

EMOTIONAL WELL-BEING AND COPING: A SELF-DETERMINATION THEORY AND POSITIVE PSYCHOLOGY PERSPECTIVE

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Abstract: *The present study investigates the interplay between emotional well-being, coping strategies, and self-determination theory (SDT) within the sociocultural context of Romania. Grounded in SDT and positive psychology, this research examines how intrinsic and extrinsic aspirations, coping mechanisms, and socioeconomic factors influence emotional well-being among Romanian college students. Results indicate that emotion-focused coping predicts emotional well-being, but this relationship is moderated by income, with lower-income students deriving less benefit from this coping style. Problem-focused coping is significantly predicted by positive emotions, while avoidant coping is associated with emotional ill-being. Although social support ranks lower among coping strategies, it remains a relevant resource for emotional well-being. These findings contribute to the cross-cultural understanding of SDT and coping, highlighting the role of contextual factors in shaping well-being.*

Key words: *emotional well-being, coping, self-determination theory, positive psychology, cross-cultural psychology*

1. Introduction

This study explores the relationship between coping strategies, income, and emotional well-being through the lens of Self-Determination Theory (SDT) and positive psychology. It aims to address the gap in research on emotional well-being, a key component often overlooked in SDT studies (Diener et al., 1999). The focus is on how coping with stress interacts with SDT in the context of income, particularly in Romania, where economic challenges could influence the effectiveness of coping strategies.

Emotion-focused coping, which includes strategies such as acceptance and psychological growth, has been shown to predict emotional well-being. However, this relationship is expected to be moderated by income, as individuals facing financial

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constraints may find it harder to engage in personal growth (Stevens et al., 2015). This suggests that basic extrinsic needs, such as financial security, must be met before individuals can focus on intrinsic aspirations, a concept supported by the "subsidization hypothesis" (Murray, 1938). This aligns with the idea that when material well-being is not secure, the ability to pursue higher-order goals like personal growth is limited. On the other hand, problem-focused coping, which involves active efforts to solve problems, is predicted by positive emotions. These emotions enhance motivation and competence, key components in SDT, allowing individuals to face challenges more effectively (Fredrickson, 2001). Positive emotions create a state of readiness for problem-solving, leading to more proactive coping behaviors. This relationship is consistent with SDT's focus on the importance of motivation and competence in achieving well-being. Most importantly, avoidant coping, which involves disengaging from stressors or denying them, is expected to predict emotional ill-being. This is because avoidant strategies undermine the satisfaction of basic psychological needs like autonomy and competence, leading to negative psychological outcomes (Ntoumanis et al., 2009). Avoidant coping prevents individuals from engaging with stress in a way that could foster personal growth, leading to lower well-being. Also, while social support is typically considered an important coping strategy, this study hypothesizes that it will rank lower in comparison to other coping strategies. In individualistic societies like Romania, cultural norms around seeking help or relying on social networks may influence the strength of social support's relationship with emotional well-being (Inglehart & Baker, 2000). Despite this, social support remains relevant, especially when individuals face high levels of stress, but its role may not be as prominent as emotion-focused or problem-focused coping. Finally, emotional well-being in Romania may be lower compared to higher-income cultures due to economic constraints. These constraints hinder the ability to pursue intrinsic goals like personal growth, in line with SDT's assumption that autonomy and competence need a solid foundation (Frost et al., 2000; Stevens et al., 2011). In contexts where basic material well-being is not secure, individuals may struggle to focus on higher-order aspirations, which could explain lower levels of emotional well-being.

This study contributes to existing literature by examining the role of emotional well-being, coping strategies, and income in the context of SDT and positive psychology. It offers new insights into how coping strategies interact with income levels to influence emotional well-being, especially in the Romanian context. By considering the cultural and socioeconomic factors that shape coping and well-being, the research provides a more nuanced understanding of how these relationships unfold across different contexts.

2. Method

2.1. Participants

We recruited 72 students ($N = 72$) from three Romanian universities: "Lucian Blaga" University of Sibiu (52.7%), University of Bucharest (26.3%), and Babeş-Bolyai University (20.8%). The sample included 21 men (29.2%) and 49 women (70.8%), aged 19 to 36 years ($M = 23.86$, $SD = 4.17$). Most were bachelor's students (72.2%), with 27.8% at the master's level. Regarding specialization, 61.1% studied STEM fields, while 38.9% were in

humanities. Most were single (86.1%), and 58.3% were unemployed. Income sources included parental support (50%), personal earnings (36.1%), or both (13.9%). Monthly income was below 1,000 lei for 52.8% and above for 47.2%. Most students (81.9%) were from urban areas.

2.2. Instruments

Demographic Questionnaire: assessed age, gender, academic level, specialization, marital status, financial situation, employment, and origin.

The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) is a 20-item self-report measure assessing depressive symptoms over the past seven days. It evaluates affective and somatic dimensions, including mood, feelings of guilt, worthlessness, hopelessness, psychomotor retardation, appetite loss, and sleep disturbances. Responses range from 0 (rarely or never) to 3 (most or all of the time), with total scores from 0 to 60; scores above 16 indicate depressive symptoms. The CES-D has been widely adapted, demonstrating strong psychometric properties. The Romanian version (Stevens & Constantinescu, 2013) showed good reliability (Cronbach's $\alpha = .81$), consistent with other language versions. In this study, the scale demonstrated excellent reliability ($\alpha = .93$). The CES-D includes two factors: positive emotions (4 items) and negative emotions (16 items).

The COPE Inventory (Carver et al., 1989) is a 60-item self-report measure assessing coping strategies, adapted for the Romanian population by Craşovan and Sava (2013). Originally, developed to expand on Lazarus and Folkman's (1984) classification of coping strategies, the inventory assesses how individuals manage stress through various mechanisms. Each coping strategy comprises four items, with sample statements such as "I try to see it in a different light" (positive reinterpretation) and "I refuse to believe it has happened" (denial). Participants rate items on a 4-point Likert scale from 1 (not at all) to 4 (a lot). A short-form version (Brief COPE; Carver, 1997) includes 28 items, but this study utilized the full version. It evaluates responses to stress across 15 subscales grouped into four factors: problem-focused, emotion-focused, social support, and avoidant coping. Internal consistency in this study ranged from $\alpha = .75$ (emotion-focused) to .88 (problem-focused).

2.3. Procedure

Participants completed the questionnaires in a classroom setting. Data were analyzed using SPSS, with regression and moderation analyses conducted to test hypotheses. The graphs were obtained using free statistical software R.

3. Results

Before conducting the regression analyses, we ensured that the assumptions necessary for parametric testing were met. Specifically, we checked for normality, linearity, multicollinearity, homoscedasticity, and independence of residuals. Normality was

verified for all continuous variables through visual inspections of histograms and the Shapiro-Wilk test. To assess linearity and homoscedasticity, we used scatterplots of the residuals, which indicated no violations. Additionally, multicollinearity was not a concern, as evidenced by variance inflation factors (VIFs) below the threshold of 10, confirming the absence of problematic correlations between predictors.

The present study aimed to explore the relationship between different coping strategies and emotional well-being, with particular focus on the moderating role of income. Several hypotheses were tested through a series of regression analyses and moderation models.

Hypothesis 1 posited that emotion-focused coping would predict emotional well-being, with income acting as a moderator. A moderation analysis using the PROCESS macro (Model 1) (Hayes, 2013) revealed a significant interaction between emotion-focused coping (COPE_EF) and income (SitFin2) in predicting depressive symptoms, as measured by the CES-D scores ($b = -1.5179$, $SE = 0.4706$, $p = 0.0019$). Simple slope analysis indicated that for students with lower income (1 SD below the mean), emotion-focused coping was not significantly related to emotional well-being ($b = 0.1066$, $SE = 0.3508$, $p = 0.7621$). In contrast, for students with higher income (1 SD above the mean), emotion-focused coping was significantly negatively associated with emotional well-being ($b = -1.4113$, $SE = 0.3138$, $p < 0.0001$). This finding suggests that the benefits of emotion-focused coping are contingent on the availability of socioeconomic resources, highlighting the complex relationship between coping strategies and well-being.

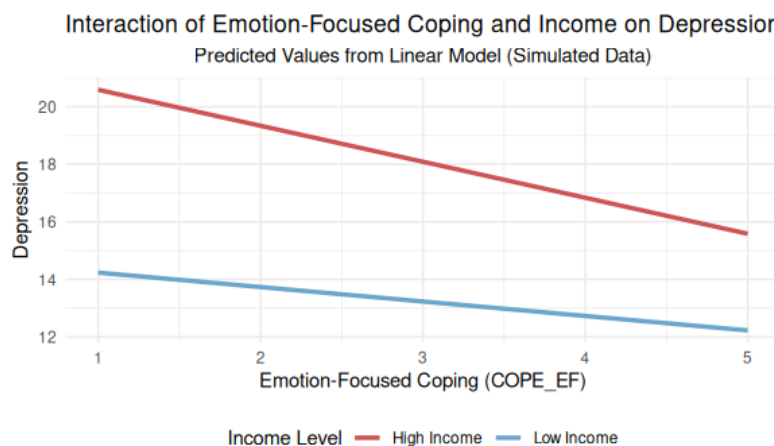


Fig. 1. *Interaction between Emotion-Focused Coping and Income on Depression*

Hypothesis 2 proposed that problem-focused coping would be predicted by positive emotions. A regression analysis confirmed this hypothesis, revealing that CES-D scores significantly predicted problem-focused coping (COPE_PF) behaviors ($b = -0.189$, $SE = 0.061$, $p = 0.003$), explaining 12.1% of the variance in problem-focused coping ($R^2 = 0.121$). This result supports the notion that individuals with lower levels of depressive symptoms are more likely to engage in adaptive coping strategies, such as problem-focused coping.

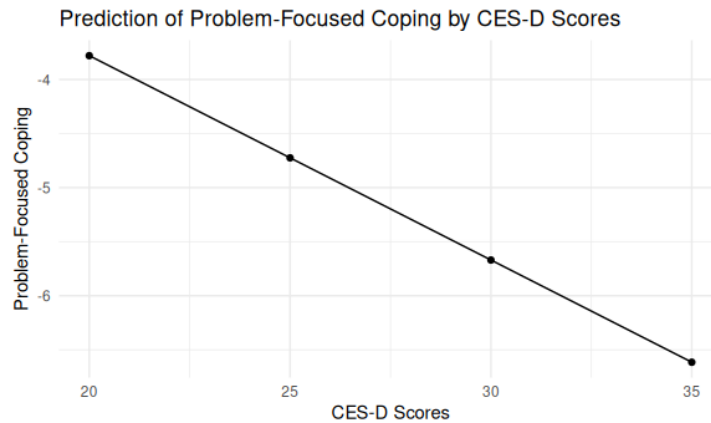


Fig. 2. Relationship between CES-D Scores and Problem-Focused Coping

For Hypothesis 3, which posited that avoidant coping would predict emotional ill-being, the regression analysis demonstrated that emotion-focused coping (COPE_EV) significantly predicted CES-D scores ($b = 1.021$, $SE = 0.230$, $p < 0.0001$), accounting for 22.0% of the variance in emotional ill-being ($R^2 = 0.220$). This finding supports the hypothesis that avoidant coping is associated with higher levels of depressive symptoms, underscoring the maladaptive nature of this coping strategy. Specifically, individuals who report fewer depressive symptoms are more likely to engage in problem-focused coping, which aligns with the principles of Self-Determination Theory (SDT), emphasizing the importance of autonomy and competence.

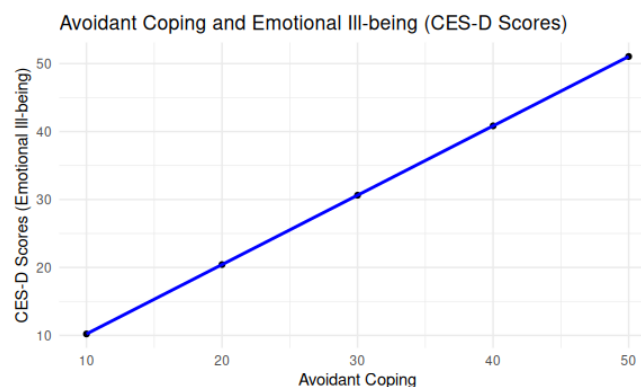


Fig. 3. Relationship between Avoidant Coping and Emotional Ill-being

Hypothesis 4 suggested that social support would remain a relevant coping strategy. Although social support was not the most frequently used coping strategy, it demonstrated moderate internal consistency ($\alpha = 0.75$) and was significantly correlated with emotional well-being ($r(71) = -0.25$, $p < 0.05$). This indicates that social support, while not the primary coping mechanism, plays a meaningful role in enhancing emotional well-

being. Thus, social support remains an important resource for individuals, even if not always their first choice for coping.

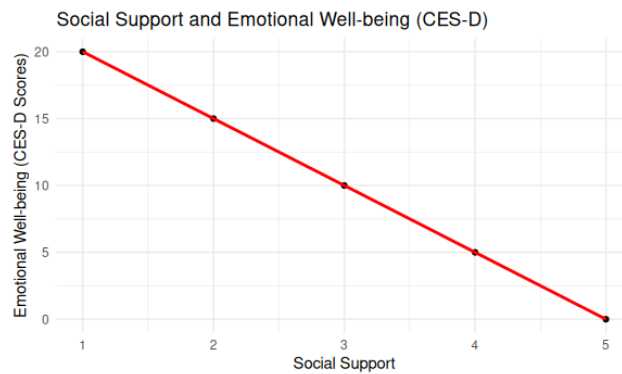


Fig. 4. Relationship Between Social Support and Emotional Well-being (CES-D Scores)

Finally, Hypothesis 5 proposed that emotional well-being would be lower in comparison to individuals in higher-income countries. Indeed, the mean CES-D score for participants was 23.87 ($SD = 10.45$), which was notably higher than the normative CES-D scores reported in higher-income countries, such as the United States ($M = 15.5$, Radloff, 1977).

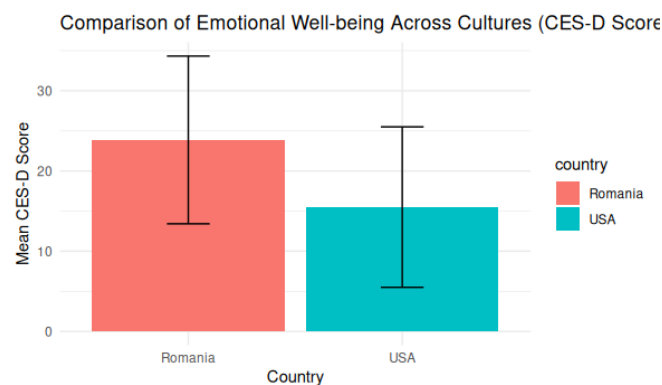


Fig. 5. Comparison of Mean CES-D Scores for Emotional Well-being in Romania and the USA

Although the initial clinical cutoff score proposed for identifying probable clinically significant depression was 16 (Radloff, 1977), since its publication, alternative cutoff scores have been suggested, including 21 (Henry et al., 2018) and 25 (Haringsma et al., 2004). However, this finding underscores the impact of socioeconomic factors on emotional well-being, with Romanian students reporting higher levels of depressive symptoms relative to their counterparts in wealthier nations. Thus, socioeconomic status

appears to play a significant role in shaping the emotional well-being of individuals across different cultural contexts.

4. Discussion and conclusions

This study shows that emotion-focused and problem-focused coping predict emotional well-being, with income moderating these effects, especially in lower-income cultures. Contextual factors influence coping effectiveness; lower income hinders emotion-focused coping, while problem-focused coping aligns with SDT. Avoidant coping is detrimental. Social support remains relevant, particularly in collectivist cultures. Economic challenges impact well-being, highlighting the need for interventions addressing both psychological and socioeconomic factors. Limitations include the student sample and self-report data; future research should diversify participants, use objective measures, employ longitudinal designs, explore cultural influences, and test interventions. The study underscores the importance of context in understanding well-being and promoting mental health.

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