphasizing the positive, and seeking social support. The Cronbach's alpha of the emotion-focused coping scale was quite high, ranging from .74 to .87 (Table 2). The emotion-focused scale consisted of the following seven subscales:

- "wishful thinking" (five items): evaluated the extent to which individuals engaged in wishful thinking or fantasies (e.g., "Hoped a miracle would happen");
- "distancing" (six items): assessed each subject's attempt to get his or her mind off the problem (e.g., "I felt that time would make a difference; the only thing to do was to wait");
- "seeking social support" (seven items): assessed the degree to which an individual seeks emotional, informational, or material help from other people (e.g., "Accepted sympathy and understanding from someone");
- "focusing on the positive" (four items): involved perspective taking or manipulation of attentional focus (e.g., "Rediscovered what is important in life");
- "self-blame" (three items): contained self-denigrating items that might serve to motivate oneself into action (e.g., "Realized I brought the problem on myself");
- "tension reduction" (three items): assessed behavioral strategies aimed at diverting attention and avoiding the situation (e.g., "Got away from it for a while; tried to rest or take a vacation"); and
- "keep to self" (three items): assessed a tendency to suppress the expression of emotion (e.g., "I tried to keep my feelings to myself").

Intercorrelations among the eight coping scales are shown in Table 3. The intercorrelations among the scales are similar to those previously reported by Folkman and Lazarus (1985).

The English translations of the questionnaires were used in Canada and the United States, the German translations were used in Germany, and the

TABLE 2
Standardized Coefficient Alpha for Coping Scales

	North America	*Germany*	*Malaysia*
Problem-focused coping	.77	.75	.84
Emotion-focused coping	.87	.74	.81
Seeking social support	.81	.71	.85
Distancing	.74	.68	.61
Focusing on the positive	.53	.25	.83
Self-blame	.48	.42	.66
Wishful thinking	.78	.71	.73
Tension reduction	.34	.31	.47
Keep to self	.49	.16	.77

Iban (for Iban students) and Malay (for Malay students) translations were used in Malaysia. To validate the various translations of the questionnaires, the back-translation method as suggested by Brislin, Lonner, and Thorndike (1973) was used. For each translation, one bilingual translator who was usually also a native speaker and culturally informed individual blindly translated the questionnaires from the original language into the second language and another bilingual translated it back into the original language. Differences in the original and back-translated versions were discussed and resolved by joint agreement of both translators.

STATISTICAL ANALYSES

To examine our hypothesis that Malaysian students (collectivistic culture) would score higher on emotion-focused coping but lower on problem-focused coping than would North American and German students (individualistic cultures), multivariate analyses of variance (MANOVAs) were computed using the Statistical Package for the Social Sciences (SPSS Inc., 1986). Significant MANOVAs were followed by univariate ANOVAs. Significant ANOVAs were followed by post hoc analyses using the Tukey procedure. Problem- and emotion-focused coping were used as dependent variables. The mean score for each of the coping scales was obtained by summing the score and dividing by the total number of items in the scale. The possible relationships between coping strategy and physical symptoms were examined by means of Spearman coefficient correlations. All tests were two-tailed.

TABLE 3
Intercorrelations Among Coping Scales

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Problem-focused coping								
North America	—	.56	.31	.34	.20	.57	.29	.32
Germany	—	.33	.12	–.18	–.02	.36	.34	.18
Malaysia	—	.76	.09	–.34	.61	.81	.64	–.22
Emotion-focused coping								
2. Seeking social support								
North America	.56	—	.35	.28	.17	.29	.19	.32
Germany	.33	—	.29	–.13	.12	.21	.27	–.35
Malaysia	.76	—	.01	–.42	.47	.72	.54	–.20
3. Wishful thinking								
North America	.31	.35	—	.53	.45	.19	.32	.46
Germany	.12	.29	—	.42	.07	.05	.45	.17
Malaysia	.04	.01	—	.45	.27	.11	.22	.27
4. Distancing								
North America	.34	.28	.53	—	.27	.34	.41	.44
Germany	–.18	.42	.42	—	.16	.11	.16	.18
Malaysia	–.34	–.42	.45	—	–.07	–.27	–.10	.33
5. Self-blame								
North America	.20	.17	.45	.27	—	.28	.24	.36
Germany	–.02	.07	.07	.16	—	.22	.18	.19
Malaysia	.61	.47	.27	–.07	—	.56	.41	–.01
6. Focusing on the positive								
North America	.57	.29	.19	.34	.28	—	.33	.39
Germany	.36	.05	.05	.11	.22	—	.24	.14
Malaysia	.81	.72	.11	–.27	.56	—	.65	–.15
7. Tension reduction								
North America	.29	.19	.32	.41	.24	.33	—	.41
Germany	.34	.45	.45	.16	.18	.24	—	.09
Malaysia	.64	.54	.22	–.10	.41	.65	—	–.07
8. Keep to self								
North America	.32	.32	.46	.44	.36	.39	.41	—
Germany	.18	.17	.17	.18	.19	.14	.09	—
Malaysia	–.22	–.20	.27	.33	–.01	–.15	–.15	—

NOTE: All intercorrelations higher than .17 are significant at $p < .05$.

RESULTS

INTERCULTURAL COMPARISONS OF COPING STYLES

Table 4 shows the means and standard deviations for each coping strategy for the three national groups.

TABLE 4
Means and Standard Deviations of Coping Strategies

	North America (n = 162)	*Germany* (n = 111)	*Malaysia* (n = 92)	*Univariate* F(2, 344)	*Post-hoc comparison* (p < .05)
Problem-focused coping	1.48 (.51)	1.32 (.56)	1.45 (.60)	0.78	Germany < North America
Emotion-focused coping	1.19 (.46)	1.01 (.31)	1.22 (.36)	4.05*	Germany < North America < Malaysia
Seeking social support	1.28 (.71)	1.50 (.60)	1.24 (.70)	2.21	Malaysia & North America < Germany
Distancing	0.96 (.64)	0.46 (.46)	1.16 (.47)	4.12*	Germany < North America
Focusing on the positive	1.25 (.60)	0.94 (.48)	1.18 (.81)	23.99**	Germany < North America < Malaysia
Self-blame	1.50 (.70)	1.33 (.74)	1.44 (.68)	0.43	—
Wishful thinking	1.51 (.81)	1.22 (.70)	1.32 (.62)	2.61	Germany < Malaysia < North America
Tension reduction	0.87 (.64)	0.66 (.61)	0.94 (.65)	2.96	Germany < North America < Malaysia
Keep to self	0.90 (.64)	0.72 (.52)	1.25 (.71)	12.58**	Germany < North America < Malaysia

NOTE: Standard deviations are in parentheses.
*$p < .05$; **$p < .001$.

Comparisons using the unique sum of squares (MANOVA) showed high nationality effects for emotion-focused coping ($F[2, 350] = 54.51, p = .0003$) but not for problem-focused coping. Subsequent univariate analysis suggested that Malaysians had higher scores on emotion-focused coping ($F[2, 344] = 4.05, p = .02$) and on the subscales of "distancing" ($F[2, 344] = 23.99, p = .0001$) and "keep to self" ($F[2, 344] = 12.58, p = .0001$). North Americans tended to score higher than the other groups on the "wishful thinking" subscale ($F[2, 344] = 4.12, p = .02$).

The MANOVA did not yield any National Groups × Gender interaction effect on any of the coping strategies except for the item "keep to self" ($F[2, 344] = 9.89, p = .0001$). This finding indicated that Malaysian females used significantly more keep-to-self coping styles than did Malaysian males.

Based on the item means, Table 5 shows (in order of frequency) the two most commonly used problem- and emotion-focused coping items by subjects in each of the national groups. A striking difference was found with regard to problem-focused coping that showed that the North Americans and Germans most frequently used an active type of problem-focused coping strategy, whereas Malaysians used a passive type. With respect to emotion-focused coping, "seeking social support" and "wishful thinking" were the two most commonly used strategies by students in all three groups.

CORRELATIONAL FINDINGS

Problem-focused coping correlated partly low but significantly with the emotion-focused coping scale in all three groups (North America, $r = .59$, $p < .001$; Germany, $r = .30$, $p < .05$; Malaysia, $r = .68$, $p < .001$), indicating that people who used one type of coping strategy were likely to use the other as well. Problem-focused coping correlated significantly with age in the Malaysian group. Thus, in response to their academic stressor, problem-focused coping was used most frequently by young Malaysians ($r = .22$, $p < .05$). North Americans ($r = -.20, p < .01$) and Germans ($r = -.20, p < .01$) who used more emotion-focused coping reported fewer physical symptoms, whereas the reverse was found in the Malaysian group ($r = .31$, $p < .001$) (Table 6).

DISCUSSION

Malaysian students used significantly more emotion-focused coping in dealing with their school-related problems than did North American and German students. This finding may be attributed to Malaysians' religious

TABLE 5
Most Commonly Used Coping Strategies

North America	*Germany*	*Malaysia*
Problem-focused coping		
I made a plan of action and followed it	I tried to analyze the problem in order to understand it much better	I tried to keep my feelings from interfering with other things
I knew what had to be done, so I doubled my effort to make things work	I made a plan of action and followed it	I tried not to act too hastily or follow my first hunch
Emotion-focused coping		
Wished that I could change what had happened or how I felt	Talked to someone to find out more about the situation	I prayed
Talked to someone to find out more about the situation	Wished that I could change what had happened or how I felt	Wished that the situation would go away or somehow be over with

TABLE 6
Correlations Between Coping Strategies and Symptoms

	North America	*Germany*	*Malaysia*
Problem-focused coping	–.09	–.05	.17
Emotion-focused coping	–.20*	–.20*	.31**
Seeking social support	–.23**	–.07	.12
Wishful thinking	–.16	–.13	.20
Distancing	.01	–.15	–.07
Self-blame	–.23**	–.10	.23*
Focusing on the positive	–.05	–.06	.28**
Tension reduction	–.11	–.06	.34**
Keep to self	–.08	–.21*	.14

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

belief that calls for submission to God and accepting the situation as it is. Malaysians' high score on "keep-to-self" subscale is consistent with their general tendency to keep their problems to themselves to maintain peaceful relations in their group by not "upsetting" the group members with their problems. This tendency could be seen as an indicator of "secondary control,"

which is defined as an attempt to gain control by accommodating to existing realities (Essau, 1992; Weisz, Rothbaum, & Blackburn, 1984).

It is useful to recall that the present study examined coping in response to a single stressful situation, that is, a problem related to the students' academic lives. This limits our interpretation because coping behavior tends to be situation specific (McCrae, 1989). In future studies, coping responses should be studied with respect to different types of events, their characteristics, and their perceived controllability.

In line with previous findings (Band & Weisz, 1988; Folkman & Lazarus, 1984; Holahan & Moos, 1985), most of our subjects in all cultures used both problem-focused *and* emotion-focused coping in handling their school-related problems. Unfortunately, because almost all of the stressors reported by our subjects were related to having too many assignments, our data did not allow us to examine whether coping styles of students in collectivistic (North America and Germany) and individualistic (Malaysia) cultures are stable in different situations. On the basis of previous reports, we would expect coping styles to change as a function of the situation encountered, depending on the significance of the events to the individuals (Band & Weisz, 1988; Folkman & Lazarus, 1984; McCrae, 1984). However, this again should be regulated by cultural norms, rules, and attitudes (McCrae, 1984). Accordingly, intercultural differences in coping styles across different situations may remain.

North American and German students scoring high on emotion-focused coping generally experienced fewer symptoms, whereas a reverse finding was obtained in the Malaysian group. The former result is in line with that of Mattlin, Wethington, and Kessler (1990), who found that, among American samples, emotion-focused coping was strongly associated with good emotional adjustment to chronic difficulties. The finding that Malaysians who used high emotion-focused coping experienced more symptoms than did those who used low emotion-focused coping is in line with numerous studies among American samples (Billings & Moos, 1981; Menaghan, 1982; Surwit et al., 1983).

It remains to be asked why emotion-focused coping seemed to be adaptive in the North American and German groups but maladaptive in the Malaysian group. These results must be seen in view of the fact that students in both cultures used opposite coping strategies. In a problem-oriented culture context emotional coping may be adaptive, whereas in an emotion-oriented culture it may not be. It is possible that a balance between culture-specific coping preference and individual coping style is necessary for successful adaptation. From the viewpoint of control theory (Weisz et al., 1984), a balance between primary and secondary control is useful for coping. If we consider problem-focused coping as closely related to primary control (i.e., an attempt to change or influence existing realities so as to bring them into line with one's wish) and emotion-focused coping as closely related to secondary control, people scoring higher in problem-focused coping should include some emotion-focused coping, and people scoring higher in emotion-focused coping should include some problem-focused coping, to balance their control behavior and to achieve successful coping.

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