



Coping with a Negative Social Interaction: The Role of Age and Depressive Symptoms



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BACKGROUND

- Active (problem-focused) coping strategies are generally more effective than emotion-focused strategies (Folkman & Lazarus, 1988)
- Older adults tend to cope with interpersonal stressors more effectively than younger adults (Blanchard-Fields, 2007)
- Individuals with greater depressive symptoms tend to use less effective coping strategies (Aldwin & Revenson, 1987)
- **Research Question:** How does age interact with depressive symptoms in predicting coping responses to an interpersonal stressor?
- **Hypothesis 1:** Older adults will use more active coping strategies than their younger adult counterparts.
- **Hypothesis 2:** Greater depressive symptoms will be associated with emotion-focused coping during the negative social interaction.
- **Hypothesis 3:** The interaction will show that younger adults with greater depressive symptoms will be the most likely to use less effective coping strategies

METHOD

- 159 Participants stratified by:
 - Age: younger (18-35 yrs old) and older adults (60+ yrs old)
 - Gender
 - Cultural group: European Americans and Chinese Americans
- Discussed hypothetical dilemmas with an age-group, gender, and cultural group matched *confederate* (a research assistant planted in the study who was scripted to act unfriendly and disagreeable)
- Filled out questionnaires on coping strategies during interpersonal stressors, depressive symptoms, and other measures
- Participants were debriefed and compensated at the end of the study.

RESULTS

•Data Analysis: Pearson's correlations and multiple regression

•Hypothesis 1 supported: We found that older adults used more active coping strategies (Table 1)

•Hypothesis 2 supported: We found that people with greater depressive symptoms used more emotion-focused coping (Table 1)

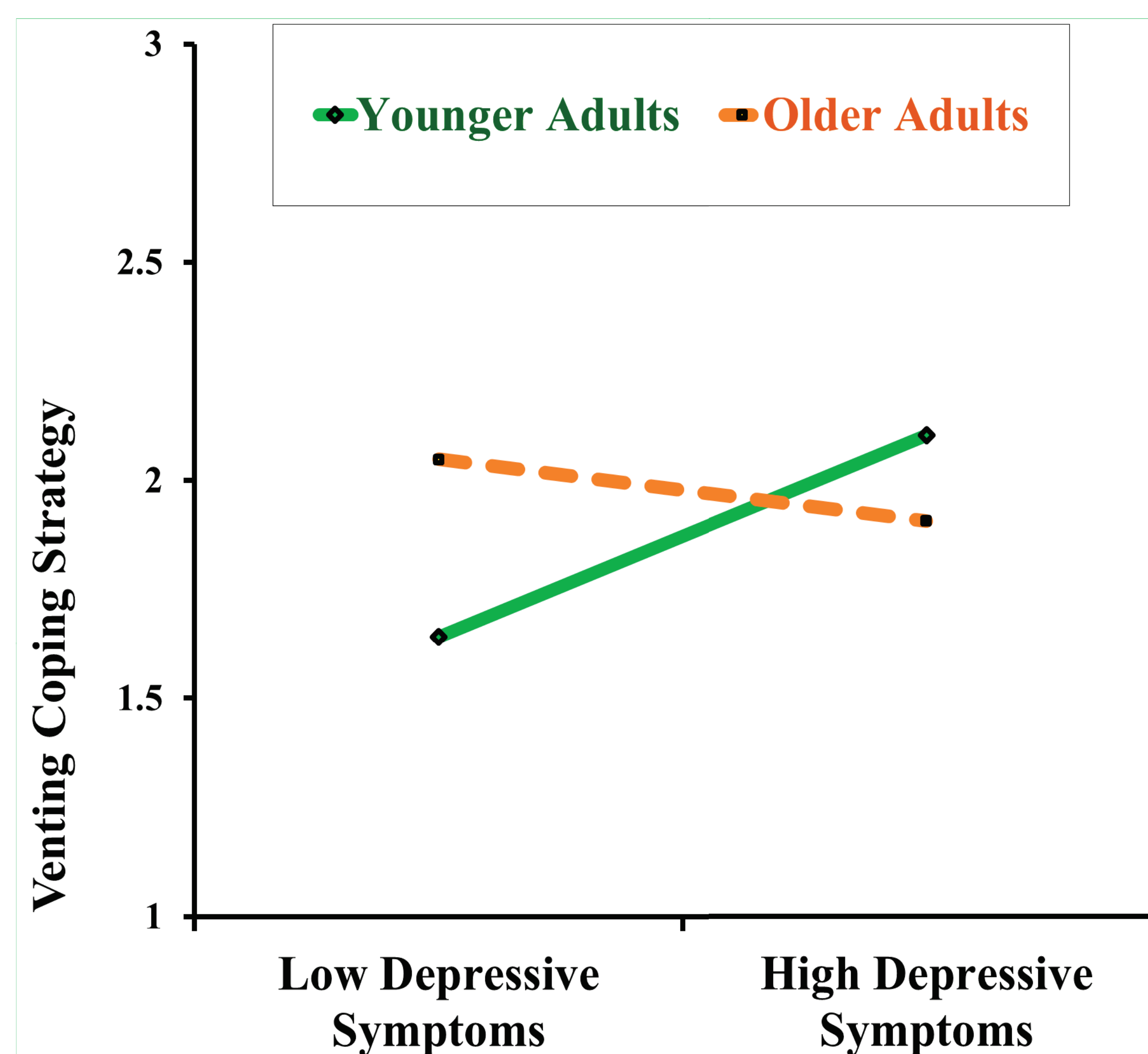
•Hypothesis 3 supported: Depressive symptoms are positively related to venting, but only for younger adults. For older adults, this association is reversed (Figure 1)

Table 1: Correlation Matrix

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1. Age	—														
2. Gender	-.006	—													
3. Depressive Symptoms	-.248**	.057	—												
Active Coping Strategies				—											
4. Active Coping	.157*	-.089	-.163*	—											
5. Planning	.157*	.002	-.086	.600**	—										
6. Positive Reframing	.168*	.026	.004	.495**	.370**	—									
Emotion Focused Coping Strategies							—								
7. Acceptance	.153	-.068	-.031	.292**	.288**	.320**	—								
8. Humor	.120	-.071	.010	.309**	.041	.306**	.215**	—							
9. Emotional Support	.294**	-.134	-.108	.349**	.134	.341**	.195*	.465**	—						
10. Venting	.071	.105	.116	.240**	.137	.214**	.202*	.338**	.319**	—					
11. Denial	.024	.017	.195*	-.099	.076	.134	.050	.302**	.262**	.525**	—				
12. Self-Distraction	.048	.020	.117	.223**	.044	.313**	.271**	.442**	.528**	.407**	.410**	—			
13. Behavioral Disengagement	-.026	.108	.171*	.105	-.121	.152	.150	.339**	.304**	.376**	.442**	.513**	—		
14. Self-Blame	-.062	-.008	.188*	.142	.038	.161*	.089	.429**	.426**	.422**	.479**	.562**	.491**	—	

** P=0.01 * P=.05

Figure 1



DISCUSSION

•Next Steps:

•Looking at gender differences in relation to depressive symptoms and coping strategies used.

•Limitations of study:

•We did not have a pool of people middle-aged (35-59 yrs old); adding this age group would help us understand how coping strategies are used across adulthood.