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Social Emotional Health and Strategies for Coping with Stress Among University Students

Abstract

The article presents research on student stress, exploring the relationship between students' socio-emotional health levels and their coping strategies. The assessment of health levels was conducted using the covitality construct. The study, which involved an online CAWI survey, included N=491 students from Poland. The Polish adaptation of the Coping Inventory for Stressful Situations by Z. Juczyński and N. Ogińska-Bulik, as well as the Student Social-Emotional Health Scale (SEHS-HE) adapted by the authors from M. Furlong's work, were used. The data analysis employed correlation and multiple regression methods. Results indicated that a high level of socio-emotional health promotes coping through emotional support seeking and positive reappraisal strategies. These strategies were also found to be positive predictors of socio-emotional health, while the use of avoidance strategies in stress-related situations was not beneficial for strengthening socio-emotional health resources. The findings suggest the need for educational programs focused on developing socio-emotional health resources among students

Keywords: stress, coping, social-emotional health, covitality, students.

Introduction

The period of life in which university studies usually take place coincides with the transition to adulthood and is therefore associated with the emergence of specific developmental needs, alongside a range of challenges that young people often find stressful. Among the sources of student stress, academic workload, financial and socio-economic problems, changes in sleep patterns due to academic pressures, and irregular meals are commonly cited (Ross et al., 1999). The predictors of stress among students include low availability of social support, lowered self-esteem and lack of satisfaction with academic pursuits (Lyrakos, 2012). Also loneliness is mentioned, as resulting from poor integration within the peer group or insufficient integration with the educational institution (McIntyre et al., 2018). For many students, the pressures they face are still further exacerbated by stress, which can be triggered by the international socio-political situation or the media portrayal of wars and conflicts (Chudzicka-Czupała et al., 2023).

Consequently, the stress students experience often leads to mental health disorders, with the most commonly reported being depression, anxiety, panic attacks, and substance abuse (Blanco et al., 2008; Eisenberg et al., 2011; 2013; Sarokhani et al., 2013; Lester, 2014; Pedrelli et al., 2015; Lipson et al., 2016; Evans et al., 2018). Compared to the general population, depression is significantly more prevalent among students (Ibrahim et al., 2013), being also one of the main risk factors for suicide within this population of young people (Farabaugh et al., 2012; Ladi-Akinyemi et al., 2023).

The inevitability of stressful situations in students' daily lives creates the need to engage in various coping strategies. In fact, according to the model proposed by Richard Lazarus and Susan Folkman, stress is a type of transaction (relationship or interaction) between an individual and their environment, consisting of two key elements: cognitive appraisal and coping. During cognitive appraisal, the individual assesses the challenges posed by a situation and the resources available to them for managing it. Coping is understood as the process of engaging in various activities in response to these challenges and employing the resources available, which can serve both instrumental and regulatory functions. The instrumental function focuses on addressing the problem (problem-focused coping), with the aim of reducing or eliminat-

ing the stressor's harmful effects. In contrast, the regulatory function involves directing one's efforts towards managing the emotions associated with stress (emotion-focused coping) (Lazarus & Folkman, 1984).

With the development of positive psychology, the attention of many researchers has shifted to the role of positive emotions in the stress transaction. Research initiated by Susan Folkman on the role of positive emotions in coping (Folkman, 1997) expanded Lazarus' model by introducing the coping efforts aimed at finding and creating positive meaning in situations otherwise perceived as stressful, a process known as *positive reappraisal*. Studies have shown that the use of positive reappraisal in coping is positively correlated with the emergence of positive emotions and an increase in overall psychological well-being (Nowlan et al., 2016; Garza Varela et al., 2021).

Coping with stress can be understood in terms of general disposition, often referred to as a coping style, which is conceptualised as a personality trait. It is assumed that coping style predicts the characteristic repertoire of response patterns that an individual employs in stressful situations, namely the strategies or methods used to cope with stress (Ogińska-Bulik & Juczyński, 2010). This understanding of coping is reflected in the model proposed by Norman Endler and James Parker, who identified three primary coping styles: task-oriented, emotion-oriented, and avoidance coping (Endler & Parker, 1990). An alternative perspective was provided by Charles Carver and Michael Scheier, who drew on the self-regulation model of behaviour (Carver & Scheier, 1981). These authors suggested that due to the role of individual differences in the selection of coping strategies, coping styles and strategies should be considered together, as an individual's specific repertoire of coping strategies might reflect both a stable tendency (a dispositional approach to stress) and a set of strategies employed in a particular stressful situation (a situational approach to stress) (Carver et al., 1989; Carver & Scheier, 1994).

According to Antonovsky's salutogenesis framework (1995), which was developed within the paradigm of stress, the effectiveness of an approach to coping with stress is measured by the success of strategies that lead to the resolution of the problem and the achievement of a positive emotional state. This effectiveness is a key determinant of health. Research findings indicate that the health effects of coping strategies extend not only to psychosocial health but also to some indicators of somatic health (Park & Adler, 2003;

Taylor & Stanton, 2007; Yu, 2009; Carver & Vargas, 2011). Numerous studies have shown that task-focused strategies are more beneficial to health than emotion-oriented or avoidance coping (Sęk & Pasikowski, 2001; Wrona-Polańska, 2003). Researchers have highlighted the importance of considering the context of a stressful situation, the time perspective, the use of multiple strategies in a single stress transaction, and the diverse health outcomes when evaluating the effectiveness of coping strategies and their health effects (Carver & Scheier, 1994; Ogińska-Bulik & Juczyński, 2010).

Stevan Hobfoll's *Conservation of Resources* (COR) theory makes a significant contribution to stress research by conceptualising it as a loss of resources, the threat of such loss or failure to gain the new resources once the initial reservoir has been depleted. In this framework, individuals with more resources are less vulnerable to resource loss and are better equipped to cope effectively (Hobfoll, 2006; Holmgreen et al., 2017). The concept of resources lie at the heart of the proactive coping model that involves the accumulation and consolidation of resources, as well as the acquisition and development of skills that can be utilised in the face of stressful situations (Aspinwall & Taylor, 1997; Aspinwall, 2010). Research demonstrates that the health-promoting benefits of proactive coping (Uskul & Greenglass, 2005; Greenglass & Fiksenbaum, 2009; Serrano et al., 2021) are linked, among other things, to the use of task-oriented strategies rather than avoidance coping (Greenglass et al., 1999).

According to Michael Furlong et al. (2014), personal resources that contribute to the optimal level of mental health may be considered within the psychological construct defined as *covitality.* The concept of covitality, found within the paradigm of positive psychology, interprets mental health not only as the absence of a mental disorder or its symptoms but also as the presence of "positive" aspects of functioning that may provide buffers, in this way minimising the concentration of "negative" symptoms (Seligman & Csikszentmihalyi, 2000; Suldo & Shaffer, 2008; Diener, 2009). Covitality is understood as the effect of the interaction between certain blocks of positively oriented psychological traits and serves as a measure of resources in the positive dimension of mental health. Four blocks of psychological traits have been identified in the covitality model as it pertains to students: (1) *belief in self*, which includes self-efficacy, perseverance, and self-awareness; (2) *belief in others*, which encompasses peer support, family coherence, and school support; (3)

emotional competence, which includes emotional regulation, behavioural self-control, and empathy; and (4) *engaged living*, which comprises gratitude, zest, and optimism (Furlong et al., 2017).

Methodology: sample, instruments, and research procedure

This study aimed to explore the relationship between the social emotional health of students and the coping strategies they employ.

The following research questions and hypotheses were posed:

- Are there differences in coping strategy preferences between female and male students?
- What is the relationship between students' socio-emotional health resources, measured by the level of covitality, and their preferred stress coping strategies?
- What is the relationship between the coping strategies used by students and their socio-emotional health, as measured by the level of covitality?

H1: Gender differentiates students' preferred coping strategies.

H2: There is a relationship between students' socio-emotional health resources, measured by the level of covitality, and their preferred coping strategies.

H3: The use of adaptive coping strategies contributes to an increase in the level of socio-emotional health, as measured by covitality.

The study involved university students enrolled in on-site programmes. A non-probability random sampling method was employed. The study was conducted using Computer-Assisted Web Interviewing (CAWI). An invitation to participate was sent to email addresses of students registered under the domain of one of the Kraków universities in Poland. The invitation included a link to the questionnaire along with a description of the study. Access to the survey questions was granted only after the student had given their consent to participate. The research sample consisted of $N = 491$ students; the majority were women ($n = 349$, 71.1%), 23.0% ($n = 113$) were men and 16 in-

dividuals (3.3%) identified as "other" regarding gender, while 13 respondents (2.6%) preferred not to disclose their gender. The age of the participants ranged from 17 to 39 years (M = 21.35, SE = 2.84, Me = 21), with 95.9% of the respondents being under 27 years of age. The study was conducted between September and December 2023. The research project received a positive opinion from the Research Ethics Committee of the Faculty of Philosophy at the Jagiellonian University (KE/70_2022, dated January 13, 2023).

The research materials were collected using the *Mini-COPE Inventory* for Coping with Stress and the *Social Emotional Health Survey* for Students. The *Mini-COPE Inventory* (Juczyński & Ogińska-Bulik, 2012) is the Polish adaptation of the *Mini-COPE* (Carver, 1997), a tool designed to assess dispositional coping with stress. The inventory consists of 28 statements, grouped into 14 coping strategies (subscales), with 2 statements per strategy. The response scale ranges from 0 ("I rarely do this") to 3 ("I do this a lot"). Each subscale is scored by summing-up the points for the two statements within the subscale and dividing by 2. The original version of the scale demonstrated a nine-factor structure, with reliability coefficients for most subscales near 0.70 (Carver, 1997).

The *Social Emotional Health Survey* applied in this research is the Polish version of the *Social Emotional Health Survey - Higher Education* (SEHS-HE) (Furlong et al., 2017), which was developed through a back-translation process according to the standards of the International Test Commission. The scale is a self-report tool consisting of 36 statements, designed to measure the psychological construct of *covitality*, which includes four latent psychological traits: *Belief in self, Belief in Others, Emotional Competence*, and *Engaged Living*. Each trait is measured by three subscales, each containing three statements. Respondents rate each statement on a six-point scale, ranging from "Very much unlike me" to "Very much like me". The total score for the SEHS (*covitality*) ranges from 36 to 216. The reliability of the original version of the scale for the overall covitality score was α = 0.94 (Furlong et al., 2017). In the current study, the reliability coefficient for the overall covitality score was α = 0.91.

Results

The results of the social emotional health assessment, measured by the covitality score, indicated that the sample, as a whole, displayed an average level of social emotional health (M = 146.12; SD = 23.34). No significant difference in covitality levels was found between female and male participants (M = 146.68; SD = 22.30 and M = 145.63; SD = 24.13, respectively) (see Table 1). The results partially support Hypothesis 1.

The study revealed that in stressful situations both female and male students most frequently employed active coping strategies, such as developing a plan of action to remove or reduce the effects of the stressor (M = 4.11) and focused their efforts on its implementation (M = 3.96). Quite often they also opted for accepting the situation (M = 3.73). Other coping strategies showed significant differences between genders, with women more frequently resorting to helplessness (e.g., self-blame for the situation, M = 3.91) but also seeking emotional support (M = 3.87) or instrumental support (M = 3.63), as well as using avoidance strategies, like engaging in distractions (M = 3.82) and, to a lesser extent, acting out (M = 3.36) (Table 1).

The analysis of the relationship between the social emotional health of the students in our sample and their preferred coping strategies showed that higher levels of this dimension of health are linked to coping through *seeking emotional support* (r = 0.525), while this is also protective against the maladaptive coping strategy of giving up all activity (r = -0.508). However, the correlation between *seeking emotional support* and social emotional health is only strong for women (r = 0.560). In contrast, the strategy of *giving up all action* correlates negatively with high-level social emotional health and more strongly in men than in women (r = -0.608 for men and r = -0.483 for women, respectively).

Table 1. Mean and standard deviation for strategies for coping with stress and social emotional health scores

	Strategy / *covitality* level	Total *N* = 491		Women *n* = 349		Men *n* = 113		*p*
		M	*SD*	*M*	*SD*	*M*	*SD*	
Stress coping strategies	Active coping	3.96	1.26	3.95	1.24	3.98	1.38	0.403
	Planning	4.11	1.33	4.09	1.24	4.08	1.59	0.408
	Positive reappraisal	2.65	1.57	2.69	1.55	2.58	1.59	0.258
	Taking psychoactive substances	0.86	1.38	0.85	1.35	0.91	1.52	0.351
	Giving up all action	1.88	1.42	1.93	1.34	1.72	1.63	0.101
	Self-blaming	3.87	1.76	3.91	1.68	3.62	1.90	0.059
	Seeking emotional support	3.76	1.16	3.87	1.15	3.43	1.14	<0.001
	Seeking instrumental support	3.41	1.74	3.63	1.67	2.69	1.73	<0.001
	Engaging in distractions	3.76	1.33	3.82	1.30	3.43	1.35	0.003
	Denial	1.52	1.53	1.61	1.48	1.19	1.51	0.005
	Acting out	3.18	1.34	3.36	1.29	2.61	1.31	<0.001
	Turning to religion	1.58	1.97	1.64	2.04	1.59	1.84	0.411
	Acceptance	3.73	1.40	3.71	1.37	3.86	1.41	0.167
	Sense of humour	2.33	1.35	2.22	1.37	2.60	1.35	0.005
	Covitality – total result SEHS	146.12	23.34	146.68	22.30	145.63	24.13	0.335

Source: Author's own elaboration.

It is worth noting that, for women, social emotional health increases with the more frequent use of *positive reappraisal* as a coping strategy in stressful transactions. This correlation is relatively strong ($r = 0.498$) and has a positive direction (i.e., as health improves, the use of positive reappraisal increases) (see Table 2). The analysis conducted supports the acceptance of Hypothesis 2.

Table 2. Correlation matrix for social emotional health (covitality) and strategies for coping with stress for the entire sample, as well as for the groups of women and men

Stress coping strategies	Total result $N = 491$		Women $n = 348$		Men $n = 113$	
	Pearson correlation coefficient	95% confidence intervals	Pearson correlation coefficient	95% confidence intervals	Pearson correlation coefficient	95% confidence intervals
Active coping	0.435**	[0.361, 0.504]	0.455**	[0.367, 0.534]	0.365**	[0.193, 0.515]
Planning	0.340**	[0.259, 0.416]	0.359**	[0.264, 0.447]	0.285**	[0.106, 0.447]
Positive reappraisal	0.486**	[0.416, 0.551]	0.498**	[0.415, 0.573]	0.336**	[0.162, 0.491]
Taking psychoactive substances	-0.232**	[-0.314, -0.146]	-0.239**	[-0.336, -0.138]	-0.184	[-0.356, 0.001]
Giving up all action	-0.508**	[-0.571, -0.439]	-0.483**	[-0.560, -0.398]	-0.608**	[-0.713, -0.477]
Self-blaming	-0.379**	[-0.452, -0.300]	-0.407**	[-0.491, -0.315]	-0.355**	[-0.507, -0.182]
Seeking emotional support	0.525**	[0.458, 0.586]	0.560**	[0.489, 0.628]	0.401**	[0.233, 0.545]
Seeking instrumental support	0.260**	[0.175, 0.340]	0.267**	[0.167, 0.362]	0.240*	[0.058, 0.407]
Engaging in distractions	-0.105*	[-0.191, -0.016]	-0.069	[-0.173, 0.036]	-0.158	[-0.333, 0.028]
Denial	-0.139**	[-0.225, -0.051]	-0.134*	[-0.235, -0.029]	-0.156	[-0.331, 0.030]
Acting out	0.075	[-0.014, 0.162]	0.104	[-0.001, 0.207]	0.004	[-0.181, 0.189]
Turning to religion	0.234**	[0.149, 0.316]	0.224**	[0.121, 0.322]	0.237*	[0.055, 0.404]
Acceptance	0.264**	[0.180, 0.345]	0.235**	[0.133, 0.332]	0.290**	[0.111, 0.450]
Sense of humour	0.066	[-0.023, 0.153]	0.060	[-0.045, 0.164]	0.084	[-0.102, 0.265]

Note: *$p < 0.05$; **$p < 0.001$

Source: Author's own collaboration.

In the next step, the relationship between students' use of various coping strategies and their social emotional health was examined. An analysis of the regression results revealed that statistically significant predictors of social emotional health, measured by the level of covitality, were found to include the following coping strategies: positive reappraisal (β = 0.212 for the entire sample, 0.195 for women, and 0.158 for men), seeking emotional support (β = 0.320 for the entire sample, 0.398 for women, and 0.199 for men), giving up (β = -0.272 for the entire sample, -0.229 for women, and -0.482 for men), and self-blame (β = -0.172 for the entire sample, -0.203 for women, and -0.191 for men).

The directions of these relationships suggest that using strategies such as positive reappraisal and seeking emotional support serves the purpose of strengthening of social emotional health resources. In contrast, helplessness has been linked to deteriorating health. Notably, seeking emotional support is a significantly stronger positive predictor of health among women. Additionally, a statistically significant, though relatively weak, positive predictor of health found only among men was the strategy of acceptance (β = 0.183). Model statistics indicate that this explains approximately 52% of variance for covitality (the total SEHS score) (see Table 3). The results of the analysis support the acceptance of Hypothesis 3.

Table 3. Multiple regression results by gender: strategies for coping with stress and covitality levels

Dependent variable	Independent variable	Total			Women			Men		
		beta	t	p	beta	t	p	beta	t	p
covitality	Active coping	-0.006	-0.117	0.907	-0.031	-0.517	0.606	0.027	0.252	0.801
	Planning	-0.006	-0.156	0.876	0.015	0.302	0.763	-0.049	-0.541	0.590
	Positive reappraisal	0.212	5.564	0.000	0.195	4.224	0.000	0.158	1.966	0.050
	Taking psychoactive substances	-0.092	-2.782	0.006	-0.091	-2.318	0.021	-0.063	-0.868	0.387
	Giving up all action	-0.272	-6.875	0.000	-0.229	-4.992	0.000	-0.482	-5.332	0.000
	Self-blaming	-0.172	-4.904	0.000	-0.203	-4.761	0.000	-0.191	-2.510	0.014
	Seeking emotional support	0.320	6.042	0.000	0.398	5.967	0.000	0.199	1.962	0.053
	Seeking instrumental support	0.018	0.408	0.684	-0.026	-0.489	0.625	0.052	0.537	0.592
	Engaging in distractions	0.015	0.466	0.641	0.014	0.360	0.719	0.107	1.348	0.181
	Denial	0.002	0.068	0.946	0.023	0.550	0.583	-0.010	-0.135	0.893
	Acting out	0.025	0.717	0.473	0.004	0.101	0.920	0.078	0.996	0.322
	Turning to religion	0.049	1.465	0.144	0.080	1.982	0.048	-0.043	-0.540	0.590
	Acceptance	0.086	2.504	0.013	0.030	0.735	0.463	0.183	2.384	0.019
	Sense of humour	0.061	1.817	0.070	0.058	1.405	0.161	0.103	1.374	0.172
	Model statistics	Adjusted R^2 = 0.52 F = 38.570 $p < 0.000$			Adjusted R^2 = 0.53 F = 28.184 $p < 0.000$			Adjusted R^2 = 0.49 F = 8.568 $p < 0.000$		

Source: Author's own collaboration.

Discussion

Studies conducted with the use of the *Social Emotional Health Survey* (SEHS-HE) showed that students demonstrated relatively low levels of social emotional health resources within the *covitality* domain. The overall score for social emotional health ($M = 146.12$) fell within the average range but was significantly lower than demonstrated in other studies that used the same tool, conducted among Turkish and American student samples, where the total SEHS scores reached $M = 171.34$ and $M = 161.75$, respectively (Furlong et al., 2017; Arslan et al., 2022).

The findings demonstrated that both male and female students employed primarily problem-focused coping strategies, such as planning and implementing remedial actions. This result only partially aligns with other studies, which more often reported emotion-oriented and avoidance coping among students (Pierceall & Keim, 2007; Brougham et al., 2009; Babicka-Wirkus et al., 2021). In the present sample, these strategies were also found but the frequency of their use depended on gender, with a clear preference for emotion-focused strategies among women, a pattern also confirmed in other research (Matud, 2004; Brougham et al., 2009).

Studies in positive psychology indicate that optimism, positive thinking, communication skills, and emotional competences are among the key health resources for effective stress management (Seligman & Csikszentmihalyi, 2000; Fredrickson, 2001). This result is corroborated by our findings, which showed that higher levels of social emotional health among the surveyed students were associated with more frequent use of adaptive coping strategies, such as seeking emotional support and positive reappraisal. Looking into the health implications of stress-related transactions involves the assessment of the psychosocial benefits derived from coping strategies (Yu, 2009). The research presented in this article demonstrates that adaptive strategies, such as seeking emotional support and positive reappraisal, are positive predictors of social emotional health. At the same time, avoidance strategies, such as giving up and self-blame, failed to contribute to the strengthening of social emotional health resources. This result is supported by other studies indicating that while avoidance coping may temporarily reduce tension, it ultimately leads to a decline in mental health (Lazarus & Folkman, 1984; Heszen, 2013).

The literature on the subject increasingly emphasizes the need to implement educational programs to help develop students' emotional and social competencies (Durlak et al., 2011). The findings of the present study allow for two key conclusions: first, the social emotional health resources available to students support the adoption of active coping strategies in stressful situations. Teaching proactive coping skills to young people to enhance their social emotional resources emerges as an important educational challenge in light of these results. Second, the use of some of these strategies strengthens students' social emotional health resources, particularly positive reappraisal and seeking emotional support. This highlights another pedagogical challenge, which is equipping young people with the skills required to effectively use these strategies in the management of stress.

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