A COMPARATIVE STUDY INTO THE COPING STRATEGIES EMPLOYED BY UNDERGRADUATE PSYCHOLOGY AND NON-PSYCHOLOGY STUDENTS

Sanche Nel
Midrand Graduate Institute
sanchenel@gmail.com

Rizwana Roomaney
Department of Psychology
Stellenbosch University
rizwanaroomaney@sun.ac.za

ABSTRACT

This study investigated differences in coping strategies between psychology students and non-psychology students. The researchers hypothesized that psychology students would utilize more adaptive coping skills than non-psychology students, based on their exposure to psychological theory. The Brief COPE survey was administered to 43 psychology students and 47 non-psychology students. Analyses by means of T-tests were conducted to determine statistically significant differences in coping strategies between the two groups. The results indicated that there were no significant differences between the coping styles of psychology students and non-psychology students in 13 of the 14 subscales of the Brief COPE. However, a significant difference was found in one subscale, namely emotional support, with psychology students demonstrating significantly higher mean scores on the scale than non-psychology students ($p < 0.01$). Psychology students in the sample utilized the coping strategy of seeking emotional support significantly more than the non-psychology students in the sample. These results indicate that knowledge regarding coping does not necessarily translate into implementation of adaptive

UNISA university of south africa

New Voices in Psychology
Volume 11 | Number 1 | 2015
pp. 45–62

Print ISSN 1818-6874

coping strategies. However, the results of this study indicates that psychology students sought more emotional support than non-psychology students and may therefore indicate that they are more willing to seek assistance in order to cope than non-psychology students.

Keywords: Adaptive coping, Brief COPE, maladaptive coping, psychology graduate students, stress.

Stress is a multidimensional concept and refers to an external or internal event that is linked to the relationship between the environment and an individual. It causes reactions in body and mind (Lazarus, 1990; 1993; 2006; Lindqvist, Carlsson & Sjoden, 2000; Malefo, 2000). Stress is experienced differently by individuals, with some individuals not realizing that they are experiencing stress (Baqutayan & Mai, 2012). However, a certain amount of stress is required for life and learning (Kampfe, Mitchell, Boyless & Sauers, 1995). Selye (1974) as cited in Lazarus (1990; 1993) referred to this type of required stress as eustress or good stress. The opposite is bad stress or distress that has negative results. However, too much stress or distress may affect an individual's overall efficiency and functioning (Baqutayan & Mai, 2012; Cahir & Morris, 1991; Kampfe et al., 1995; O'Connor, 2001).

Coping often refers to a behavioural and cognitive process in response to stress (stressor) or threat (Tamres, Janicki & Helgeson, 2002). The individual's appraisal of and ability to deal with the source of stress (stressor) and management of emotions experienced in response to stress is referred to as coping (Lazarus & Folkman, 1984; 1987). The experience of stress and the subjective feeling of not coping with the stress can elicit feelings of helplessness, anxiety and an ominous sense of loss (Baqutayan & Mai, 2012; Mahmoud, Staten, Hall & Lennie, 2012).

Carver, Scheier and Weintraub (1989) have proposed two approaches to coping with stress, namely problem-and emotion focused coping strategies. Problem-focused coping strategies refer to making changes in the environment in order to alleviate stress and include active or adaptive coping styles, whereas emotion-focused coping refers to changing the meaning of the stressful experience and includes the maladaptive coping styles (Lazarus & Folkman, 1984; 1987; Robotham & Julian, 2006). Similarly, Lazarus and Folkman (1984) have proposed two styles of coping, namely active and maladaptive coping (Carver et al., 1989; Lazarus & Folkman, 1984; 1987). Active coping denotes strategies such as planning, seeking emotional and instrumental social support, positive reframing, and active coping, turning to religion, humour and acceptance. Maladaptive coping styles consist of denial, venting, detaching behaviourally and emotionally, and self-blame (Carver et al., 1989).

Several sources of stress have been identified in students. They include educational workload (Gerber & Hoelson, 2011; Kausar, 2010), changes in sleeping and eating patterns, performance expectations, competition between peers for

grades, belief in ability (Baqutayan & May, 2012; Davenport & Lane, 2006), social change and financial burdens (Robotham & Julian, 2006). In addition, personal stressors experienced by students include family illness, death, difficulties with siblings, conflict with parents, intimate interactions and interpersonal struggles with friends (Cahir & Morris, 1991; Pillay & Bundhoo, 2011; Pillay & Ngcobo, 2010). As many as one-third to one-half of psychology graduate students drop out or seriously consider leaving tertiary education before they graduate, due to high levels of stress (McKinzie, Altamura, Burgoon & Bischop , 2006; Pillay & Bundhoo, 2011). One in ten students experience suicide ideation and a high prevalence of alcohol and drug use are present in this population, most likely as a result of developmental vulnerability to stress (Mahmoud et al., 2012; Pillay & Ngcobo, 2010).

Studies have demonstrated that graduate students use denial, religion, venting and seeking social and emotional support in order to cope with stress (Dearing, Maddux & Tangney, 2005; McKinzie et al., 2006; Nelson, Oliver, Koch & Buckler, 2001). Some studies found that male students utilise more problem-focused coping styles compared to female students, who typically use more emotional- focused and seeking social support coping styles (Devonport & Lane, 2006; Mahmoud et al., 2012). However, a critical review of research conducted by Tamres, Janicki and Helgeson (2002) concluded that there is no definitive difference in coping styles between sexes.

It has been theorised that individuals in the field of psychology maintain a better level of functioning in relation to physical and mental health (Gerber & Hoelson, 2011; Kuyken, Peters, Power & Lavender, 2003). However, a study conducted by Jordaan, Spangenberg, Watson and Fouche (2007) found that even though psychologists more frequently utilise adaptive coping strategies than maladaptive strategies, they often experienced distress. Furthermore, coping strategies that psychologists in the sample utilised when distressed were not necessarily the most adaptive style. The overall results of the study indicated that South African psychologists were not managing their stress well as 54.2% of the sample was mildly depressed and 56.3% had high levels of anxiety compared to dentists with 76.5% and 51% of religious ministers (Jordaan et al., 2007).

A substantial body of research has focused on investigating coping in the general population; however there is very limited published research on stress and coping in graduate students, specifically psychology students (El-Ghoroury et al., 2012). Studies have explored the ways in which undergraduate and postgraduate students cope with academic stress in general (Carver et al., 1989; Davenport & Lane, 2006; Edwards, Ncobo & Edwards, 2014; Kausar, 2010; Lawrence, Ashford & Dent, 2006; Malefo, 2000; Pillay & Bundhoo, 2011; Pillay & Ngcobo, 2010) but an extensive review of published studies found no published research that explored differences in coping styles between psychology and non-psychology students.

The specific psychology training focused on in this study was the Bachelor of Psychology (BPsych) degree which involves a four year academic training program that includes a mini thesis and 720 hours practical internship (Kotze, 2005). The current study thus sought to ascertain whether knowledge in Psychology translated into the use of better coping strategies between psychology and non-psychology students. This study aimed to compare whether different coping styles between psychology undergraduate students and non-psychology students were being employed.

This study utilized the framework of coping strategies as outlined by Lazarus and Folkman (1987). The process of appraisal and response by individuals to cope with stress using either problem-focused or emotion-focused strategies to manage the stressor (Lazarus & Folkman, 1984; 1987; Lazarus, 2006). The practice of emotional reaction to stress refers to assessment, coping, the course of action or reaction and the meaning of the relationship between the individual and the environment (Lazarus & Folkman, 1987; Lazarus, 2006). The relationship refers to the way the person and environment interacts during stressful times and whether the person sees the environment as harming or threatening. Each individual evaluates a stressful event subjectively depending on various personal background frames of reference e.g. intellectual, motivational and interpersonal processes and then responds in an emotive way to that event. The primary process refers to behavioural and thought efforts to cope with the stress in either a problem solving or emotional way according to Lazarus and Folkman (1984; 1987)

METHODOLOGY

Research Design

The present quantitative study was cross-sectional, as data was collected from the sample at one point in time. This was deemed appropriate by the researchers since the aim of the study was to compare scores between two groups.

Sample

A non-probability convenience sample was used in this study to recruit participants, meaning that the selection of the sample was not random but according to convenience of availability (Terre Blanche, Durrheim & Painter, 2006). The sample of this study consisted of 90 undergraduate students from a private tertiary institution. This included 43 psychology students and 47 students from other courses which comprised of four psychology, two graphic design, two tourism and one business course classes. The non-psychology cohorts were of similar age ranges as the psychology cohorts. The sample consisted of 61 females which accounted for 67% of the sample and 29 males,

constituting 32% of the overall sample. Specifically the psychology student sample consisted of 9 males and 34 females which is representative of this demographic. As Tamres, Janicki and Helgeson (2002) suggest there are no differences in coping styles between sexes. The marked ration difference of the psychology group should not impact on the study. The sample of non-psychology consisted of 20 males and 27 females. The ages ranged between 18 and 27 with a mean age of 19.33 years in the sample. Sixty three percent of the total sample comprised students from level one study, 24% level two and 9% level three. Study level one had the highest number of students (n= 57), followed by study level two (n= 24) and finally study level three (n=9).

Research Instrument

The multidimensional self-report Brief COPE instrument is a shortened version of the original Coping Orientations to Problem Experienced (COPE: Carver, Scheier & Weintraub, 1989). The measure was developed using the Lazarus transactional stress model as well as a behavioural model of self-regulation (Carver & Scheier, 1983; Carver et al., 1989). The Brief COPE consists of twenty eight items divided into fourteen subscales with two items per subscale resulting in two dimensions namely adaptive and maladaptive coping. The fourteen subscales in their respective dimensions are as follows: adaptive coping styles include active coping, planning, humour, and religion, acceptance, seeking emotional support, seeking social support, self-distraction and positive reframing. Maladaptive coping styles are denial, venting, detachment, self-blame and substance use (Carver et al., 1989).

Table 1: Dimensions and subscales of the Brief COPE

2 Dimensions	**Adaptive Coping Styles**	**Maladaptive Coping Styles**
14 Subscales	Active coping	Denial
	Planning	Venting
	Humour	Detachment
	Religion	Self-blame
	Acceptance	Substance use
	Seeking emotional support	
	Seeking social support	
	Self-distraction	
	Positive reframing	

A four point Likert-type interval measurement is used to collect the data indicating from (1) “I don’t usually do this” to (4) “I always do this” in relation to stress. A high score for each question indicates a more likely use of that coping style and the same

is indicated for a low score where it is less likely for the use of that subscale as coping method. Carver, Scheier and Weintraub (1989) do not recommend calculating an overall score for the Brief COPE but rather comparing scores across each subscale.

Psychometric properties of the Brief COPE have internationally acceptable internal stability, concurrent validity and test-re-test reliability (Carver et al., 1989). Factor analysis confirmed the fourteen factor structure and two dimension subscales of the Brief COPE scale, indicating good construct validity (Krypel & Henderson-King, 2010). The Cronbach's Alpha reliability score for the fourteen scales in the Brief COPE ranged from 0.45 to 0.92, with an average of Cronbach's Alpha of 0.74 in a sample of 978 undergraduate students in the United States (Carver et al., 1989). The scale has been reported as widely used in the South African context and produced a Cronbach reliability coefficient of 0.63 in a sample of HIV positive women in South Africa (Kotze, Visser, Makin, Sikemma & Forsyth, 2013). The instrument produced a Cronbach's Alpha reliability score of 0.77 in the present study. According to Hysamen (1996), reliability scores of 0.65 and above are sufficient to make decisions regarding groups.

Data Collection

Data were collected during the third quarter of the academic year using the pen and paper version of the Brief COPE survey.

Appendix 1: Brief COPE Self Report Questionnaire

BRIEF COPE SURVEY
Please complete the following personal information, the survey will be anonymous and used for research purposes only.

Age:	**Race:**
Sex:	*** Level of study:**

****** Please note: this information is an important component of the study, please ensure that you complete this section.*

These items deal with ways you've been coping with the stress in your life. There are many ways to try to deal with problems. These items ask what you've been doing to cope. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping.

I want to know to what extent you've been doing what the item says. How much or how frequently. Don›t answer on the basis of whether it seems to be working or not—just whether or not you›re doing it.

Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can. Mark the individual block that is most true for you with and X.

1 = I haven't been doing this at all
2 = I've been doing this a little bit
3 = I've been doing this a medium amount
4 = I've been doing this a lot

Questions items	**I haven't been doing this at all**	**I've been doing this a little bit**	**I've been doing this a medium amount**	**I've been doing this a lot**
1. I've been turning to work or other activities to take my mind off things.				
2. I've been concentrating my efforts on doing something about the situation I'm in				
3. I've been saying to myself "this isn't real."				
4. I've been using alcohol or other drugs to make myself feel better.				
5. I've been getting emotional support from others.				
6. I've been giving up trying to deal with it.				
7. I've been taking action to try to make the situation better.				
8. I've been refusing to believe that it has happened.				
9. I've been saying things to let my unpleasant feelings escape.				
10. I've been getting help and advice from other people.				
11. I've been using alcohol or other drugs to help me get through it.				
12. I've been trying to see it in a different light, to make it seem more positive.				
13. I've been criticizing myself.				
14. I've been trying to come up with a strategy about what to do.				

15. I've been getting comfort and understanding from someone.				
16. I've been giving up the attempt to cope.				
17. I've been looking for something good in what is happening.				
18. I've been making jokes about it.				
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.				
20. I've been accepting the reality of the fact that it has happened.				
21. I've been expressing my negative feelings				
22. I've been trying to find comfort in my religion or spiritual beliefs.				
23. I've been trying to get advice or help from other people about what to do.				
24. I've been learning to live with it.				
25. I've been thinking hard about what steps to take.				
26. I've been blaming myself for things that happened.				
27. I've been praying or meditating.				

The Head of Research as well as all the relevant lecturers for the various courses were consulted to determine which classes the participants would be recruited from. The lecturers informed the researcher regarding the timing of the data collection and all data collection took place towards the end of the lectures. The researcher (SN) went to each class and explained the aim of the study as well as all ethical issues to the students and requested their participation. The survey was anonymous and no credits for their academic course were offered for participation. Students who were willing to participate were handed a pen and paper version of the instrument battery consisting of the informed consent form, an information letter and the Brief COPE scale. The students that did not want to participate in the study were allowed to leave the class whilst the participating students took approximately 10 minutes to

complete The Brief COPE survey. Participants handed the instrument battery back to the researcher upon completion where the data were captured by the researcher (SN) into excel. The anonymous, completed paper surveys were stored in a locked cabinet in office of the research department.

Data Analysis

The data were captured in Microsoft Excel and then imported into the Statistical Package for Social Sciences (SPSS) version 21. The psychology students' coping styles were compared to the non-psychology students' coping styles using descriptive statistics by summarising the data into frequency tables and a histogram. Group averages and t-tests were used to determine if the two samples differ significantly in terms of the variable being coping styles. The differences in the various types of coping styles implemented were also compared using the same inferential analysis methods.

Research Ethics

The researcher (SN) respected the dignity and human rights of all participants. The ethics committee of the tertiary institute assessed the study and granted permission for this study. Data collection commenced once ethical clearance was granted. Participants were fully informed of the nature and scope of the study. They were informed that participation was voluntary and that they could withdraw from the study at any time. It was also made clear to participants that the study was independent of any coursework and that no marks would be given, added or deducted by agreeing to participation in the study. The consent form and information sheet explained the aims of the study, requirements for participation and ethical information. This information was handed to the participants before the start of the data collection. A verbal description and opportunities to answer questions was given before the start of the survey. Students did not receive any compensation for participation in the study. Only the researcher and supervisor worked with the data collected and all surveys were kept anonymous. The institution's counselling unit's contact details were provided on the information sheet had any emergency support been required as a result of the study.

RESULTS

The means and standard deviations for the two dimensions (adaptive and maladaptive) are indicated in *Table 2*.

Table 2: Results of the non-psychology and psychology group overall coping styles

Group	Description	Adaptive	Maladaptive
Non Psychology *(N = 47)*	Mean	44.85	15.15
	Std. Deviation	8.380	4.791
Psychology *(N=43)*	Mean	47.91	14.95
	Std. Deviation	7.240	4.076

Adaptive coping for the non-psychology group yielded a mean of 44.85 with a standard deviation of 8.4 and for the psychology group a higher mean of 47.9 and standard deviation of 7.2. The maladaptive coping dimension generated a mean for the non-psychology group as 15.2 and standard deviation of 4.8 and for the psychology group a slightly lower mean of 15.0 and standard deviation of 4.4. The t-tests scores for the two coping styles, namely adaptive and maladaptive coping were 1.843 and -.207 respectively with no significant difference between the two dimensions.

Table 3: Results of the t-scores and significance levels of non-psychology and psychology group overall coping styles

Style description	T score	Significance	Mean difference
Adaptive	1.843	.069	3.056
Maladaptive	-.207	.836	-.195

Carver (Carver et al., 1989) recommends that scores across each subscale be compared and do not recommend calculating an overall score for the Brief COPE. Therefore, the means for each of the fourteen subscales were then calculated and t-tests were used to determine if the differences between the two groups were significant. A significance level of $p < 0.01$ was selected.

Table 4: Results of the t-test for each subscale of Brief COPE of psychology and non-psychology groups

Subscales	T score	Significance	Mean difference
Self-distraction	0.71	.943	.022
Active coping	.472	.638	.137
Denial	.112	.911	.035
Substance use	.776	.440	.243
Emotional support	**3.533**	**.001**	**1.249**

Social support	1.836	.070	.666
Disengage	.544	.588	-.132
Venting	.308	.759	-.052
Positive reframing	1.357	.178	.407
Planning	.377	.707	.113
Humour	.004	.996	-.001
Acceptance	.960	.340	.301
Religion	.355	.723	.162
Self-blame	.724	.471	-.290

The group of psychology students scored higher than the non-psychology students on the self-distraction, active coping, seeking emotional and social support, positive reframing, planning, acceptance and religion subscales, indicating that on most of the adaptive coping styles the psychology students fared better. However the maladaptive coping style scores of denial, and substance use were also higher in the psychology students indicating that some maladaptive patterns of coping were also utilised. Only the subscale scores of humour as adaptive coping style were exactly the same for both groups indicating they similarly employed that type of adaptive coping style. The non-psychology students scored higher than the psychology students in the distraction, venting and self-blame subscales, indicating that the non-psychology students chose more maladaptive coping styles compared to the psychology group scores.

Table 5: Differences in use of dimensions and subscales of the Brief COPE for psychology and non-psychology groups

Dimensions	**Subscales**	**Psychology**	**Non-psychology**
Active coping styles	Self-distraction	5.26	5.23
	Active coping	5.86	5.72
	Emotional support	5.67	4.43
	Social support	5.33	4.66
	Planning	5.58	5.47
	Humor	4.23	4.23
	Acceptance	5.79	5.49
	Religion	4.65	4.49
	Positive reframing	5.53	5.13

Maladaptive coping styles	Disengage	2.95	3.09
	Self-blame	4.09	4.38
	Venting	1.88	1.94
	Denial	3.16	3.13
	Substance use	2.86	2.62

However, t-tests revealed that these difference were not substantial for all the subscales except for seeking emotional support ($p<0.01$) indicating that this particular difference was significant.

DISCUSSION AND CONCLUSION

This study investigated whether there is a difference in the coping styles between psychology and non-psychology students and found no significant difference in coping styles between the two groups regarding adaptive or maladaptive coping dimensions. The only significant difference ($p < 0.01$) in scores was found in the adaptive subscale of seeking emotional support. This significant result indicated that psychology students sought emotional support more than non-psychology students.

There was no significant difference between the psychology and non-psychology groups regarding choice of adaptive coping skills with both groups having a mean score of 47.91 and 46.31 respectively. The researchers hypothesized that the psychology students would employ more adaptive coping skills than the non- psychology students as a result of their knowledge attained during the course of their studies. More specifically, the psychology students should have developed skills around appraisals of stressors, styles of coping, negative outcomes of stress and theory regarding the employment of problem focused adaptive coping as opposed to avoidant coping styles. The psychology students in our sample relied on both adaptive and maladaptive coping strategies. These results are similar to those in the Kampfe et al's. (1995) study, which found that whilst some psychology students used more overall adaptive coping styles, such as problem focused strategies and seeking social support, other psychology students employed maladaptive coping styles such as blaming, wishful thinking and avoidance. Nelson (2001) also found that graduate clinical psychology students relied on both adaptive and maladaptive coping styles. In addition, the results of the current study are similar to the findings of Jordaan et al. (2007), which concluded that clinical and counseling psychologists did not necessarily use adaptive coping styles during times of distress. These results may indicate that knowledge regarding psychology does not necessarily translate into personal implementation. Jordaan et al. (2007) recommended the development of a coping programme for psychologists and psychologists in training. Similarly,

and in light of the findings of the current study, the authors would like to recommend that individuals who work with psychology students, such as psychology lecturers, make efforts to decrease the theory-practice gap in psychology students.

Furthermore, the psychology students in our study sought emotional support significantly more than the non-psychology group. This result is similar to studies conducted by El-Ghoroury et al. (2012) and Kuyken et al. (2003), which found that psychology graduates sought emotional support as a means of coping. The reasons for this distinction in seeking emotional support in the current study may be related to environment. Research has indicated that students in supportive environments where they were encouraged to seek emotional support were likely to do so (Dearing et al., 2005; El-Ghoroury et al., 2012). Edwards, Ngcobo and Edwards (2014) also found that masters' professional psychology students sought emotional support. Conversely, the authors speculate that non-psychology students were probably not in environments that emphasised seeking emotional support as a coping strategy and therefore were less inclined to than the psychology students.

Personality may be another possible reason for the difference in seeking emotional support between the two groups. The authors were unable to locate literature on personality of psychologists but contemplated whether or not individuals who pursue a career in psychology are interested in understanding human behaviour and are open to seeking emotional support. This inherent characteristic (i.e. the willingness to discuss matters that are psychologically taxing) may provide the impetus to study psychology. Thus, perhaps psychology students are more open to emotional support than non-psychology students. However, this hypothesis needs to be investigated by conducting research into emotional support seeking and personality.

The results of our study contributes to the field of overall coping styles of groups of students as there are no published studies in South African literature about specific coping styles of psychology students compared to non-psychology students.

Limitations

Limitations of the study include the data collection yielding more study level one students and the research proposed more level two and three students. Another limitation was the survey being part of a battery of questionnaires which could reduce validity and reliability of data. Question 21 of the Brief COPE was omitted by mistake and could have affected the results of the subscale of venting which forms part of the maladaptive coping style. Using only the private institution campus students as the sample could also be limiting as the results cannot be generalised to all student populations. There is no temporal element to compare whether choosing to use adaptive coping styles in dealing with stress is an inherent, personality trait or a learnt experience of psychology training.

Recommendations

The study did not yield an indication of the overall coping styles of students as being equally poor or equally good. The premise is that psychology students were expected to cope better overall due to their training and that was not evident in this study. It is not clear why this was the outcome. It could imply that knowledge in psychology is not translating into and being integrated in their lives as adaptive coping styles to be implemented as and when required. Adding a temporal element in assessing coping styles used to alleviate stress should also be considered. Assessing coping strategies during year one of training and again at the final year level can test the premise of inherent personality coping style or learnt and implemented psychology learning. Conducting qualitative as well as quantitative research on stress, coping and psychology graduate students could provide a broader context of information especially as the stress and coping instruments used are generally self-report measures.

Further recommendations for future research are to test the coping styles between psychologists and the general population to see if psychologists use more effective coping mechanisms. Another suggestion could be to test the difference of coping styles of qualified psychologists as well as post graduate psychology students instead of study level one, two or three students only. A possibility to consider would be that age and experience of putting psychology into practice might yield a different result. It would be worthwhile to duplicate the Jordaan et al. (2007) study to test this hypothesis again on a national scale. Should the results be the same, a consideration of why learning psychology and not applying it during stressful situations using adaptive coping styles is necessary. Possibly testing coping styles during specific stressful situations instead of overall coping with stressful events in general can be considered. Other factors including ethnicity, personality type, age and other demographic variables can also be considered in the effects of stress and the differences in ways of coping of psychology and non-psychology graduate students and professionals. Testing for depression and anxiety symptomology can also be recommended in assessing levels of stress experienced as research confirmed the link between high levels of stress, maladaptive coping and pathology (Mahmoud et al., 2012).

Coping with stress in an adaptive way is ideal and although the results did not demonstrate a significant difference in the use of adaptive coping styles, a suggestion of focused workshops on coping styles can be implemented at tertiary level institutions. This could assist the students in knowledge on choosing more adaptive coping styles when faced with stress in specific situations and in general. This may assist the graduates with better coping styles during professional practice of psychology in their future endeavors. It is well documented that coping with stress using maladaptive strategies can lead to the risk of burnout, a decrease in competence and ethical implications for therapist and clients (Barnett, Elman, Baker & Schoener ,

2007; El-Ghoroury et al., 2012; Kuyken et al., 2003; Mahmoud et al., 2012; McKinzie et al.,2006 & O'Connor, 2001). Coping habits and styles are often formed during graduate training and teaching healthy coping and stress management interventions are vital. Doing proper assessing of at risk students, possibly implementing a peer mentoring program and added support and networking opportunities can assist in preventing burnout due to stress in the field of service (El-Ghoroury et al., 2012; Nelson et al.,2001). It is imperative for the psychology student as well as clinical professional to responsibly monitor their self-care, distress levels, symptomology and seeking help, before it impacts the clients negatively and cause impairment in practice, burnout or lowered academic performance (Dearing et al., 2005).

BIOGRAPHICAL NOTES

SANCHE NEL is currently completing her Masters Studies in Clinical Psychology at the University of Western Cape. She completed her Bachelor of Psychology degree at Midrand Graduate Institute in 2013. Her current research investigates the coping styles of psychology professionals and she is interested in working in the field of women's health and art in therapy.

RIZWANA ROOMANEY is a Research Psychologist and lecturer in the Department of Psychology at Stellenbosch University. She is completing her PhD, which aims to develop a health-related quality of life measure for patients with endometriosis. Rizwana is an experienced lecturer and supervisor with an interest in Health Psychology and Research methodology. She is particularly interested in women's health and reproductive health.

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