DIFFERENCES IN HEALTH, STRESS AND COPING

– A CROSS CULTURAL COMPARISON

Thesis for a Degree of Bachelor Studies in Organizational and Human Resource Development Psychology

15 credits

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Abstract

This thesis presents a quantitative research that was conducted as a minor field study with a comparison of Swedish and Indonesian undergraduates. The purpose of this study was to compare cultural disparities concerning health, stress and coping strategies between the two countries. A questionnaire was carried out, both online and by paper in Sweden, and by paper in Indonesia. 156 Swedish and 172 Indonesian students participated. The survey consisted of five different instrument scales of time perspective, satisfaction with life, perceived stress, coping, and individualism versus collectivism. Swedish students reported higher levels of health, life satisfaction and stress than Indonesian students. It was also found that Swedish students were more future oriented while Indonesian students were more present hedonistic. Swedish students used less active coping than Indonesian students and male students used more active coping than female students. It was also found that Indonesian students did not ask others for help as much as Swedish students. Finally, it was also shown that health predicted satisfaction with life.
During the last decades the importance of peoples’ health and well-being has increased, especially within individualistic cultures. In everyday media different strategies of how to get fit, loose weight and eat healthy are repeated. Meanwhile, an on-going increase of stress has been noticed. Students want to attend important sessions in school and pass all the exams to finish their education. At the same time they want to have a part time job, exercise and have a social life. As a consequence of the demands and expectations that lead to stress, sick listing is growing (www.skl.se). Even in collectivistic countries, stress is appearing more often than before. Collectivistic individuals show signs of being stressed from demands from their social environment. However we find the most prominent stress factors in school, especially in regards to the pressure of graduating with the highest remarks in order to ensure a qualified job (Hashimoto, Mojaverian & Kim, 2012; Molnarab, Sadavab, Fletta & Colauttia, 2012). Previous studies (e.g. Burns & Machin, 2013; Kim, Sherman and Taylor, 2008; Pei Minn Chai, Krägeloh, Shepherd & Billington, 2012) have reported cultural and gender differences with regard to stress, as well as well-being. We wanted to further investigate if there were any differences regarding health, satisfaction with life, stress and coping and if the culture has an essential impact on these variables.

Health and Stress

Health is defined by World Health Organization (2013) as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (www.who.int), which is widely accepted. A factor that affects health is stress (Bovier, Chamot & Perneger, 2004). Although the term stress is widely used all over the world, the actual meaning differ. Some people are stressed as a result of environmental demands, while others are stressed due to lack of internal resources, poor physical health or absence of social support (Bovier et al., 2004; Molnarab et al., 2012). Persike and Seiffge-Krenke (2012) found in their study that the most stressful conditions in the respondents’ daily lives were social relations (for example to cope with parents expectations), school environment (the expectations of always having to perform at best) and love relationships (the need to be good enough to one’s partner).

Bovier et al. (2004) and Burns and Machin (2013) found that people with bad health got even more unhealthy if stress was perceived. Burns and Machin also found that events in life affected well-being and mental health. The perceived outcome of a person’s life events affected the well-being more than the sum of the occasions. Bovier et al. concluded that mental health is an essential element of quality of life. Their study showed that when internal resources (such as mastery and self-esteem) and social support was low, individuals were more sensitive to stressors. From this result, they concluded that individuals therefore manage stress better if they feel good about themselves, perceive good mental health and also perceive social support. Hashimoto et al. (2012) and Molnarab et al. (2012) found that high levels of perceived stress were linked with low social support, and this may be due to the importance of social harmony. Collectivistic individuals tend to be more affected by social stressors than individualistic persons.

Adrianson, Ancok and Ramdhani (2013) found that collectivistic Indonesians were more optimistic in life and perceived less stress than individualistic Swedish people. A potential explanation to this is that Indonesians see themselves as a part of a group and sense more social support. Adrianson et al. also found that Swedish students reported higher levels of subjective health compared to Indonesian students. One explanation to this may be the higher level of difficult circumstances in the latter country. Compared to Sweden, Indonesia has
more conflicts within the community, and even though the country is experiencing an increasing rate of economic growth, it has been noticed that the government care less about poor groups and more about themselves (i.e., corruption) and the wealthy people. This may have a negative impact on Indonesian individuals’ health and their well-being. In 2011, WHO reported that the Indonesian general government expenditure on health was only 5.3 percent of the total government expenditure, compared to 14.8 percent in Sweden.

Von Bothmer and Fridlund (2005) found in their study that contrary to male students, female students reported more healthy habits (such as physical activities and nutrition interests) despite the fact that they simultaneously reported more stress in their life. Even though female students reported healthier life styles, it did not make a difference in their subjective well-being. Furthermore, von Bothmer and Fridlund found that female students who engaged in physical activities that should enhance their well-being, instead reported headache, stomach pain and stress. Von Bothmer and Fridlund claimed that the physical activities act as an additional stressor for students if they are already in a stressful sphere.

In an additional study by Henderson-King and Smith (2006), students perceived stress from education differently. In contrast to previous studies, they found that male students expressed more stress, as well as they showed escape behavior. For example, they did not want to take responsibility and they tried to avoid the stressful situation. Female students, on the other hand, expressed independence and learning. Chen, Wong, Ran and Gilson (2009) found that school stress correlated negatively with well-being, but positively with health. They also discovered that positive coping strategies could help reduce health problems and improve well-being. Additionally, they also learned that male students reported higher levels of stress and they tend to use less positive coping strategies than women.

In Clements and Ermakova’s (2012) study regarding religiosity and health, it was found that perceived stress could generate poor health in people and surrender to God (believing in a higher power) was related to good health. The underlying reason may be that surrender to God is a religious mechanism that prevents illness and provides health. This topic was also discussed by Watterson and Giesler (2012). They found that religious self-regulations, such as religious behaviors, were factors to better health. Another study, by Johnstone and Yoon (2009) further examined the relationship between religion and health. Their findings further reinforced the positive link between religiosity and healthy outcomes. However, they did not found any relationship between social support and health.

**Well-being**

The concept of well-being has been researched for a long time, and one of the lead researchers in the field of subjective well-being (SWB) is Diener (1984). He states that SWB includes happiness, life satisfaction and positive affect; that is, all parts of one’s life. In 2006, Diener extended the notion and explained SWB to be a self reported evaluation of a person’s life, such as emotions, mood states, and satisfaction in marriage, work, studies and spare time. He claimed that SWB includes both positive and negative evaluations of a person’s life, as well as values, joy and sadness. Diener’s opinion seems to get support from other sources (Diener, 2006). The study of Tay and Diener (2011) revealed that basic needs are primary important parts in the enjoyment of life. Their results showed that it is necessary to have a balance in life to experience well-being. To achieve this balance, it is important to mix daily activities including social relationships and mastery, and to satisfy physical needs. They also found that in order to improve the individual’s life, there has to be changes within the com-
munity. Türkdoğan and Duru (2012) also examined this topic. They found that love and belonging were the most common basic need perceptions among students’ and that need of freedom contributed the most to the prediction of subjective well-being. They concluded that students who experience fun, who feel successful and are surrounded by special people, perceive more happiness than others.

Gross and John (2003) examined cognitive reappraisal (a form of cognitive change that alter the emotional impact) and expressive suppression (a form of response mechanism that inhibit the on-going expressive behavior) as a way of dealing with everyday life events and stressors. They found that those who used cognitive reappraisal reported greater self-esteem, experienced higher life satisfaction and well-being, compared to those who used expressive suppression. According to Gross and John, the reason behind this may be that reappraisers are more open to share both positive and negative emotions with others. Reappraisers are also trying to identify the source of the stress to repair the bad disposition. Diener (2012) continues the discussion, and refers to SWB as “quality of life”, and that social support (to count on others and feel respected), social capital and personality also can predict well-being.

Deniz, Karakus, Tras, Eldelekliğlu, Özyeşil and Zümra (2013) examined how parental attitudes (democratic, protective, and authoritarian) affected well-being. They found that students who were raised under democracy (where thoughts and emotions are allowed to be expressed freely and where the parents are supportive), perceived higher levels of satisfaction with life and well-being than students who had grown up under authoritarian and protective circumstances. They concluded that in order to achieve life satisfaction, it is crucial to let individuals make decisions and express their opinions, and let them take responsibility and control over their lives.

Further, Diener, Tay and Myers (2011) explored social support, the feeling of having respect from others and the individual purpose and matters in life. Their study showed that SWB was an outcome of religiosity, and high levels of surrender to God had a positive impact on subjective well-being. In the study, participants were asked if religion was an important part of their lives. In Indonesia, 98 percent were positive to this question, whereas only 16 percent of the Swedish participants were positive (the Swedish result was also the lowest of the 154 participating nations). Another finding in the same study was that Muslims, Buddhists, Christians and Hindus reported more satisfaction with their lives than the individuals that did not belong to any religion (Diener et al.). Lun and Bond (2013) support these findings. They presented a study with data from interviews including 42 nations that revealed that religion and spirituality had a positive relation to subjective well-being. Their findings showed that believing in a higher power and being a part of a religious group contributed to a higher level of well-being. It was also discovered that religious nations showed better results on subjective well-being than non religious countries. Lun and Bond’s explanation to this positive correlation was that individuals who believe in a higher power, and attend religious rituals (such as going to church) experience higher level of well-being.

In an additional study, Lyubomirsky, King and Diener (2005) found that happiness had a positive effect on health as well as coping and social relationships influenced healthy behavior and satisfaction with life. Additionally, Pavot and Diener (2008) further expressed that there are both individual differences and cultural norms, which influence life satisfaction. They argue that health and illness can affect life satisfaction, but also internal factors, such as self-confidence and self-esteem.
According to Boyd and Zimbardo (2005), time is something people relate to when they experience personal and social events. Every event is processed within the time perspective and categorized into time frames to give the experiences order, context and meaning. The human condition is characterized by memories from the past, the present and the promise of the future (Boyd & Zimbardo). This trinity affects both behavior and well-being (van Beek, Berghuis, Kerkhof & Beekman, 2010). Van Beek et al. found that individuals who emphasized positive memories in the past reported less personality problems, whereas people that highlighted negative memories from the past, reported more depression and suicidal behavior.

**Coping**

Stress has been explained as a usual part of life. What makes the outcome of stress different is how to handle it; how people are coping (Persike & Seiffge-Krenke, 2012). The definition of coping that is commonly utilized, applied and developed is the one from Lazarus and Folkman (1984): “coping consists of cognitive and behavioral efforts to manage specific external or internal demands (and conflicts between them) that are appraised as taxing or exceeding the resources of the person.” (Lazarus & Folkman, 1984, p. 141). In other words, coping strategies are different ways of approaching a task or manage a strain between the person and her surroundings. The strategies vary in order of context and there are different ways in how to use them. Two examples of coping strategies are problem-focused and emotion-focused strategies. Problem-focused coping include plans of action, such as trying to solve the core problem, or using strategies to avoid or eliminate the problem (Folkman & Moskowitz, 2004; MacCann, Lipnevich, Burrus, & Roberts, 2012). To illustrate: if there are job-cuts at one’s firm, the employee may start to save money or work harder. These are plans of actions to prevent or reduce the risk of being fired. Emotion-focused coping, on the other hand, refers to seeking emotional support, denial strategies or avoidance strategies, such as distracting oneself with activities to take the mind of the stressor (Carver & Connor-Smith, 2010). Ming-Hui (2006) addressed that active coping is a good approach when dealing with stressful situations. Liang, Alvarez, Juang, Liang (2009) argued that active and problem-focused coping are better strategies to use in stress management than avoidance and emotion-focused strategies. In their study, Liang et al. found that individuals who used active coping strategies tended to engage in more healthy behaviors after the exposure of a stressful circumstance.

Lazarus (2006) argued that one should not separate emotion-focused and problem-focused coping because in most stressful events, they actually work together. Carver and Connor-Smith (2010) were in agreement with Lazarus that it is sometimes difficult to separate the notions. Instead, one must look at the purpose of seeking the support. If the aim of the support is to restore the confidence or the comfort, it is an emotional focused strategy. If the person aims to get an advice through the social support, it is rather an instrumental focus strategy. Their study revealed that effective emotion-focused coping could reduce negative stress, thereby potentially contribute to improve planning skills, and eventually enhance problem-focused coping. Effective coping strategies can also help people expand their boundaries and test their limits. Even though this may affect the stress level, the challenge will increase the level of life satisfaction. On the other hand, ineffective coping may result in lowered health (Carver & Connor-Smith; Lazarus). Frydenberg et al. (2003) discovered that females tended to use more reappraisal coping strategies such as negotiating and seeking support. Men were more likely to use self-controlled forms of coping; they ignored problems and kept them to themselves.

As mentioned above, social support is improving one’s well-being and health, but it is
also an effective way to manage stress (Taylor et al., 2004). El-Ghoroury, Galper, Sawaqdeh, & Bufka (2012) found that the top three coping strategies used by students were support from family, friends and classmates. Their study also showed that in order to enhance social support, students had to create new social networks within school, as well as they had to cherish their former social relationships.

**Individualism and Collectivism**

Brewer and Chen (2007) explained the distinction of individualism and collectivism as prioritize one’s own interests and goals, and prioritize the interests and goals of one’s in-group, respectively. Oyserman, Coon and Kemmelmeir (2002) support this and claim that individualistic people also values autonomy, independency and one’s own achievements. They see themselves as a separate, unique person (Oyserman et al.), and self-esteem and individual achievements influence social behavior and mental health. Collectivistic people define themselves as interdependent and feel duty to their in-group (Brewer & Chen; Oyserman et al.). They try to accomplish group harmony, integrate with their social network (Brewer & Chen) and are obligated to their family and relatives (Fischer, Ai, Aydin, Frey, & Haslam, 2010; Persike & Seiffge-Krenke, 2012; Sinha & Watson, 2007).

Fischer and Boer (2011) verified earlier findings that independency leads to autonomy. They found that individualistic cultures had greater freedom, which offered more choices and possibilities to reach individual goals, and thus better health. Burns and Machin (2013) agreed with Fischer and Boer: they found that the more individualistic a person was, the more well-being was recognized. Cheng et al. (2011) found similar results in their study. Students from Western countries (Germany, New Zealand, United Kingdom and United States) reported higher levels of subjective well-being and life satisfaction than students from East Asia and African countries. Chirkov, Kim, Ryan and Kaplan (2003) approved that autonomy is associated with well-being, but they suggest that autonomy is not limited to individual cultures. Their findings showed a negative effect of being individualistic in a collectivistic culture; social group harmony may be disturbed, which will hurt well-being. On the other hand, Fischer and Boer found that increased individualism in Europe revealed how too much autonomy lowered the grade of well-being. This is called “the postmodern paradox”; autonomy is a good thing, but too much of it leads to confusion (Fischer & Boer).

A core in the notion of individualism and collectivism is the extent to which people search and perceive social support. The differences are shown in the way people request support and how they receive it from the social network (Taylor et al., 2004). Sinha, Willson, and Watson (2000) concluded through their study that contrary to individualistic cultures, people within collectivistic cultures were less satisfied with their social support. This may be a result from collectivistic people having a higher demand of social support to reach satisfaction with life. Also, the on-going increase of the economic globalization within their society may decrease the traditional social support. Kim et al. (2008) and Taylor et al. found that people from independent cultures were more likely to use social support for dealing with stressors and suggested that this may be due to that within interdependent cultures people feel shame and regret. They are also more reluctant to ask for help because they are concerned it might affect the consensus of the group. Fischer et al. (2010) added that collectivists also are anxious about disturbing others with their failure while El-Ghoroury et al. (2012) argued that lack of time and cost were additional reasons why students avoid asking for help.
Culture also has a great influence on coping. Depending whether one is fostered into an individualistic or a collectivistic culture, the importance of self-esteem and the utilization of coping strategies differs. Moreover, religious coping strategies also tend to improve psychological health and well-being. Contrary to students within individualistic cultures, collectivistic students tend to use more religious coping strategies in their stress management and also more self-distraction strategies. These strategies can be religious rituals, social interactions or other activities that decrease thoughts of stressful issues (Pei Minn Chai et al., 2012). It also appears to be differences within the time perspective relating cultures.

**Time-perspective.** Time is one of the most basic resources that we all share all over the world; we get 24 hours per day, regardless of everything else. The subjective experience of time differs among cultures and is influenced by the social norms in which people live (Hofstede & Bond, 1984). Time is important since it helps us to look back at memories but also to look forward into the future. Boyd and Zimbardo (2005) argue that within individualism, the focus on time and time pressure are more vital than within collectivistic cultures. A characteristic of the latter is the tendency of multitasking, and to be less strict with time, schedules and deadlines. They are oriented toward present time and view personal relationships as important. On the opposite side are the individualistic cultures. They tend to stick to one specific activity at a given time, work according to predefined schedules and deadlines, and to emphasize accuracy and promptness. This kind of culture seems to be related to the future orientation. Individualistic people have a time urgency that is less important in the collectivistic culture, and they exhibit high achievement striving.

As noticed, health, well-being, stress, coping and time, all affect each other in a multidimensional way along with the culture. This study has examined cultural differences within these subjects among Indonesian and Swedish students. It was assumed that there are differences regarding health, life satisfaction and the perception of stress and coping between individualistic and collectivistic cultures, religion and between sexes.

**Assumptions**

Adrianson et al. (2013) found that Swedish participants reported higher levels of health and stress compared to Indonesian participants. Another study by Cheng et al. (2011) revealed that individualistic people reported higher levels of satisfaction with life than collectivistic people.

1. It is expected that Swedish students will (a) perceive better health, (b) more stress, and also (c) perceive higher levels of satisfaction with life (SWLS) than Indonesian students.

Boyd and Zimbardo (2005) argue that the time-perspective differs among cultures. They state that within individualistic cultures, the focus on time and time press are more vital than within collectivistic cultures. Individualistic cultures also tend to use timetables and deadlines differently than collectivists.

2. It is expected that there will be differences between cultures and between sexes with regard to time perspective. (a) Indonesian students will be more present hedonistic than Swedish students and (b) female students will be more future oriented than male students.

Frydenberg et al. (2003) found that men were more likely to use self-controlled coping strategies than women. Liang et al. (2009) stated that active coping strategies were better ap-
proaches when dealing with stressors. People who used these strategies engaged in more healthy behaviors.

3. Male students in both cultures will use more (a) active coping and (b) Swedish students will use more active coping than Indonesian students.

People within individualistic cultures tend to use more social support in their stress management. Within collectivistic cultures, people are more reluctant to ask others for help (Kim et al., 2008; Taylor et al., 2004) and to disturb others with their failure (Fischer et al., 2010).

4. Indonesian students will not ask others for help as much as Swedish students.

Lyubomirsky et al. (2005) found that social relationships and healthy behaviors affected satisfaction with life. Pavot and Diener (2008) also found that health had a relationship with satisfaction with life, and that individual differences (such as self esteem) and cultural norms affected life satisfaction.

5. It is expected that perceived health will predict satisfaction with life.

Method

Participants

The 156 Swedish student respondents consisted of 127 women between 19 and 42 years of age ($M = 24.4$, $s = 4.3$) and 28 men between 19 and 30 ($M = 24$, $s = 3.1$). The 172 Indonesian student respondents were 135 women aged 17 to 21 ($M = 19$, $s = .6$) and 37 men aged 18 to 21 ($M = 19.1$, $s = .7$). The total response rate for the survey was 73%. Dispersion of religion in Indonesia were 78.5% Muslims, 20.3% Christians, 1.2% Hindus, and in Sweden 56.4% Atheists, 40.4% Christians, 1.9% Muslims.

Instrument

The questionnaire used in this survey consisted of 96 questions that were divided into different sections, which will be described below. The first eight questions concerned background variables regarding age, sex, religion, number of siblings, and year in school. Further background variables were the degree of satisfaction with study achievements, and self estimated health and if the personal demands are meeting the demands from the environment (Appendix 1).

The Zimbardo Time Perspective Inventory (ZTPI). The ZTPI-instrument (Zimbardo & Boyd, 1999) measures individual’s cognition of the past, the present and the future. This part consists of two statements within each category; present hedonistic, present fatalistic and the future. The present hedonistic involve how individuals do everything in their power to achieve pleasure, for example “I try to live my life as fully as possible, one day at a time”. The present fatalistic measures to what extent individuals believe in destiny and that one cannot influence the future, for example “My life path is controlled by forces I cannot influence”. An example of the future is “There will always be time to catch up on my work”. The response alternatives are ordered in a seventh-graded Lickert scale that extent from 1 to
7. To receive an average score of each time factor, the number of questions that comprise each factor divides the total score.

**Satisfaction With Life Scale (SWLS).** The SWLS-instrument by Diener, Emmons, Larsen and Griffin (1985) measures satisfaction with life, which is a part of well-being. It consists of five statements with a scale between 1 and 7, where 1 is *strongly disagree* and 7 is *strongly agree*, for example “If I could live my life over, I would change almost nothing”. The five statements were summed to a value for each individual, and vary between 5 and 35 points. The higher the score, the more the person is satisfied with life. Cronbach’s alpha for the scale was .74.

**Perceived Stress Scale (PSS).** The PSS-instrument consists of 14 items, which assesses the degree to which people perceive their lives as stressful (Cohen, Kamarck & Merkelstein, 1983). The individual is requested to estimate the stress experience of the last month, including how often one have found life as unpredictable, uncontrollable, and overloaded. The response alternatives are ordered within a five-graded scale that extends from 0, *never* to 4, *very often*. One example of an item is *in the last month, how often have you been able to control the way you spend your time?* The higher the score, the more the person is experiencing life as stressful (Cohen et al.). Cronbach’s alpha for the PSS-instrument was .81. The 14 questions were indexed in a variable for analysis.

**Cope Inventory Scale (COPE).** The COPE instrument provides a multidimensional coping instrument assessing coping strategies (Carver, Scheier & Weintraub, 1989). Participants are asked to indicate what they usually do when they are under stress, and the outcome provides a measure of how they respond to stress by different coping styles and strategies. The instrument consists of 52 statements divided into 15 scales that are presented in table 1.

<table>
<thead>
<tr>
<th>Coping Strategies</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>active coping</td>
<td>0.36</td>
</tr>
<tr>
<td>planning</td>
<td>0.72</td>
</tr>
<tr>
<td>suppression of competing activities</td>
<td>0.60</td>
</tr>
<tr>
<td>restraint coping</td>
<td>0.52</td>
</tr>
<tr>
<td>seeking of instrumental social support</td>
<td>0.77</td>
</tr>
<tr>
<td>seeking of emotional support</td>
<td>0.84</td>
</tr>
<tr>
<td>positive reinterpretation</td>
<td>0.65</td>
</tr>
<tr>
<td>acceptance</td>
<td>0.56</td>
</tr>
<tr>
<td>denial</td>
<td>0.62</td>
</tr>
<tr>
<td>turning to religion</td>
<td>0.98</td>
</tr>
<tr>
<td>focus on and venting of emotions</td>
<td>0.64</td>
</tr>
<tr>
<td>behavioral disengagement</td>
<td>0.67</td>
</tr>
<tr>
<td>mental disengagement</td>
<td>0.52</td>
</tr>
</tbody>
</table>

These 15 scales are divided into three dimensions called problem-focused coping (example *I try to come up with a strategy about what to do*), emotional-focus coping (example *I try to get emotional support from friends or relatives*) and less adaptive coping (example *I turn to work or other substitute activities to take my mind of things*). The response alternatives ranged between 1 *never* and 4 *very often.*

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**Individualism-Collectivism Scale (ICS).** This instrument provides culture measurements including self-perception and social norms on a five-graded scale. This holds two behavioral endpoints concerning extreme individualistic or extreme collectivistic behavior. Participants have to choose from one or the other, which side of the culture they lean to the most. A high score reflects a collectivistic behavior and a low score an individualistic behavior. An example of a self-perception statement is: *it is important for me to act as an independent person* (individualistic) versus *it is important for me to be a member of a group* (collectivistic). An example of a social norm statement: *I do what is enjoyable to me personally* (individualistic), versus *I do what the people around me feel is most enjoyable to do* (collectivistic). The internal consistency reliability coefficient was .63. Two sums were created for the analyses: *self-perception and social norms* (Fischer et al., 2009).

**Procedure**

The questionnaire used in this research has been translated from English to Swedish and Bahasa Indonesia. All instruments in the Indonesian version was translated from English to Bahasa Indonesia and then back translated to secure the validity. In the Swedish version only ZTPI and ICS was translated from English to Swedish since SWLS, PSS and COPE already existed in the national language. Data was collected in three sessions, one online survey and two paper surveys. The questionnaire was sent to 240 students at a University in Sweden. 118 responses were collected through an online survey and 38 responses were collected via a paper survey in a class with first-year students in the Human Resources program. A reminder was sent out to those who received the questionnaire online. The third session was distributed by paper to 171 second-year psychology students on a University in Yogyakarta. Before the data collection began, the participants were informed about the purpose of the study and the ethical standards such as anonymity, confidentiality and that participation was voluntary.

**Results**

The first assumption, that Swedish students will perceive better health, perceive more stress, and perceive a higher level of satisfaction with life (SWLS) than Indonesian students, was tested in a two-way ANOVA with country and sex as independent variables. Means and standard deviations are presented in Table 2.

<table>
<thead>
<tr>
<th>Country</th>
<th>Health*</th>
<th>Stress*</th>
<th>SWLS*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$s$</td>
<td>$M$</td>
</tr>
<tr>
<td>Sweden</td>
<td>5.2</td>
<td>1.3</td>
<td>33.4</td>
</tr>
<tr>
<td>Indonesia</td>
<td>4.9</td>
<td>1.2</td>
<td>31.8</td>
</tr>
</tbody>
</table>

*significant at 95% level

The Swedish students saw themselves as healthier (1a) than the Indonesian students $F(1,324) = 7.7, p = .006$. Men reported better health ($M = 5.3, s = .15$) than women ($M = 4.9, s = .08$), $F(1,324) = 4.91, p = .027$. The Swedish students perceived more stress (1b) than Indonesian students $F(1,324) = 12.1, p = .001$. Finally, the Swedish students also had a higher
level of satisfaction with life \((1c)\), \(F(1,324) = 28.1, p = .000\) than the Indonesian students. There were no main effects for sex in the analyses.

The second assumption, where it was expected that there would be differences between cultures and between sexes with regard to time perspective, was partly supported in two-way analyses of variance with country and sex as independent variables and different time perceptions as dependent. Means and standard deviations are presented in Table 3.

Table 3

Means and Standard Deviations, Time Perspectives

<table>
<thead>
<tr>
<th>Country</th>
<th>Present Hedonistic*</th>
<th>Future*</th>
<th>Present Fatalistic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(M) (s)</td>
<td>(M) (s)</td>
<td>(M) (s)</td>
</tr>
<tr>
<td>Sweden</td>
<td>9.1 .22</td>
<td>9.74 .19</td>
<td>5.59 .22</td>
</tr>
<tr>
<td>Indonesia</td>
<td>10.2 .20</td>
<td>8.41 .17</td>
<td>5.72 .20</td>
</tr>
</tbody>
</table>

* significant at 95% level

The Indonesian students were more present hedonistic than Swedish students, \(F(1,324) = 12.66, p = .000\), and the Swedish students were more future oriented than the Indonesian students, \(F(1,324) = 28.82, p = .000\). The only significant difference between the sexes was regarding future orientation, \(F(1,324) = 15.82, p = .000\), female students \((M = 9.57, s = .11)\) were more future oriented than male students \((M = 8.58, s = .22)\). There was an interaction effect for culture and sex, \(F(1,324) = 8.16, p = .005\), showing that female students in Sweden \((M = 10.59, s = .16)\) were more future oriented than male students in Sweden \((M = 8.89, s = .34)\) while there were no differences between the sexes in Indonesia \((men M = 8.27, s = .29, women M = 8.55, s = .15)\). There was no significant difference between cultures regarding present fatalistic.

Assumption three, male students in both cultures will use more active coping than female students, and Swedish students will use more active coping than Indonesian students, was only supported in one of two analyses. A two-way ANOVA with sex and country as independent variables and active coping as dependent variable, confirmed that male students \((M = 11.4, s = .22)\) used more active coping \((3a)\) than female students \((M = 10.7, s = .11)\), \(F(1,323) = 9.8, p = .002\). There was no support for the expected differences between the cultures \((3b)\) since Swedish students \((M = 10.69, s = .18)\) used less active coping than Indonesian students \((M = 11.43, s = .16)\); the analysis showed the opposite result contrary to our assumption.

Assumption four, unwillingness to ask people for help (question no 15), was supported in a two way ANOVA with country and gender as independent variables and not asking others for help as dependent variable. The analysis showed only a main effect for country \(F(1,324) = 20.66, p = .000\). Indonesian students \((M = 4.2, s = .13)\) did not ask others for help as much as Swedish students \((M = 3.3, s = .15)\).

Assumption five, that perceived health will predict satisfaction with life, was supported in a simple linear regression \(F(1,326) = 57.3, p = .000, \beta = .39\) and explained 15% of the variance of life satisfaction. For every additional score on perceived health, satisfaction with life increased with 1.63 score, showing that the more perceived health a person had, the higher level of life satisfaction was perceived.
Discussion

Most of our assumptions were supported in the analyses. In accordance with Adrianson et al. (2013), we could show that Swedish students perceived better health, but also more stress than Indonesian students. A reason for this could be the current situation in the former country. In Sweden, there has been a growing interest of nutrition and an increased awareness of being in good physical shape. The pressure of having a healthy lifestyle and emphasize wellness and having a fit body affects many teenagers. Up to a certain point, this may increase health, but if the pressure gets too high, it can lead to stress and reduce health instead. Sometimes students also feel the pressure of other factors such as the desire to have good grades in school, while they want to have a part time job. Together, all of these variables may possibly lead to performance anxiety and produce a high stress level.

Another reason for the better perceived health in Sweden may be as Fischer and Boer (2011) found, that individualistic countries are known to have more independence and more possible choices in life, which affect the health positively. As Persike and Seiffge-Krenke (2012) discussed in their study, social stressors affect health negatively. This could be a reason for the Indonesian students’ poorer health perception: in Indonesia, family relations and friends are prioritized and of high importance.

As better health was perceived in Sweden, the same result also appeared regarding life satisfaction. This is in accordance with the study of Cheng et al. (2011) who found that the individualistic culture perceived higher levels of life satisfaction. A reason to this may be as explained in Tay and Diener’s (2011) study: it is important with a balance in life and support from the community to feel pleased with oneself. Indonesia is a corrupt country (Adrianson et al., 2013) where social support from the community is not as evident as in non-corrupted countries. In Sweden, the society provide greater social support and the individuals are not afraid to ask others for help. The lower levels of life satisfaction in Indonesia may therefore be partly related to the conflicts within the community as well as the major gaps between low and high income among the inhabitants.

As Deniz et al. (2013) found, the levels of satisfaction with life (SWLS) can be determined by the way individuals are raised. Swedish people are raised under democracy, within a supportive society, compared to Indonesian individuals. The prevailing individualistic culture within the Swedish country, symbolize a greater freedom, as Fischer and Boer (2011) stated. Therefore, Swedish students perceived higher levels of satisfaction with life (Türkdogan and Duru, 2012).

The second assumption regarding time perspective was supported in the analysis. The result showed that Swedish students tended to think more about the future while Indonesian students were more living in the moment. This can be related to Boyd and Zimbardo (2005), who said that individualists are more focused on time and time press. This can also be connected to Hofstede and Bond (1984) who argued that the subjective experience of time differs among cultures and is influenced by social norms. Indonesians are not affected by time in the same extension as Swedish individuals. They tend to live in the present and are more affected by social relations than time-perspective.

Female Swedish students were more future oriented than male students but there were no differences between sexes in Indonesia. A reason to this could be that women in Sweden tend to plan their future in detail. In early life they decide what they want to study, when to
get married and when to have kids, where to live and what type of person they want to spend their life with. Indonesian women do not plan their life in the same way. The only thing they know for sure is that they will get married, and depending on their family situation, they will study at a university or stay home, to work and earn money to provide for the family. This can be due to that individualistic people values autonomy (Oyserman et al., 2002) and that the individualistic culture offers more freedom and choices (Fischer & Boer, 2011). Men more often tend to be spontaneous, live in the present and not plan events too far in advance.

The third assumption was supported in the analysis. In accordance with Folkman et al. (1987) and Frydenberg et al. (2003), men used more active coping strategies than women. The reason for this may be in line with the theories of Folkman and Moskowitz (2004) and MacCann et al. (2012): men often want to solve or eliminate the problems as soon as possible. Women, on the other hand, are more emotion focused in their stress management (Carver & Connor-Smith, 2010). They care more about what others think and often struggle with problems. Active coping strategies tend to engage in more healthy behaviors (Liang et al., 2009). In our first analysis results showed that men perceived better health than women. The fact that men used more active coping may be a reason to our findings.

There was also a difference in the use of active coping strategies between Sweden and Indonesia. Contrary to our assumption, Indonesian students used more active coping than Swedish students. This is surprising since Swedish (individualistic) individuals are more straightforward and honest in conversations and conflicts while Indonesian (collectivistic) individuals are more afraid to disturb social harmony and often hide their feelings and conceal their real thoughts.

The fourth assumption was confirmed and the results showed that Indonesian students did not ask others for help to the same extent as Swedish students. This supported previous studies (Kim et al., 2008; Taylor et al., 2004). Collectivistic people tend to be ashamed and feel anxious about disturbing others with their problems and failures. As mentioned above, they are afraid to ruin the group harmony (Fischer et al., 2010). Since the social environment is essential to Indonesians it is important to nurture the relationships with friends and family. This could be a reason to why collectivistic people use less social support. The care from people in one’s surroundings is important whether a person is feeling low or struggle with tuff decisions in life. Social support can facilitate these kinds of situations and is a good way to manage stress. As mentioned earlier, individualistic people are more straight and honest in their communication. They do not hesitate to ask others for help and they use social support to a larger extent. They share their problems and they focus more on solving their own problems, instead of prioritize issues within the group.

The fifth assumption was supported in our analyses and as previous studies indicated (Lyubomirsky et al., 2005; Pavot and Diener, 2008), high levels of perceived health provided happiness and life satisfaction. Perceived health could be seen as a base element or a main condition that helps to increase life satisfaction. If one does not feel well and the body is not in good shape, it can prevent the performance of other activities that are found valuable for life satisfaction and happiness. Without good health and energy it is harder to achieve the goals of life, which the correlation coefficient in this analysis confirmed.

**Limitations**

There are some limitations in the study and one is how the data was collected. Since
the online survey was sent out to a variety of students throughout Sweden (to enhance the response rate), it was not possible to compare different subjects or programs in the analyses. The paper survey in Sweden as well as in Indonesia included students from only one faculty, which restrained the possibility to make any comparisons with other faculty students.

The procedure of how the survey was administered has also been reconsidered, as well as the length of the survey. Feedback was obtained from several Swedish students in terms of complaints considering the amount of questions within the different scales of the questionnaire. If there had been a test run prior to the original data collection, it might have helped to improve the survey. A pilot questionnaire would have detected possible misunderstandings, confusions and general issues about the questionnaire, and could have helped to improve the outcome of the study.

Another important notion is that the scales are created, developed and adjusted for individualistic cultures. This may disturb the reliability of the scales used in the collectivistic country. An example of this is how Indonesians perceive stress, they seem to know the meaning of the concept but the word stress itself is not included in the Indonesian vocabulary. Even if the word stress is not mentioned in the survey, it is what is measured in the instrument PSS.

**Further Studies**

The participants in the current study were foremost freshman year students. Further studies should therefore investigate senior students to determine the differences within the stress notion and compare it to previous research of first year students. What happens after the graduation when the students start to work, or if they are between jobs, would also be an additional interesting matter to further look into.

There is also a big gap between the young adults participating in the study and other non-studying Indonesians in the same age. This makes it interesting to further investigate differences between higher and lower economic class since it is very pronounced within the Indonesian society.
References


http://apps.who.int/gho/data/node.country.country-IDN?lang=en,
http://apps.who.int/gho/data/node.country.country-SWE?lang=en


http://www.who.int/topics/reproductive_health/en/

A Questionnaire Regarding Stress and Coping

We are three students of the final year of our education in Organization and Personal at University of Boras, Sweden. We will write a bachelor thesis in Psychology that deals with stress and stress coping in two different cultures, Sweden and Indonesia. We are most grateful if you would take some time to complete this survey, which takes about 15 minutes. Your answers will be completely anonymous. Please contact one of us if you have questions about the study. Thank you for participating.

Anette: S117845@student.hb.se  Emma: S118914@student.hb.se  Sandra: S117804@student.hb.se

Initially there are some questions about your background that are of interest for the study, followed by some claims that we ask you to consider.

1. Are you □ woman □ man

2. How old are you? ______ years

3. Your religion? □ muslim □ hindu □ christian □ buddhist □ agnostic

4. How many siblings? ______ siblings

5. Which semester are you studying now? ______ semester of totally ______semesters in the education program

6. How happy are you with your studies? not happy very happy

7. Do you feel that your demands on yourself are meeting the demands from your environment? not at all very much

8. How do you perceive your health right now? very bad very good

9. I do things impulsively very untrue very true

10. I try to live my life as fully as possible, one day at a time. very untrue very true

11. It upsets me to be late for appointments. very untrue very true

12. My life path is controlled by forces I cannot influence very untrue very true

13. It doesn’t make sense to worry about the future, since there is nothing that I can do about it anyway. very untrue very true

14. There will always be time to catch up on my work* very untrue very true

15. I do not ask other people for help because I do not want to bother them with my problems. very untrue very true
Below are five claims that you may agree or not agree with. For each statement, please select the degree to which you agree by entering a number from 1 to 7. Please try to answer in an honest way.

<table>
<thead>
<tr>
<th>1 strongly disagree</th>
<th>2 disagree</th>
<th>3 slightly disagree</th>
<th>4 neither agree nor disagree</th>
<th>5 slightly disagree</th>
<th>6 agree</th>
<th>7 strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In most ways my life is close to my ideal.</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The conditions of my life are excellent.</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I am satisfied with my life.</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. So far I have gotten the important things I want in life.</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If I could live my life over, I would change almost nothing.</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following questions relate to stress and ask about your feeling and thoughts during the last months. Fill in the circle that corresponds to how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each issue separately. It is best to answer the questions fairly quickly. This means that you should not try to count the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

<table>
<thead>
<tr>
<th>How often, during the last month</th>
<th>Never</th>
<th>Almost never</th>
<th>Sometimes</th>
<th>Fairly often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. have you been upset because of something that happened unexpectedly?</td>
<td>0</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. have you felt that you were unable to control the important things in your life?</td>
<td>0</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. felt nervous and &quot;stressed&quot;?</td>
<td>0</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. dealt successfully with day to day problems and annoyances?*</td>
<td>0</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. have you felt confident about your ability to handle your personal problems?*</td>
<td>0</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. have you felt confident about your ability to handle your personal problems?*</td>
<td>0</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. have you felt that things were going your way?*</td>
<td>0</td>
<td>1 2 3 4 5 6 7</td>
<td>0 0 0 0 0 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We are interested in how people react when confronted with stressful life events. In the questions below, please indicate what you generally do and feel when you experience stressful events. In mind that there is no "right" or "wrong" answers, so choose the best answer for you – not what you think most people would say or do.

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  I try to grow as a person as a result of the experience</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.  I turn to work or other substitute activities to take my mind off things</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3.  I get upset and let my emotions out</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.  I try to get advice from someone about what to do</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5.  I concentrate my efforts on doing something about it</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6.  I say to myself &quot;this isn't real&quot;</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7.  I put my trust in God</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8.  I admit to myself that I can't deal with it, and quit trying</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9.  I restrain myself from doing anything too quickly</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. I discuss my feelings with someone</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. I get used to the idea that it happened</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td></td>
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<tr>
<td>12.</td>
<td>I talk to someone to find out more about the situation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13.</td>
<td>I keep myself from getting distracted by other thoughts or activities</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14.</td>
<td>I daydream about things other than this</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15.</td>
<td>I get upset, and am really aware of it</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16.</td>
<td>I seek God's help</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17.</td>
<td>I make a plan of action</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18.</td>
<td>I make jokes about it</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19.</td>
<td>I accept that this has happened and that it can't be changed</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20.</td>
<td>I hold off doing anything about it until the situation permits</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>21.</td>
<td>I try to get emotional support from friends or relatives</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22.</td>
<td>I just give up trying to reach my goal</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23.</td>
<td>I take additional action to try to get rid of the problem</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24.</td>
<td>I refuse to believe that it has happened</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25.</td>
<td>I let my feelings out</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>26.</td>
<td>I try to see it in a different light, to make it seem more positive</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>27.</td>
<td>I talk to someone who could do something concrete about the problem</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>28.</td>
<td>I sleep more than usual</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>29.</td>
<td>I try to come up with a strategy about what to do</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30.</td>
<td>I focus on dealing with this problem, and if necessary let other things slide a little</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>31.</td>
<td>I get sympathy and understanding from someone</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>32.</td>
<td>I give up the attempt to get what I want</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>33.</td>
<td>I look for something good in what is happening</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>34.</td>
<td>I think about how I might best handle the problem</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>35.</td>
<td>I pretend that it hasn't really happened</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>36.</td>
<td>I make sure not to make matters worse by acting too soon</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>37.</td>
<td>I try hard to prevent other things from interfering with my efforts at dealing with this</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
38. I go to movies or watch TV, to think about it less  
39. I accept the reality of the fact that it happened  
40. I ask people who have had similar experiences what they did  
41. I feel a lot of emotional distress and I find myself expressing those feelings a lot  
42. I take direct action to get around the problem  
43. I try to find comfort in my religion  
44. I force myself to wait for the right time to do something  
45. I reduce the amount of effort I'm putting into solving the problem  
46. I talk to someone about how I feel  
47. I learn to live with it  
48. I put aside other activities in order to concentrate on this  
49. I think hard about what steps to take  
50. I act as though it hasn't even happened  
51. I do what has to be done, one step at a time  
52. I learn something from the experience  
53. I pray more than usual  

<table>
<thead>
<tr>
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<th>O</th>
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</tr>
</thead>
</table>

The following scale is about how you feel about yourself and the people around you. Circle the number that best describes how you think.

I enjoy being different from others  
I see myself as independent from others  
I present my personal accomplishments when meeting new people  
It is important for me to act as an independent person  
When I have a need I rely on myself  
I enjoy being similar to others  
I see myself as a part of a social group  
I present my accomplishments when meeting new people  
It is important for me to be a member of a group  
When I have a need I turn to others for help
If there is a conflict between personal and group values, I follow my personal values

I do what is enjoyable to me personally

I follow my personal attitudes

When making decisions, I am not overly sensitive to the feelings of other people around me

I do not hesitate to change my relationships even if it is not in my best interest to do so

*reversed

Questions 1-53 on page 3-5 is categorized as follows:
Active coping (2, 23, 42, 51), planning (17, 29, 34, 49), suppression of competing activities (13, 30, 37, 48), restraint coping (9, 20, 36, 44), seeking of instrumental social support (4, 12, 27, 40), seeking of emotional support (10, 21, 31, 46), positive reinterpretation (1, 26, 33, 52), acceptance (11, 19, 39, 47), denial (6, 24, 35, 50), turning to religion (7, 16, 43, 53), focus on and venting of emotions (3, 15, 25, 41), behavioural disengagement (8, 22, 32, 45) and mental disengagement (2, 14, 28, 38).