

**RESEARCH**

## Relationship between Coping Strategies and Subjective Well-Being at Different Levels of Relative Deprivation

*Farklı Göreli Yoksunluk Seviyelerinde Başa Çıkma Stratejileri ve Öznel İyi Oluş Arasındaki İlişki*

Fatih Özdemir<sup>1</sup> 

### Abstract

The aim of this study is to control the demographic variables (age, gender and perceived social-economic status) and investigate the relationships between coping strategies (task-oriented coping, emotion-oriented coping, and avoidance-oriented coping) and cognitive and affective dimensions of subjective well-being (life satisfaction and perceived stress, respectively) in low-level and high-level deprived samples. The research data were collected from 218 low-level deprived and 193 high-level deprived individuals aged between 18 and 26 years. Basic research hypotheses were tested with hierarchical regression analysis. Consistent with the hypothesis, regardless of the relative deprivation level, task-oriented coping strategy was positively associated with subjective well-being, whereas emotion-oriented coping strategy was negatively associated. The significance of the relationship between avoidance-oriented coping strategy and subjective well-being depended on the perceived deprivation level. This research has demonstrated the importance of providing the correct cognitive responses in the process of coping with a negative situation such as deprivation. Results supported that the effectiveness of the coping strategy is related to the severity of the negative situation and the cognitive and affective needs of the individual.

**Keywords:** Subjective well-being, life satisfaction, perceived stress, relative deprivation theory.

### Öz

Bu araştırmanın amacı demografik değişkenleri (cinsiyet, yaş ve algılanan sosyo-ekonomik statü) kontrol ederek, düşük seviyede ve yüksek seviyede yoksun örneklerde, başa çıkma stratejileri (çözümüne dönük başa çıkma, duygusal başa çıkma ve kaçınmacı başa çıkma) ve öznel iyi oluşun bilişsel ve duygusal boyutları (sırasıyla, yaşam doyumu ve algılanan stres) arasındaki ilişkileri incelemektir. Araştırma verisi, yaşları 18 ile 26 arasında değişen 218 düşük seviyede yoksun ve 193 yüksek seviyede yoksun bireyden toplanmıştır. Temel araştırma hipotezleri hiyerarşik regresyon analizleriyle test edilmiştir. Hipotezlerle tutarlı olarak, göreli yoksunluk seviyesine bakmaksızın, çözüm odaklı başa çıkma stratejisi öznel iyi oluşla olumlu yönde ilişkiliyken, duygusal başa çıkma stratejisi olumsuz yönde ilişkili bulunmuştur. Kaçınmacı başa çıkma stratejisi ve öznel iyi oluş arasındaki ilişkinin anlamlılığı ise algılanan yoksunluk seviyesine bağlıdır. Bu araştırma yoksunluk gibi olumsuz bir durumla başa çıkma sürecinde doğru bilişsel tepkilerin verilmesinin önemini göstermiştir. Bulgular başa çıkma stratejisinin etkinliğinin olumsuz durumun ciddiyeti ve bireyin bilişsel ve duygusal ihtiyaçlarıyla ilişkili olduğunu desteklemiştir.

**Anahtar sözcükler:** Öznel iyi oluş, yaşam doyumu, algılanan stres, göreli yoksunluk kuramı.

<sup>1</sup> Uludağ University, Faculty of Arts and Sciences, Department of Psychology, Bursa

✉ Fatih Özdemir, Uludağ University, Faculty of Arts and Sciences, Department of Psychology, Bursa, Turkey  
psyfatihozdemir@gmail.com

Submission date: 07.09.2019 | Accepted: 08.11.2019 | Online published: 28.12.2019

**EGOISTIC** relative deprivation is one of the situations frequently experienced by individuals and negatively affects subjective well-being. (Schmitt et al. 2010, Smith et al. 2012, Osborne and Sibley 2013). However, the relationship between deprivation and subjective well-being is not similar in all individuals. Perceptual processes, subjective interpersonal comparisons, and evaluations toward the desired outcome determine the level of deprivation, while different strategies used to deal with deprivation can affect subjective well-being. In this context, the present study examines the relationships between different coping strategies and cognitive and affective dimensions of subjective well-being following the control of demographic variables in low-level and high-level deprived samples.

Subjective well-being is defined as an overarching concept that includes the individual's cognitive evaluations on own life satisfaction, and perceived mood (Diener 1984, Lyubomirsky et al. 2005, Diener and Ryan 2009). In other words, the high level of subjective well-being refers to the satisfaction of the individual's living conditions and quality of life (e.g. "If I could live my life over, I would change almost nothing"), the presence of a positive mood and the absence of a negative mood (Satici 2019). This concept, which is frequently associated with happiness, affects the process of perception and interpretation of life and therefore became one of the main research subjects of social sciences. (Helliwell et al. 2012). Related studies focused on different variables such as personality, gender, age, educational level, socio-economic status, and social support to explain the cognitive and affective dimensions of subjective well-being (Diener and Ryan 2009, Carver et al. 2010, Forgeard and Seligman 2012) and they found that individual-based perceptual processes explain subjective well-being better compared to objective conditions or characteristics.

Egoistic Relative Deprivation Theory (Runciman 1966, Crosby 1976), which forms the theoretical background of the present study, suggests that subjective interpersonal comparisons and evaluations by the individual rather than objective conditions cause a cognitive awareness for individual's disadvantaged position. However, this cognitive awareness may not be sufficient for the formation of deprivation. Deprivation may not occur, especially when people consider this disadvantage as fair or legitimate depending on socio-cultural, ideological or existential reasons (Jost and Thompson 2000, Gorenli 2015). In her article, Crosby (1976) mentioned five different preconditions for the formation of deprivation. These are: (i) depending on the subjective interpersonal comparisons, the individual should realize that other people have the desired outcome, (ii) the individual should want to have this outcome, (iii) the individual should think that she/he deserves this outcome, (iv) the individual should perceive the desired outcome as feasible and (v) the individual should see the reason of lack of the desired outcome not in himself/herself, but in other people or in the current system. As can be seen from the five preconditions, relative deprivation includes cognitive and fairness-based emotional dimensions shaped by perceptual processes and subjective evaluations. According to the findings of the related studies (Walker 1999, Schmitt et al. 2010, Osborne and Sibley 2013), egoistic relative deprivation based on interpersonal comparisons showed negative relationships with variables of life satisfaction, self-esteem, and positive affect. But the important point is while examining the negative relationship between egoistic relative deprivation and subjective well-being, it may not be enough to focus only on direct relationships. In other words, clarifying other variables as coping

strategies that may affect the significance of the relationship between relative deprivation and subjective well-being may provide more valid and reliable information about inter-variable relationships.

It was frequently found in previous studies that perceived deprivation decreases the level of satisfaction of people with their living conditions and increases negativities such as depressive symptoms, stress, shame and anxiety and negatively affects subjective well-being (Lyubomirsky 2001). What is important is how the individual copes with the often experienced deprivation. People react differently to cope with stressful situations (Suls and Fletcher 1985, Endler and Parker 1990, 1994). The task-oriented coping strategy is defined as an active response focused on solving the problem, (e.g. "I focus on the problem and see how I can solve it," "Come up with several different solutions to the problem"), while the emotion-oriented coping strategy involves a tendency to regulate emotional distress felt by a low self-compassion-based approach. (e.g. "Blame myself for falling into this situation," "Focus on my inabilities"). The avoidance-oriented coping strategy is a tendency based on social diversion, denial, and distraction in order not to face the stressful situation (e.g. "Watch TV," "Try to be with other people"). In the study of Endler and Parker (1994), task-oriented coping negatively correlated with variables negatively affecting well-being such as anxiety, depression, social introversion, and interpersonal problems, while emotion-oriented coping was positively related to these variables. In studies conducted in Turkey and France, it was found that stress and depression scores of university students using coping strategies focused on solving problems were lower than the students who used avoidance-oriented coping strategies (Bostanci et al. 2005, Verger et al. 2010). However, there are inconsistent findings of the relational strength of avoidance-oriented coping strategy with subjective well-being (Suls and Fletcher 1985, Endler and Parker 1994); For example, avoidance-oriented coping was positively associated with anxiety and interpersonal problems, but not with depression. In the study of Boysan (2012), task-oriented coping was found to be positively associated with life satisfaction and positive mood and negatively associated with negative mood; emotion-oriented coping was found to be negatively correlated with life satisfaction and positive mood, and positively correlated with negative mood; and avoidance-oriented coping was positively correlated with life satisfaction and positive mood. The present study attempts to make sense of these inconsistent findings in the literature and suggests that the relationships between coping strategies and subjective well-being may differ depending on the severity of the undesirable situation (e.g. perceived deprivation level).

When people face negative situations (e.g. relative deprivation), they show different conscious reactions called task-oriented coping, emotion-oriented coping and avoidance-oriented coping. This study aims to control demographic variables of gender, age and perceived socio-economic status and test the possible relationships between these reactions and cognitive and emotional dimensions of subjective well-being in low-level and high-level deprived samples. To measure the cognitive dimension of well-being, the life satisfaction variable is used whereas the perceived stress variable is used to measure the affective dimension. In this context, the first purpose of the study is to test the relationship between different coping strategies and cognitive and emotional dimensions of subjective well-being following the control of demographic variables. The second purpose is to investigate whether these relationships will change depending on the level

of deprivation felt. Finally, the present study will examine deprivation level-based possible significant group differences in tested variables. After the control of demographic variables (gender, age, and perceived social-economic status), the expected findings of the research are as follows:

Task-oriented coping strategy will be positively associated with life satisfaction and negatively associated with perceived stress in low-level and high-level deprived samples (Hypothesis 1). Also, emotion-oriented coping strategy will be negatively associated with life satisfaction and positively associated with perceived stress in both samples (Hypothesis 2). In addition, avoidance-oriented coping strategy will be positively related to life satisfaction and negatively related to perceived stress in low-level deprived sample, but these associations will lose their significance in high-level deprived sample (Hypothesis 3). Besides main hypotheses, the expected additional finding is to be significant group differences on tested variables depending on the deprivation level. Low-level deprived individuals will indicate greater life satisfaction and perceive less stress in comparison to high-level deprived individuals..

## Method

### *Sample*

Four hundred eleven university students (undergraduate) participated in the study. There were 264 females (64.2%) and 147 males (35.8%). The mean age of the sample which changing between the age of 18 and 26 was 21.05 (SD = 1.70) years. The mean socio-economic status of the participants was 4.23 (SD = .87) on a 7-point Likert scale ranging from "1 = the lowest status" and "7 = the highest status". The deprivation level of the participants was measured using the egoistic relative deprivation scale and the participants were divided into two groups as low-level deprived and high-level deprived individuals by the median-split method. While 218 (133 females, 85 males) of the participants were in low-level deprived group, 193 (131 females, 62 males) were included in high-level deprived group.

### *Measures*

#### **Satisfaction with Life Scale**

The 5-item scale which developed by Diener et al. (1985) with .87 internal-consistency reliability, includes the cognitive evaluations of individuals about their own lives. This scale, which is frequently used to measure the cognitive dimension of subjective well-being, was adapted to Turkish by Köker (1991) with .89 internal consistency reliability.

The sample items of the scale are "In most ways my life is close to my ideal," "So far I have gotten the important things I want in life". In the present study, the participants evaluated the scale items in a 5-point Likert measurement ranging from "1 = strongly disagree" and "5 = strongly agree". The internal consistency coefficients of the scale were found to be .82 and .80, in the low-level and high-level deprived samples, respectively. High scores on the scale indicate that people are satisfied with their living conditions and have a high level of life satisfaction.

#### **Perceived Stress Scale**

The 14-item scale developed by Cohen et al. (1983), with .84 and .86 internal-consistency reliabilities, and was used to measure the perceived stress levels in people.

The short 10-item form of this scale, which will assess the affective dimension of subjective well-being, was adapted to Turkish by Eskin et al. (2013). The short form includes the sub-dimensions of stress perception (6-item, internal consistency coefficient: .80) and insufficient self-efficacy perception (4-item, internal consistency coefficient: .69). In the present study, it was aimed to measure to what extent people perceived themselves as stressful in the last three weeks. That is why only the stress perception sub-dimension of the measurement was used.

Examples of the sub-dimension are: "In the last three weeks, how often have you felt that you were unable to control the important things in your life," "In the last three weeks, how often have you felt nervous and stressed". The participants evaluated the scale items in the 5-point Likert measurement ranging between "1 = very slightly or not at all" and "5 = extremely" and stated the perceived stress level. The internal consistency coefficients of the scale were found to be .86 and .88 in low-level and high-level deprived samples, respectively. High values obtained in the scale means that perceived stress is at high levels.

### **Egoistic Relative Deprivation Scale**

The 5-item scale, which was developed by Özdemir et al. (2019) in the Turkish sample with .71 internal consistency reliability, tests the relative deprivation as a result of subjective interpersonal comparisons.

The sample items of the scale are: "When I compare myself to others, I think I deserve ....." "When I compare myself to others, my degree of possession of ..... does not satisfy me". In the present study, the definition of the concept of relative deprivation was presented to the participants before the scale items and it was tried to clarify what is meant by deprivation. The participants wrote the desired outcome in the part left empty in the scale items and evaluated the items in the 5-point Likert measurement ranging from "1 = strongly disagree" and "5 = strongly agree". The internal consistency values of the scale were found to be .73 and .75, in low-level and high-level deprived samples, respectively. The high values obtained in the scale indicate that the egoistic deprivation is at high levels.

### **Coping Inventory for Stressful Situations – Short Form**

The 21-items scale, which was developed by Endler and Parker (1994) with .76 and .92 internal-consistency reliabilities, was used to measure the conscious reactions (coping strategies) of individuals to stressful or negative situations. The scale, which includes three sub-dimensions called task-oriented coping (7-item), emotion-oriented coping (7-item) and avoidance-oriented coping (7-item), was adapted to Turkish by Boysan (2012), with varying internal consistency reliabilities between .72 and .77.

Sample items of the task-oriented coping sub-dimension are "Think about how I solved similar problems," "Analyze the problem before reacting"; exemplary items of the emotion-oriented coping sub-dimension are "Blame myself for not knowing what to do," "Worry about what I am going to do"; and exemplary items of the avoidance-oriented coping sub-dimension are "Go out for a snack or meal," "Phone a friend". In the present study, the participants evaluated the scale items in a 5-point Likert measurement ranging "1 = strongly disagree" and "5 = strongly agree". The internal consistency values of the task-oriented coping, emotion-oriented coping and avoidance-oriented coping sub-dimensions in low-level deprived sample were .82, .83 and .78 respectively whereas they were .80, .86 and .72 in high-level deprived sample, respecti-

vely. The higher scores obtained in the sub-dimensions mean that individuals have more task-oriented, emotion-oriented or avoidance-oriented responses to cope with the negative situations they encountered.

### Procedure

The data collection process of the current research started after the ethical approval of Middle East Technical University, Applied Ethics Research Center. The research data were collected in the classroom environment with the random sampling method and the voluntary participation of undergraduate students following the ethical standards determined by the American Psychological Association. At the beginning of the data collection process, research content, purpose and procedure were explained to the participants through informed consent and voluntary participation forms. The response of the measurement tools took approximately 25 minutes. While determining the sample size, "the rule of at least 10 participants must be assigned to each item in the research measurement (Tinsley and Tinsley 1987)" was considered and it was aimed to conduct the research with at least 370 participants. Participants received extra credits to use in their final exams as a means for motivating them to participate.

**Table 1. Descriptive statistics and correlation scores in low-level and high-level deprived samples**

Variables M(SD)	Low-Level (N = 218)	High-Level (N = 193)	Correlations							
			1	2	3	4	5	6	7	8
1. Satisfaction with life	3.31 (.77) <sub>a</sub>	3.11 (.80) <sub>b</sub>	-----	-.34 **	.32 **	-.29 **	-.01	-.02	-.08	.32 **
2. Perceived stress	3.14 (.86) <sub>a</sub>	3.44 (.94) <sub>b</sub>	-.38 **	-----	-.30 **	.50 **	.16 *	-.08	-.14 *	-.09
3. Task-oriented coping	3.65 (.60) <sub>a</sub>	3.63 (.63) <sub>a</sub>	.33 **	-.26 **	-----	-.43 **	.06	.12	-.07	.10
4. Emotion-oriented coping	3.06 (.80) <sub>a</sub>	3.31 (.88) <sub>b</sub>	-.31 **	.53 **	-.26 **	-----	.26 **	-.13	-.09	-.03
5. Avoidance-oriented coping	3.06 (.77) <sub>a</sub>	3.06 (.74) <sub>a</sub>	.20 **	.06	.04	.15 *	-----	-.35 **	-.17 *	.08
6. Sex	1.39 (.49) <sub>a</sub>	1.32 (.47) <sub>a</sub>	-.18 **	-.12	-.13 *	-.12	-.35 **	-----	.24 **	.02
7. Age	21.18 (1.73) <sub>a</sub>	20.90 (1.66) <sub>a</sub>	-.12	-.03	.05	-.02	-.14 *	.20 **	-----	-.06
8. Perceived socio-economic status	4.27 (.89) <sub>a</sub>	4.19 (.85) <sub>a</sub>	.38 **	-.13 *	.18 **	-.11	.12	-.10	.03	-----
9. Relative deprivation	3.71 (.24) <sub>a</sub>	4.56 (.26) <sub>b</sub>								

Note. Deprivation level-based comparisons were indicated by subscripts (a, b) across each row such that different subscripts indicated a significant ( $p < .01$ ) mean difference. Correlations for low-level deprived individuals were shown below the diagonal; for high-level deprived individuals, above the diagonal. Sex was coded as 1: female, 2: male; \*\* $p < .01$ ; \* $p < .05$

### Statistical Analysis

Multivariate analysis of variance was used to examine the differences between low-level and high-level deprived samples in terms of life satisfaction, perceived stress, task-oriented coping, emotion-oriented coping, avoidance-oriented coping, sex, age, perceived socio-economic status, and relative deprivation variables. In addition, zero-order correlation analysis was conducted to see the relationships between variables in both samples. Lastly, after the control of demographic variables (gender, age, and perceived social-economic status) in both samples, hierarchical regression analysis was performed to test the predictive aspects of task-oriented coping, emotion-oriented coping, and avoidance-oriented coping variables on life satisfaction, and perceived stress.

## Results

The possible group differences between low-level and high-level deprived samples were tested by using multivariate analysis of variance and the general relationship between deprivation level and research variables was found significant.  $F(9, 401) = 129.76$ ,  $p < .001$ , Wilks'  $\lambda = .26$  (see Table 1). Significant group differences were found on variables as life satisfaction ( $F(1, 409) = 6.67$ ,  $p < .05$ ,  $\eta^2 = .02$ ), perceived stress ( $F(1, 409) = 11.54$ ,  $p < .01$ ,  $\eta^2 = .03$ ), emotion-oriented coping ( $F(1, 409) = 9.42$ ,  $p < .01$ ,  $\eta^2 = .02$ ) and relative deprivation ( $F(1, 409) = 1171.61$ ,  $p < .001$ ,  $\eta^2 = .74$ ). In other words, while the people with low-level deprivation had higher scores in life satisfaction variable than the people with high-level deprivation, they also had lower scores in perceived stress, emotion-oriented coping and relative deprivation variables.

**Table 2. Hierarchical regression findings in low-level and high-level deprived samples**

Low-Level Deprived Individuals N = 218	Satisfaction with Life						Perceived Stress					
	Model 1			Model 2			Model 1			Model 2		
	B	SEB	$\beta$	B	SEB	$\beta$	B	SEB	$\beta$	B	SEB	$\beta$
Variables												
Sex	-.19	.10	-.12	-.13	.10	-.08	-.23	.12	-.13	-.16	.11	-.09
Age	-.05	.03	-.10	-.05	.03	-.10	.00	.03	.01	.01	.03	.01
Perceived socio-economic status	.32	.05	<b>.37**</b>	.25	.05	<b>.29**</b>	-.14	.07	<b>-.15*</b>	-.06	.06	-.06
Task-oriented coping				.26	.08	<b>.20**</b>				-.20	.09	<b>-.14*</b>
Emotion-oriented coping				-.25	.06	<b>-.26**</b>				.51	.07	<b>.48**</b>
Avoidance-oriented coping				.15	.06	<b>.15*</b>				-.03	.07	-.02
	$F(3, 214) = 14.85$ $R^2 = .17**$			$F(6, 211) = 15.85$ $R^2 = .31**$ ; $\Delta R^2 = .14**$			$F(3, 214) = 2.58$ $R^2 = .04$			$F(6, 211) = 15.57$ $R^2 = .31**$ ; $\Delta R^2 = .27**$		
High-Level Deprived Individuals N = 193	Satisfaction with Life						Perceived Stress					
	Model 1			Model 2			Model 1			Model 2		
	B	SEB	$\beta$	B	SEB	$\beta$	B	SEB	$\beta$	B	SEB	$\beta$
Variables												
Sex	-.02	.12	-.01	-.12	.12	-.07	-.09	.15	-.04	.08	.14	.04
Age	-.03	.03	-.06	-.03	.03	-.06	-.08	.04	-.14	-.07	.04	-.12
Perceived socio-economic status	.30	.07	<b>.31**</b>	.27	.06	<b>.29**</b>	-.11	.08	-.10	-.09	.07	-.08
Task-oriented coping				.27	.10	<b>.22**</b>				-.19	.11	-.13
Emotion-oriented coping				-.17	.07	<b>-.19*</b>				.45	.08	<b>.42**</b>
Avoidance-oriented coping				-.04	.08	-.03				.07	.09	.06
	$F(3, 189) = 7.42$ $R^2 = .11**$			$F(6, 186) = 8.85$ $R^2 = .22**$ ; $\Delta R^2 = .11**$			$F(3, 189) = 2.10$ $R^2 = .03$			$F(6, 186) = 11.95$ $R^2 = .28**$ ; $\Delta R^2 = .25**$		

\*\* $p < .01$ ; \* $p < .05$

Table 1 shows the correlation values between variables in low-level and high-level deprived samples. In both samples, the life satisfaction variable was positively related to task-oriented coping strategy, while negatively correlated with emotion-oriented coping strategy. Also, the perceived stress variable was negatively correlated with task-oriented coping strategy, whereas it showed a positive correlation with emotion-oriented coping strategy. The main difference between the samples was that the life satisfaction variable was positively correlated with avoidance-oriented coping strategy in low-level deprived sample whereas the perceived stress was positively correlated with avoidance-oriented coping strategy in high-level deprived sample. Descriptive statistics and correlation scores are presented in Table 1.

**Table 3. Expected associations and study results**

Variables	Satisfaction with Life			Perceived Stress		
	Expected	Study Results		Expected	Study Results	
		Correlation	Regression		Correlation	Regression
<b>Low-Level Deprived Individuals, N = 218</b>						
Task-oriented coping	+	+	+	-	-	-
Emotion-oriented coping	-	-	-	+	+	+
Avoidance-oriented coping	+	+	+	-	x	x
<b>High-Level Deprived Individuals, N = 193</b>						
Task-oriented coping	+	+	+	-	-	x
Emotion-oriented coping	-	-	-	+	+	+
Avoidance-oriented coping	x	x	x	x	+	x

Note. Regression results were obtained after the control of demographic variables (sex, age, and perceived socio-economic status).  
 + = positive significant association; - = negative significant association; x = insignificant association

Hierarchical regression analyses were conducted to investigate the relationships between coping strategies and cognitive and affective dimensions of subjective well-being in two samples differed depending on the deprivation level. Demographic variables (gender, age, and perceived socio-economic status) were controlled in the first step of the analyses, and coping strategies were tested in the second step (see Table 2)..

When the cognitive dimension of subjective well-being was evaluated, in low-level and high-level deprived samples, after controlling the demographic variables, task-oriented coping strategy positively predicted life satisfaction ( $\beta = .20, p < .01; \beta = .22, p < .01$ , sample order), while emotion-oriented coping strategy negatively predicted ( $\beta = -.26, p < .01; \beta = -.19, p < .05$ , sample order). Avoidance-oriented coping strategy was a positive predictor of life satisfaction in low-level deprived sample. ( $\beta = .15, p < .05$ ). In other words, regardless of the perceived deprivation level, people who preferred more task-oriented and less emotion-oriented strategies to cope with deprivation had higher life satisfaction. Also, people who used the avoidance-oriented coping strategy in low-level deprivation had higher life satisfaction.

Secondly, when the affective dimension of subjective well-being was tested, in low-level and high-level deprived samples, after controlling the demographic variables, emotion-oriented coping strategy was positively associated with perceived stress ( $\beta = .48, p < .01; \beta = .42, p < .01$ , sample order). Task-oriented coping strategy was the negative predictor of perceived stress in low-level deprived sample ( $\beta = -.14, p < .05$ ). In other words, regardless of the perceived deprivation level, people who preferred the emotion-oriented strategy to cope with deprivation perceived more stress. Besides, people who used the task-oriented coping strategy in low-level deprivation had less perceived stress. The findings of the hierarchical regression analyses are presented in detail in Table 2.

## Discussion

The negative relationship between relative deprivation and subjective well-being has often been found by studies conducted in the relevant field (Jin 2016). However, it is



necessary to clarify the role of other possible variables in this negative relationship. In this context, the present study examined the relationships between coping strategies (task-oriented coping, emotion-oriented coping and avoidance-oriented coping) and cognitive and affective dimensions of subjective well-being (life satisfaction and perceived stress, respectively) in low-level and high-level deprived samples by controlling the demographic variables (gender, age and perceived socio-economic status). Consistent with the expectation in Hypothesis 1, people who preferred the task-oriented coping strategy had a higher life satisfaction in both samples, whereas individuals perceived a lower level of stress in low-level deprived sample. Also, as expected, a negative correlation was found between task-oriented coping strategy and perceived stress in high-level deprived sample, but after the control of demographic variables, this relationship lost its significance. This finding supported the need to consider the role of demographic variables in the mentioned relationship. Secondly, as suggested in Hypothesis 2, people using the emotion-oriented coping strategy had a lower life satisfaction and a higher stress perception in both samples. This finding fully supported Hypothesis 2. Finally, consistent with the expectation in Hypothesis 3, those who preferred the avoidance-oriented coping strategy in low-level deprived sample had a higher life satisfaction, but in high-level deprived sample, this strategy was not a significant variable predicting subjective well-being. This finding supported that the significance or functionality of the avoidance-oriented coping strategy depends on the severity of the negative situation (e.g. perceived deprivation level). On the other hand, the expected negative relationship between avoidance-oriented coping strategy and perceived stress was not significant in low-level deprived sample. Consistent with the findings of the present study, relevant studies in the literature (Dumont and Provost 1999, Steinhardt and Dolbier 2008) state that the task-oriented coping strategy positively supports subjective well-being whereas there are negative relationships between emotion-oriented or avoidance-oriented coping strategies and subjective well-being. However, there are inconsistent findings in the literature regarding emotion-oriented and avoidance-oriented coping strategies. (Suls and Fletcher 1985, DiPalma 1994, Endler and Parker 1994, Bonanno et al. 2003, Bostanci et al. 2005, Boysan 2012). The present study relied on the relational differences between coping strategies and subjective well-being to the severity level of the problem encountered.

Another reason for the inconsistency in the literature findings may be the definitions of subjective well-being with different contents. Many studies have only focused on the cognitive dimension of subjective well-being and evaluated this concept with the variable of life satisfaction. However, subjective well-being includes cognitive and affective dimensions and, depending on the severity of the problem, different coping strategies may support different aspects of subjective well-being in different directions. It should be emphasized that more studies are needed to clarify the relationships between the tested variables in this study. Table 3 shows the summary of expected relationships between variables and significance-based research findings.

In addition to the main findings, the present study found significant group differences in research variables between low-level and high-level deprived samples. People with low-level deprivation had a higher life satisfaction and a lower stress perception than people with high-level deprivation. The difference in coping strategies was seen only for emotion-oriented coping. People with low-level deprivation used emotion-

oriented coping strategy less often.

This research has demonstrated the importance of providing the correct cognitive responses in the process of coping with a negative situation such as deprivation and these responses were strongly related to subjective well-being (Verger et al. 2010, Zammuner, 2019). The important point is that the effectiveness of the coping strategy is related to the severity of the negative situation and the cognitive and affective needs of the individual. The findings have the potential to be useful to researchers and practitioners interested in subjective well-being and psychological health. Besides, research findings may increase people's self-awareness and help them to regulate their conscious responses to negative situations.

In addition to the contribution of the present study to the researchers and practitioners working in the field, it is necessary to underline the limitations of the research. First, it is useful to mention the sample of the research. The data of the study were collected from university students studying at the undergraduate level. Future studies should be conducted with samples other than university students. Testing existing hypotheses in participant profiles with different demographic characteristics will increase the generalizability and reliability of the findings. For example, when the student sample is excluded, the diversity of the demographic characteristics of the participants will increase and this increasing diversity may affect the research findings. Secondly, the correlation-based structure of the research design and methods used should be emphasized. Because of this feature of the research, readers should avoid making judgments based on cause-effect relationships in interpreting the findings. Because, as in other correlation-based studies, it is not possible to manipulate any variable and to make inferences about cause-effect relationships between variables. The research only provides information about the significance, direction, and strength of the relationships between variables.

Subjective well-being is one of the main variables related to psychological and physical health. Therefore, the number of theory-based empirical studies that make sense of the process behind subjective well-being should be increased. Also, social perception-based approaches should be further integrated into the fields of psychiatry and clinical psychology to clarify the meaning of being healthy and increase the adequacy of intervention programs provided to patients.

## References

- Bonanno GA, Noll JG, Putnam FW, O'Neill M, Trickett P (2003) Predicting the willingness to disclose childhood sexual abuse from measures of repressive coping and dissociative experiences. *Child Maltreat*, 8:1-17.
- Bostanci M, Ozdel O, Oguzhanoglu NK, Ozdel L, Ergin A, Ergin N et al. (2005) Depressive symptomatology among university students in Denizli, Turkey: Prevalence and socio-demographic correlates. *Croatian Med J*, 46:96-100.
- Boysan M (2012) Stresli durumlara başa çıkma envanteri kısa formunun (SDBÇE-21) klinik dışı Türk örnekleminde geçerliliği. *Dusunen Adam*, 25:101-107.
- Carver CS, Scheier MF, Segerstrom SC (2010) Optimism. *Clin Psychol Rev*, 30:879-889.
- Cohen S, Kamarck T, Mermelstein R (1983) A global measure of perceived stress. *J Health Soc Behav*, 24:385-396.
- Crosby F (1976) A model of egoistic relative deprivation. *Psychol Rev*, 83:85-113.
- Diener E (1984) Subjective well-being. *Psychol Bull*, 95:542-575.
- Diener E, Emmons RA, Larsen RJ, Griffin S (1985) The satisfaction with life scale. *J Pers Assess*, 49:71-75.
- Diener E, Ryan K (2009) Subjective well-being: A general overview. *S Afr J Psychol*, 39:391-406.

- DiPalma LM (1994) Patterns of coping and characteristics of high-functioning incest survivors. *Arch Psychiatr Nurs*, 8:82-90.
- Dumont M, Provost MA (1999). Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *J Youth Adolesc*, 28:343-353.
- Endler NS, Parker JDA (1990) The multidimensional assessment of coping: A critical evaluation. *J Pers Soc Psychol*, 58:844-854.
- Endler NS, Parker JDA (1994) Assessment of multidimensional coping: Task, emotion, and avoidance strategies. *Psychol Assess*, 6:50-60.
- Eskin M, Harlak H, Demirkıran F, Dereboy Ç (2013) Algılanan stres ölçeğinin Türkçeye uyarlanması: Güvenirlilik ve geçerlik analizi. *Yeni Symposium*, 51:132-140.
- Forgeard MJC, Seligman MEP (2012) Seeing the glass half full: A review of the causes and consequences of optimism. *Prat Psychologiques*, 18:107-120.
- Göregenli M (2015) From body politic to freedom of expression, the social psychology of conservatism. *Psychology Conferences: Political Psychology and Social Problems*, 19-20 February 2015 Ankara, Turkey.
- Helliwell JF, Layard R, Sachs J (2012) World happiness report. New York, UN Sustainable Development Solutions Network.
- Jin L (2016) Migration, relative deprivation and psychological well-being in China. *Am Behav Scientist*, 60:750-770.
- Jost JT, Thompson EP (2000) Group-based dominance and opposition to equality as independent predictors of self-esteem, ethnocentrism, and social policy attitudes among African Americans and European Americans. *J Exp Soc Psychol*, 36:209-232.
- Köker S (1991) Normal ve sorunlu ergenlerin yaşam doyumu düzeyinin karşılaştırılması (Yüksek lisans tezi). Ankara, Ankara Üniversitesi.
- Lyubomirsky S (2001) Why are some people happier than others? The role of cognitive and motivational processes in well-being. *Am Psychol*, 56:239-249.
- Lyubomirsky S, Sheldon KM, Schkade D (2005) Pursuing happiness: The architecture of sustainable change. *Rev Gen Psychol*, 9:111-131.
- Osborne D, Sibley CG (2013) Through rose-colored glasses: System-justifying beliefs dampen the effects of relative deprivation on well-being and political mobilization. *Pers Soc Psychol Bull*, 39:991-1004.
- Özdemir F, Tekeş B, Öner-Özkan B (2019) Birey düzeyinde görelî yoksunluk ve öznell esenlik arasındaki dolaylı ilişki. *Türk Psikoloji Dergisi*. doi: 10.31828/tpd1300443320180811m000009
- Runciman WG (1966) *Relative Deprivation and Social Justice*. London, Routledge.
- Satici B (2019) Testing a model of subjective well-being: The roles of optimism, psychological vulnerability, and shyness. *Health Psychol Open*. doi: 10.1177/2055102919884290
- Schmitt M, Maes J, Widaman K (2010) Longitudinal effects of egoistic and fraternal relative deprivation on well-being and protest. *Int J Psychol*, 45:122-130.
- Smith HJ, Pettigrew TF, Pippin GM, Bialosiewicz S (2012) Relative deprivation: A theoretical and meta-analytic review. *Pers Soc Psychol Rev*, 16:203-232.
- Steinhardt M, Dolbier C (2008) Evaluation of resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. *J Am Coll Health*, 56:445-453.
- Suls J, Fletcher B (1985) The relative efficacy of avoidance and nonavoidance coping strategies: A meta-analysis. *Health Psychol*, 4:249-288.
- Tinsley HE, Tinsley DJ (1987) Uses of factor analysis in counseling psychology research. *J Couns Psychol*, 34:414-424.
- Verger P, Guagliardo V, Gilbert F, Rouillon F, Kovess-Masfety V (2010) Psychiatric disorders in students in six French universities: 12-month prevalence, comorbidity, impairment, and help-seeking. *Soc Psychiatry Psychiatr Epidemiol*, 45:189-199.
- Walker I (1999) Effects of personal and group relative deprivation on personal and collective self-esteem. *Group Process Intergroup Relat*, 2:365-380.
- Zammuner VL (2019) Adolescents' coping strategies influence their psychosocial well-being. *Curr J Appl Sci Technol*, 36:1-17..

**Authors Contributions:** The author attest that he has made an important scientific contribution to the study and has assisted with the drafting or revising of the manuscript.

**Ethical Approval:** The study was approved by the Local Ethics Committee. Written informed consent was obtained from all participants.

**Peer-review:** Externally peer-reviewed.

**Conflict of Interest:** No conflict of interest was declared by the author.

**Financial Disclosure:** The author declared that this study has received no financial support.

---