

## **How Pakistanis Cope with Stress?**

***Waqar Husain,\* Amir Gulzar\*\* & Shanza Tofail\*\*\****

### **Abstract**

The current study is intended to investigate how Pakistanis cope with stress. The inquiry included 500 conveniently selected Pakistanis from five major cities. A specific open-ended questionnaire was designed to record the commonly used strategies to cope with stress in a prioritized order. The findings revealed 18 strategies commonly used in the country to cope with stress. These included discussing stress with others, analyzing stress and planning to reduce, getting involved in self-destruction, performing religious practices, watching TV, listening to music, falling asleep, walking, taking food, playing games, driving, reading or writing, smoking, using internet, shopping, getting involved in different hobbies, performing sexual activities, and dancing. The study, after providing a detailed analysis on the found strategies, concluded that Pakistanis mostly apply constructive and positive means to cope with stress; hence taking professional advice on stress management is still not a choice for them.

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### **Introduction**

Psychological stress has become an unavoidable part of our daily lives. Pakistanis, in general, are exposed to several psychosocial stressors. These stressors are caused by the prevalent psychosocial problems and issues of concern in the country e.g. corruption, illiteracy, poverty, energy crisis, unemployment, social injustice, dearth of health facilities, gender based discrimination, etc. Many Pakistanis seem to be deprived of their basic and fundamental needs e.g. clean drinking water, fresh air to breath, hygienic and balanced diet, timely sexual satisfaction, etc. Social relationships lack genuine love and support. People feel insecure about their lives and property. Wisdom to live a purposeful life is seen very rarely among the citizens who mostly lack civic sense and a sense of social responsibility. Political crises and instability makes the situation

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\* Dr Waqar Husain, Assistant Professor, Department of Humanities, COMSATS Institute of Information Technology, Islamabad.

\*\* Dr Amir Gulzar, Head of Business and Economics Department, Foundation University, Rawalpindi.

\*\*\* Shanza Tofail, Clinical Psychologist in Haripur.

worst for the overall psychosocial wellbeing of the citizens. The same psychosocial stressors, being unaddressed professionally, reflect the prevalence of different mental disorders among Pakistanis.

The classical definition of stress<sup>1</sup> refers stress to ‘any environmental, social or internal demand which requires the individual to readjust his usual behavior patterns’. Stress, in a general perspective, can be defined as a psychological and physical response of the body that occurs whenever we must adapt to changing conditions, whether those conditions be real or perceived. With reference to our daily hassles, we may encounter with certain stressors. Environmental stressors arise from extremes of temperature and humidity, inadequate lighting and ventilation, noise and vibration and the presence of airborne contaminants, such as dusts, fumes and gases. Occupational stressors are associated with too much or too little work, over-promotion or under-promotion, conflicting job demands, incompetent superiors, working excessive hours and interactions between work and family commitments. Social stressors are associated with family life, marital relationships, bereavement, etc. Stress affects the overall wellbeing of a person.<sup>2</sup> It has several negative effects on one’s emotional and physical health.<sup>3</sup> The strategies to cope with stress surely reduce the negative effects and improves overall wellbeing.<sup>4</sup> Strategies to cope with stress cannot always be the same for a person. People tend to modify stress management strategies as they grow older.<sup>5</sup>

## Literature review

People face several psychosocial stressors as routine. Numerous studies have reflected the prevalence of psychological stress in different cultures.

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<sup>1</sup> T.H. Holmes & R.H. Rahe, ‘The social readjustment rating scale’, *Journal of Psychosomatic Research*, 11 (1967), pp.213-18.

<sup>2</sup> R.M. Sapolsky, *Why zebras don't get ulcers: The acclaimed guide to stress, stress-related diseases, and coping-now revised and updated* (New York, NY: St. Martin's Press, 2004).

<sup>3</sup> S.T. Charles, J.R. Piazza, J. Mogle, M.J. Sliwinski & D.M. Almeida, ‘The wear and tear of daily stressors on mental health’, *Psychological Science*, 24:5 (2013), pp.733-41.

<sup>4</sup> L.I. Pearlin & C. Schooler, ‘The structure of coping’, *Journal of Health and Social Behavior*, 19:1 (1978), p.2.

<sup>5</sup> C.M. Aldwin, E.A. Skinner, A. Taylor & M.J. Zimmer-Gembeck, ‘Coping and self-regulation across the lifespan’, in K. Fingerma, C. Berg, T. Antonucci & J. Smith (eds.), *Handbook of Lifespan Psychology* (Berlin: Springer, 2011), pp.561-87.

The sources of stress may include the difficulties in relationships, responsibilities related to work, problems faced by children, daily hassles, etc.<sup>6</sup> Holmes and Rahe<sup>7</sup> have provided a detailed list of life stressors. The intensity of stress may differ from person to person. For some, the daily stress is acute or discrete and for others it may be chronic. According to Wheaton,<sup>8</sup> acute or discrete stressors include life events (e.g., life transitions such as starting school, moving from a student to a full-time worker, starting a family, job loss, divorce/separation, relocation, mid-life crisis, or retirement) and traumas (e.g., the injury or death of a loved one, major accidents, acute illnesses, disasters, physical or sexual abuses). In contrast, chronic stressors might include role strain (such as demanding work, family-related responsibilities, and conflict between/among an individual's roles) and other on-going life difficulties (e.g., one's own chronic illness, one's partner's chronic health problem, prolonged unemployment or homelessness, disabilities, discrimination, and ongoing interpersonal problems).

Lazarus and Folkman<sup>9</sup> defined coping as '... constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person'. The coping strategies associated with stress, likewise, may also differ from person to person based on certain psychosocial factors. Ring<sup>10</sup> felt that people can be divided into three broader categories in association with their stress management styles. These categories included Excessive Reactors, Deficient Reactors and Restrained Reactors. Kobasa<sup>11</sup> has associated coping strategies with the actual and perceived social support a person receives from the society. Some researchers have linked coping strategies with behavioral and

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<sup>6</sup> McBride-King, & K. Bachmann, *Is work-life balance still an issue for Canadians and their employers? You bet it is!* (Ottawa, Ontario: Conference Board of Canada, 1999).

<sup>7</sup> T.H. Holmes and R.H. Rahe, *op.cit.*

<sup>8</sup> B. Wheaton, 'Sampling the stress universe', in W.R. Avison & I.H. Gotlib (eds.), *Stress and mental health: Contemporary issues and prospects for the future* (New York: Plenum Press, 1994), pp.77-114.

<sup>9</sup> R.S. Lazarus & S. Folkman, *Stress, appraisal, and coping* (New York: Springer, 1984).

<sup>10</sup> F.O. Ring, 'Testing the validity of personality profiles in psychosomatic illnesses', *American Journal of Psychiatry*, 113 (1957), pp.1075-80.

<sup>11</sup> S. Kobasa, 'Stressful events, personality and health: An inquiry to hardiness', *Journal of Personality and Social Psychology*, 37 (1979), pp.1-11.

emotional responses to deal with stressors.<sup>12</sup> Leisure theorists<sup>13</sup> have emphasized the role of leisure related activities in reducing stress. The objectives of leisure e.g. relaxation, compensation, escapism and independence are associated with stress reduction.<sup>14</sup> To be close to the natural environment has also positively associated with reduction of stress.<sup>15</sup> Stress, if not coped appropriately, may develop several serious physical and mental problems e.g. cardiovascular disease.<sup>16</sup>

Selye<sup>17</sup> suggested that stress may be good (eustress) or bad (distress). The world without stressors would not be very interesting. Stress provides opportunities for people to learn and struggle. As it is unavoidable most of the times, people should focus on the effective coping strategies so that they could avoid the negative consequences. With reference to the cultural differences in stress coping styles, the researchers did not come across any Pakistani studies which could have provided a detailed picture of different indigenous trends in coping with stress by Pakistanis. The current study, therefore, was designed to investigate the coping strategies Pakistanis commonly apply to reduce their stress. To answer the question of the current study i.e. How Pakistanis cope with stress? an exploratory survey was designed to gather the appropriate responses.

## Method

*Participants:* The current study included 500 conveniently selected Pakistanis who further included males ( $n=261$ ) and females ( $n=239$ );

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<sup>12</sup> Y. Iwasaki & R.C. Mannell, 'The effects of leisure beliefs and coping strategies on stress health relationships: A field study', *Leisure: The Journal of the Canadian Association for Leisure Studies*, 24 (2000), pp.3-57.

<sup>13</sup> L.L. Caldwell & E.A. Smith, 'Leisure: An overlooked component of health promotion', *Canadian Journal of Public Health*, 79 (1998), pp.44-48.

<sup>14</sup> B.L. Driver, H.E.A. Tinsley & M.J. Manfreda, 'The paragraphs about leisure and recreation experience preference scales: Results from two inventories designed to assess the breadth of the perceived psychological benefits of leisure', in B.L. Driver, P.J. Brown & G.L. Peterson (eds.), *Benefits of Leisure* (State College, PA: Venture Publishing, Inc., 1991), pp.263-86.

<sup>15</sup> R.B. Hull & S.E. Michael, 'Nature-based recreation, mood change, and stress restoration', *Leisure Sciences*, 17 (1995), pp.1-14.

<sup>16</sup> M. Friedman & R.H. Rosenman, *Type A behavior and your heart* (NY: Alfred A. Knopf, 1974).

<sup>17</sup> H. Selye, *Stress without distress* (NY: Lippincott, 1974).

adolescents i.e. aged 13 to 19 ( $n=34$ ), younger adults i.e. aged 20 to 40 ( $n=424$ ) and elder adults i.e. aged 41 to 60 ( $n=42$ ) married ( $n=177$ ) and unmarried ( $n=323$ ); working ( $n=274$ ) and jobless ( $n=226$ ); matriculates i.e. qualified from a high school ( $n=38$ ), graduates i.e. qualified from a college ( $n=198$ ) and post-graduates i.e. qualified from a university ( $n=264$ ). The participants belonged to different cities of Pakistan including the five major cities i.e. Islamabad, Peshawar, Lahore, Karachi and Quetta. A shortcoming of the sampling of the current study was the exclusion of uneducated as it could require personal interviews by the researcher which could not have been possible due to limited resources.

*Research questionnaire:* A specific questionnaire was designed for the current study to record the possible prioritized strategies people may use for managing their stress. The questionnaire included the demographic information of the participants i.e. their sex, age, educational qualification, marital status and employment status. The questionnaire further provided the participants with an opportunity to enlist 5 commonly used by them stress-coping strategies in a prioritized order e.g. to enlist the most commonly used technique first and the least commonly used technique as fifth. The 1<sup>st</sup> priority mentioned by the participant was given a weightage of 33 marks, the 2<sup>nd</sup> was given 27 marks, the 3<sup>rd</sup> was given 20 marks, the 4<sup>th</sup> was given 13 marks and the 5<sup>th</sup> priority was given 7 marks. Thus, the 5 priorities provided by the participant were calculated to sum as 100 marks. The option for priorities was left empty so that the respondent could write his/her personalized strategies in a prioritized order. After the data gathered and calculated, the total strategies provided by 500 respondents formed 18 categories i.e. Religious Practices, Sexual Activities, Discussion, Internet, TV, Reading / Writing, Games, Food, Hobbies, Music, Dance, Smoking, Self-destruction, Analysis and Planning, Shopping, Sleep, Drive, and Walk.

*Procedure:* The research questionnaire was posted to colleagues in different cities of Pakistan who helped the researchers in collecting data from the respondents. The data gathered back was analyzed in SPSS and was presented in tabulated and graphical form.

**Results**

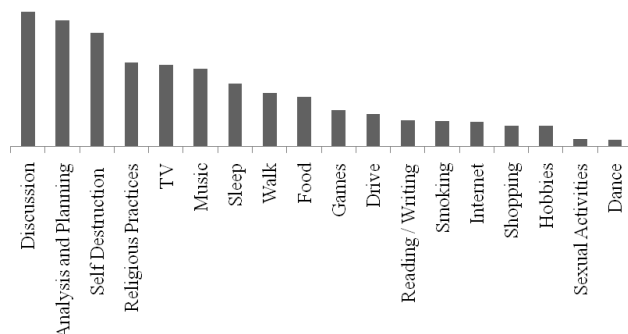
**Table 1: Scores and Percentages for Stress Coping Strategies**

Strategy	Score	Percentage
Discussion	4981	13.67
Analysis and Planning	4653	12.77

Self Destruction	4210	11.55
Religious Practices	3116	8.55
TV	3018	8.28
Music	2868	7.87
Sleep	2323	6.38
Walk	1986	5.45
Food	1841	5.05
Games	1343	3.69
Drive	1209	3.32
Reading / Writing	965	2.65
Smoking	936	2.57
Internet	910	2.50
Shopping	773	2.12
Hobbies	768	2.11
Sexual Activities	280	0.77
Dance	255	0.70
Total	36435	100

The table above reflects the strategies used by Pakistanis to cope with their stress. The strategies mentioned in the table are priority wise in ascending order i.e. the most prioritized strategy is on the top and the least prioritized strategy is at the bottom.

Figure 1: The comparison of strategies used by Pakistanis to cope with stress



The figure above reflects a simple analysis based on the percentage scores obtained against each strategy used by Pakistanis to cope with stress.

**Table 2: Comparison of stress coping strategies by gender**

Category	Males (n=261)			Females (n=239)			p-value
	Score	Mean	%	Score	Mean	%	
Discussion	2327	8.92	13.18	2654	11.10	14.13	.070
Analysis and Planning	2208	8.46	12.50	2445	10.23	13.02	.169
Self Destruction	1742	6.67	9.87	2468	10.33	13.14	.003
Religious Practices	1848	7.08	10.47	1268	5.31	6.75	.062
TV	1338	5.13	7.58	1680	7.03	8.95	.041
Music	1374	5.26	7.78	1494	6.25	7.96	.246
Sleep	966	3.70	5.47	1357	5.68	7.23	.015
Walk	934	3.58	5.29	1052	4.40	5.60	.285
Food	732	2.80	4.15	1109	4.64	5.91	.012
Games	1003	3.84	5.68	340	1.42	1.81	.000
Drive	987	3.78	5.59	222	.93	1.18	.000
Reading / Writing	358	1.37	2.03	607	2.54	3.23	.065
Smoking	877	3.36	4.97	59	.25	0.31	.000
Internet	389	1.49	2.20	521	2.18	2.77	.198
Shopping	61	.23	0.35	712	2.98	3.79	.000
Hobbies	154	.59	0.87	614	2.57	3.27	.000
Sexual Activities	226	.87	1.28	54	.23	0.29	.074
Dance	134	.51	0.76	121	.51	0.64	.980
<b>Total</b>	<b>17658</b>		<b>100</b>	<b>18777</b>		<b>100</b>	

The table above reflects the differences between males and females in relation to coping with stress. The findings reveal that males and females mainly use similar strategies to cope with their stress, but they have significant differences as well. Some strategies i.e. playing games, driving and smoking can be considered male-specific strategies in Pakistan. Some strategies, on the other hand, can be taken as female-specific i.e. self-destruction, shopping and being involved in hobbies.

**Table 3: Comparison of stress coping strategies by marital status**

Category	Married (n=177)			Unmarried (n=323)			p-value
	Score	Mean	%	Score	Mean	%	
Discussion	1612	9.11	13.07	3369	9.96	13.98	.295
Analysis and Planning	1914	10.81	15.52	2739	9.31	11.36	.082
Self Destruction	1283	7.25	10.40	2927	8.42	12.14	.158
Religious Practices	1181	6.67	9.58	1935	6.23	8.03	.493
TV	831	4.69	6.74	2187	6.04	9.07	.033
Music	787	4.45	6.38	2081	5.74	8.63	.025
Sleep	834	4.71	6.76	1489	4.65	6.18	.905
Walk	608	3.44	4.93	1378	3.97	5.72	.301
Food	627	3.54	5.08	1214	3.68	5.04	.778
Games	241	1.36	1.95	1102	2.69	4.57	.003
Drive	467	2.64	3.79	742	2.42	3.08	.606
Reading / Writing	258	1.46	2.09	707	1.93	2.93	.269
Smoking	455	2.57	3.69	481	1.87	2.00	.035
Internet	220	1.24	1.78	690	1.82	2.86	.110
Shopping	326	1.84	2.64	447	1.55	1.85	.411
Hobbies	333	1.88	2.70	435	1.54	1.80	.332
Sexual Activities	253	1.43	2.05	27	.56	0.11	.000
Dance	101	.57	0.82	154	.51	0.64	.756
Total	12331		100	24104		100	

The table above reflects the differences between married and unmarried in relation to coping with stress. The findings reveal that married and unmarried use almost similar strategies to cope with their stress except games are played more by the unmarried and sexual activities are carried out more by the married, both as means to cope with stress.

**Table 4: Comparison of stress coping strategies by employment status**

Category	On job (n=274)			Jobless (n=226)			p-value
	Score	Mean	%	Score	Mean	%	
Discussion	2804	10.23	15.15	2177	9.63	12.14	.621
Analysis and	2853	10.41	15.42	1800	7.96	10.04	.058



Planning							
Self Destruction	1730	6.31	9.35	2480	10.97	13.83	.000
Religious Practices	1789	6.53	9.67	1327	5.87	7.40	.492
TV	1172	4.28	6.33	1846	8.17	10.30	.000
Music	1100	4.01	5.94	1768	7.82	9.86	.000
Sleep	1188	4.34	6.42	1135	5.02	6.33	.403
Walk	939	3.43	5.07	1047	4.63	5.84	.118
Food	888	3.24	4.80	953	4.22	5.31	.184
Games	617	2.25	3.33	726	3.21	4.05	.149
Drive	860	3.14	4.65	349	1.54	1.95	.012
Reading / Writing	491	1.79	2.65	474	2.10	2.64	.631
Smoking	744	2.72	4.02	192	.85	1.07	.000
Internet	407	1.49	2.20	503	2.23	2.81	.169
Shopping	314	1.15	1.70	459	2.03	2.56	.097
Hobbies	254	.93	1.37	514	2.27	2.87	.011
Sexual Activities	253	.92	1.37	27	.12	0.15	.025
Dance	101	.37	0.55	154	.68	0.86	.280
Total	18504		100.00	17931		100.00	

The table above reflects the differences between the on-job and the jobless in relation to coping with stress. The findings reveal that the on-job and the jobless mainly use similar strategies to cope with their stress, but they have significant differences as well. Self destruction, watching TV and listening to music is used more by the jobless to overcome stress. Smoking, on the other hand and somehow surprisingly, is used more by the ones who are not jobless.

Table 5: Comparison of stress coping strategies by age

Category	Adolescents (n=34)			Younger Adults (n=424)			Elder Adults (n=42)			p-value
	Score	Mean	%	Score	Mean	%	Score	Mean	%	
Discussion	379	11.15	13.99	4288	10.11	13.76	314	7.48	12.28	.241
Analysis/ Planning	201	5.91	7.42	3855	9.09	12.37	597	14.21	23.34	.006
Self Destruction	401	11.79	14.80	3615	8.53	11.60	194	4.62	7.58	.005

Religious Practices	194	5.71	7.16	2574	6.07	8.26	348	8.29	13.60	.399
TV	227	6.68	8.38	2612	6.16	8.38	179	4.26	7.00	.108
Music	253	7.44	9.34	2502	5.90	8.03	113	2.69	4.42	.031
Sleep	247	7.26	9.12	1883	4.44	6.04	193	4.60	7.54	.403
Walk	179	5.26	6.61	1681	3.96	5.39	126	3.00	4.93	.052
Food	107	3.15	3.95	1647	3.88	5.28	87	2.07	3.40	.899
Games	113	3.32	4.17	1156	2.73	3.71	74	1.76	2.89	.010
Drive	87	2.56	3.21	1076	2.54	3.45	46	1.10	1.80	.552
Reading / Writing	53	1.56	1.96	879	2.07	2.82	33	.79	1.29	.534
Smoking	33	.97	1.22	796	1.88	2.55	107	2.55	4.18	.154
Internet	61	1.79	2.25	849	2.00	2.72	0	0.00	0.00	.022
Shopping	94	2.76	3.47	666	1.57	2.14	13	.31	0.51	.565
Hobbies	13	.38	0.48	741	1.75	2.38	14	.33	0.55	.928
Sexual Activities	0	0.00	0.00	160	.38	0.51	120	2.86	4.69	.000
Dance	67	1.97	2.47	188	.44	0.60	0	0.00	0.00	.072
<b>Total</b>	<b>2709</b>		<b>100</b>	<b>31168</b>		<b>100</b>	<b>2558</b>		<b>100</b>	

The table above reflects the differences between adolescents, younger adults and elder adults in relation to coping with stress. The findings reveal that the prevalent strategies to cope with stress in Pakistan are not significantly associated with a specific age group but are commonly used by all. However, sexual activities are carried out as a mean to overcome stress more by the people aged 41 to 60 as compared with people less than 40 years of age. Sexual activity is not at all taken as a stress coping strategy by adolescents. Internet and dancing are not at all considered as stress coping strategies by the people aged 41 and above.

**Table 6: Comparison of stress coping strategies by educational qualification**

Category	School (n=38)			College (n=198)			University (n=264)			<i>P</i> -value
	Score	Mean	%	Score	Mean	%	Score	Mean	%	
Discussion	252	6.63	11.29	1764	8.91	13.05	2965	11.23	14.34	.019
Analysis/ Planning	340	8.95	15.23	1103	5.57	8.16	3210	12.16	15.52	.000
Self Destruction	460	12.11	20.61	1813	9.16	13.41	1937	7.34	9.37	.154
Religious Practices	252	6.63	11.29	1205	6.09	8.91	1659	6.28	8.02	.606

TV	39	1.03	1.75	1213	6.13	8.97	1766	6.69	8.54	.007
Music	127	3.34	5.69	1169	5.90	8.65	1572	5.95	7.60	.514
Sleep	200	5.26	8.96	912	4.61	6.74	1211	4.59	5.86	.428
Walk	107	2.82	4.79	699	3.53	5.17	1180	4.47	5.71	.036
Food	127	3.34	5.69	748	3.78	5.53	966	3.66	4.67	.279
Games	61	1.61	2.73	606	3.06	4.48	676	2.56	3.27	.793
Drive	0	0.00	0.00	450	2.27	3.33	759	2.88	3.67	.000
Reading / Writing	0	0.00	0.00	260	1.31	1.92	705	2.67	3.41	.000
Smoking	141	3.71	6.32	394	1.99	2.91	401	1.52	1.94	.259
Internet	0	0.00	0.00	315	1.59	2.33	595	2.25	2.88	.122
Shopping	0	0.00	0.00	368	1.86	2.72	405	1.53	1.96	.476
Hobbies	86	2.26	3.85	321	1.62	2.37	361	1.37	1.75	.651
Sexual Activities	0	0.00	0.00	54	.27	0.40	226	.86	1.09	.000
Dance	40	1.05	1.79	128	.65	0.95	87	.33	0.42	.075
<b>Total</b>	<b>2232</b>		<b>100</b>	<b>13522</b>		<b>100</b>	<b>20681</b>		<b>100</b>	

The table above reflects the differences between people qualified from school, college or university in relation to coping with stress. The findings reveal that the people having lesser educational qualification i.e. up to school only do not consider driving, reading, writing, internet, shopping and sexual activities as means to overcome stress. Analyzing the problems, planning to handle it, reading and writing is carried out more by university graduates as compared with people having education till school or college level. To cope with stress, university graduates drive more and get involved in sexual activities more than their counterparts.

## Discussion

The current study intended to investigate how Pakistanis cope with stress. Psychological stress, as discussed earlier, is not only prevalent in societies but is increasing with the passage of time. Regardless of its causes, which are not the scope of the current study, stress is managed differently by humans in accordance with their life styles and cultures.

Earlier studies<sup>18</sup> have revealed that coping with stress differs from culture to culture. Hence, there are certain studies<sup>19</sup> which have found similarities in coping styles among different cultures. People, based on their psychosocial preferences and socioeconomic conditions, may opt for individualized mechanisms to reduce stress. The findings of earlier studies have come up with diversified strategies people may apply to cope with stress. Women, according to Day and Livingstone,<sup>20</sup> get more involved in discussing their stress with friends and family as compared with men. Religious activities have been frequently documented to reduce stress and increase hope and comfort.<sup>21</sup> Television has also been considered a mean to alleviate boredom and stress.<sup>22</sup> The use of music

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- <sup>18</sup> I. Seiffge-Krenke & S. Shulman, 'Coping style in adolescence: a cross-cultural study', *Journal of Cross-Cultural Psychology*, 21 (1990), pp.351-77; M. El-Sheik, & P.A. Klaczynski, 'Cultural variability in stress and control: an investigation of Egyptian middle-class, countryside and inner-city girls', *Journal of Cross Cultural Psychology*, 24 (1993), pp.81-98; J. Gibson-Cline, *Adolescence: From crisis to coping: a thirteen-nation study* (London, UK: Butterworth-Heinemann Ltd., 1996).
- <sup>19</sup> S.A. Wasti & L.M. Cortina, 'Coping in context: sociocultural determinants of responses to sexual harassment', *Journal of Personality and Social Psychology*, 83 (2002), pp.394-405; F. Munet-Vilaro, S.E. Gregorich & S. Folkman, 'Factor structure of the Spanish version of the Ways of Coping questionnaire', *Journal of Applied Social Psychology*, 32 (2002), pp.1938-54.
- <sup>20</sup> A.L. Day & H.A. Livingstone, 'Gender differences in perceptions of stressors and utilization of social support among university students', *Canadian Journal of Behavioral Science*, 35:2 (2003), pp.73-83.
- <sup>21</sup> S.M. Alferi, J.L. Culver, C.S. Carver, P.L. Arena & M.H. Antoni, 'Religiosity, religious coping and distress', *Journal of Health Psychology*, 4 (1999), pp.343-56; H.W. Gibbs & J. Achterberg-Lawlis, 'Spiritual values and death anxiety: Implications for counseling with terminal cancer patients', *Journal of Counseling Psychology*, 25 (1978), pp.563-69; K.E. Soderstrom & I.M. Martinson, 'Patients' spiritual coping strategies: Study of nurse and patient perspectives', *Oncology Nursing Forum*, 14 (1987), pp.41-46; T.E. Woods, M.H. Antoni, G.H. Ironson and D.W. Kling, 'Religiosity is associated with affective and immune status in symptomatic HIV-infected gay men', *Journal of Psychosomatic Research*, 46 (1999), pp.165-76.
- <sup>22</sup> B. Jennings & Z. Dolf, 'Using television to alleviate boredom and stress: Selective exposure as a function of induced excitational states', *Journal of Broadcasting*, 28:1 (1984), pp.1-20.

for therapeutic value has also been well documented<sup>23</sup> and relaxing and sedative music has been positively associated with stress reduction.<sup>24</sup> Stress may also cause a drift in food intake e.g. under and over eating and food intake, therefore, is positively associated with stress reduction. Food, moreover, can also contribute in the energy requirements during stress.<sup>25</sup> Studies<sup>26</sup> have also reported a significant increase in food intake due to stress. Nicotine intake and smoking has been significantly associated with stress reduction.<sup>27</sup> Leisure and personal hobbies have also been considered as an important buffer to reduce stress.<sup>28</sup> Humor has been reported to reduce stress and enhance the enjoyment of positive life experiences.<sup>29</sup> Experiments have concluded that dance and yoga contribute significantly in reducing stress<sup>30</sup> and dance reduce stress through strengthening the immune system.<sup>31</sup> Sexual activities, apart from their conventional purpose i.e. reproduction, reduce stress and provide pleasure.<sup>32</sup> Consumption of Internet has also been positively associated

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- <sup>23</sup> C. Gail, 'Effects of music preference and selection on stress reduction', *Journal of Holistic Nursing*, 10:2 (1992), pp.101-109.
- <sup>24</sup> B. Suzanne, 'Music therapy and stress reduction research', *Journal of Music Therapy*, 22:4 (1985), pp.193-206.
- <sup>25</sup> J.T. Susan & A.N. Caryl, 'Relationship between stress, eating behavior and obesity' *Nutrition*, 23:11 (2007), pp.887-94.
- <sup>26</sup> O. Georgina & W. Jane, 'Perceived effects of stress on food choice', *Physiology & Behavior*, 66:3 (1999), pp.511-15.
- <sup>27</sup> F.P. Ovide & S.P. Cynthia, 'Biobehavioral research in nicotine use in women', *British Journal of Addiction*, 86:5 (1991), pp.599-603.
- <sup>28</sup> K.S. Rook, 'Social support vs. companionship: Effects on life stress, loneliness, and evaluations by others', *Journal of Personality and Social Psychology*, 52 (1987), pp.1132-47; K.S. Rook, 'Social relationships as a source of companionship: implications for older adults' psychological well-being', B.R. Sarason, I.G. Sarason and G.R. Pierce (eds.), *Social Support: An Interactional View* (New York: John Wiley and Sons, 1990), pp.219-50.
- <sup>29</sup> R.A. Martin, N.A. Kuiper, L.J. Olinger & K.A. Dance, 'Humor, coping with stress, self-concept, and psychological well-being', *Humor: International Journal of Humor Research*, 6:1 (1993), pp.89-104.
- <sup>30</sup> W. Jeremy, O. Christian, G. Kathleen, J. Joe & C. David, 'Effects of hatha yoga and African dance on perceived stress, affect, and salivary cortisol', *Annals of Behavioral Medicine*, 28:2 (2004), pp.114-18.
- <sup>31</sup> Judith Lynne, 'Dance may promote wellness by strengthening the immune system through muscular action and physiological processes', *The Journal of Alternative and Complementary Medicine*, 1:4 (1995), pp.323-31.
- <sup>32</sup> M. Cindy & M. David, 'Why Humans Have Sex', *Archives of Sexual Behavior*, 36:4 (2007), pp.477-507.

with stress and it has determined that internet can effectively provide social support which helps in reducing stress.<sup>33</sup> Internet, moreover, also provides stress reduction interventions through different websites for which people may consider internet as a mean to reduce stress.<sup>34</sup>

The current study was an effort to explore the stress coping strategies applied by Pakistanis. The strategies which were found prevalent among Pakistanis included discussing stress with others, analyzing stress and planning to reduce, getting involved in self-destruction, performing religious practices, watching TV, listening to music, falling asleep, walking, taking food, playing games, driving, reading / writing, smoking, using internet, shopping, getting involved in different hobbies, performing sexual activities, and dancing. All these strategies were mentioned to reduce stress by the respondents themselves as they were provided with no directed choice of strategies.

Discussion on stress was found to be the most commonly applied strategy. It was ranked number 1 by the respondents. Females were found to be comparatively more involved in discussing stress. Discussing stress was found equally common in married and unmarried. People having jobs seemed to discuss their stress with others comparatively more than the jobless. Adolescents were comparatively more involved in discussing stress as compared to adults. Educationally higher qualified individuals were found to be more interested in discussing their stress with others.

Analyzing the sources of stress and planning to reduce it was the 2<sup>nd</sup> top-ranked strategy. Females, married, people on-job and people above 40 years of age seemed to analyze and plan comparatively more as compared with their counterparts. A highly significant difference was found for analyzing stress and planning to reduce it when it was measured by the educational qualification. Individuals with higher educational qualification i.e. university graduates used to analyze and plan significantly more than school or college graduates.

Self-destruction was ranked as 3<sup>rd</sup> among the 18 strategies revealed through the study. Females showed a highly significant

<sup>33</sup> L. Louis, 'Stressful Life Events, Motives for Internet Use, and Social Support Among Digital Kids', *Cyber Psychology & Behavior*, 10:2 (2007), pp.204-14.

<sup>34</sup> T. Webb, J. Joseph, L. Yardley & S. Michie, 'Using the Internet to Promote Health Behavior Change: A Systematic Review and Meta-analysis of the Impact of Theoretical Basis, Use of Behavior Change Techniques, and Mode of Delivery on Efficacy', *Journal of Medical Internet*, 12:1 (2010) :e4 DOI: 10.2196/jmir.1376

difference in self-destruction as compared with males. People on job, surprisingly, were found to be involved more in self-destructive behavior as compared with jobless and the difference in this regard was highly significant. Similarly, adolescents did self-destruction more and projected a highly significant difference as compared with adults. Unmarried and less educated projected self-destruction more as compared with their counterparts; however, these differences were not statistically significant.

Performing religious practices to reduce stress was considered the 4<sup>th</sup> choice by the respondents. Males, married, people on-job, people above 40 years of age and less educated reflected to perform religious practices more to reduce stress as compared with their counterparts. All of these differences, however, were not found to be statistically significant.

The 5<sup>th</sup> choice was to watch TV to reduce stress. The jobless were found to watch TV significantly more as compared with people on-job. This difference was recorded with a high significance. Females, unmarried, adolescents and university graduates seemed to watch TV more as compared with their counterparts; hence these differences were not significant.

Listening to music to manage stress was ranked as 6<sup>th</sup> out of 18 strategies. The jobless, by listening to music more, projected a highly significant difference as compared with people having jobs. The trends reflected that females, married, adolescents and university graduates were more prone to listening to music to reduce stress as compared with their counterparts. These differences, however, were not statistically significant.

Falling asleep to reduce stress was considered the 7<sup>th</sup> priority by the respondents. None of the understudied groups showed any significant difference in this regard. The trends however revealed that females, married, jobless, adolescents and the lesser qualified liked to sleep more to reduce stress as compared with their counterparts. The differences though were not significant.

Going for a walk to reduce stress was the 8<sup>th</sup> priority of the respondents with no significant differences among the understudied groups. Females, unmarried, jobless, adolescents and university graduates reflected trends to walk more as compared with their counterparts. These differences, however, were not significant.

Taking food to reduce stress was found to be a strategy at 9<sup>th</sup> place. Females, unmarried, jobless, people between 20 and 40 years of age and college graduates seemed to enjoy food more for reducing stress

as compared with their counterparts; hence with no significant differences.

Playing different games to reduce stress was the 10<sup>th</sup> preferred strategy of the respondents. Males reported to play more and reflected a highly significant difference in playing games to reduce stress as compared with females. Similarly, unmarried were involved in playing games more as compared with married. This difference was also highly significant. The trends also revealed that jobless, adolescents and college graduates were more involved in playing games to reduce stress as compared with their counterparts; hence these differences were not statistically significant.

Going on a drive was the 11<sup>th</sup> priority of Pakistanis to reduce stress. Males were found to be more prone to driving to reduce stress as compared with females with highly significant difference. University graduates, similarly, used driving as a mean to reduce stress more as compared with school and college graduates. This difference was also highly significant. School graduates did not drive at all to reduce stress. Other trends in this regard reflected that married, people on-job and adolescents were fonder of driving to reduce stress as compared with their counterparts; hence they did not reflect significant differences.

Considering reading and writing as methods to reduce stress was the 12<sup>th</sup> priority of the respondents. School graduates did not consider this option at all to reduce stress. University graduates have a highly significant difference in this regard by using this strategy more than school or college graduates. The non-significant differences in other groups revealed that females, unmarried, jobless and younger adults took reading and writing as a strategy to reduce stress comparatively more as compared with their counterparts.

The 13<sup>th</sup> ranked strategy to reduce stress was smoking. Males responded to smoke more than females with highly significant difference. People on-job, similarly, projected more smoking to reduce stress as compared with jobless. This difference was also highly significant. Married, people above 40 years of age and educationally lesser qualified reflected trends to smoke more to reduce stress as compared with their counterparts; hence with non-significant differences.

Using Internet to reduce stress was taken the 14<sup>th</sup> choice by the respondents. The data revealed that females, unmarried, jobless, younger adults and university graduates used internet more to reduce stress. However, these differences are not statistically significant. People less qualified and people aged 40 and above did not use this strategy at all to reduce stress.



Shopping for stress management was an option which was placed 15<sup>th</sup> by the respondents. Females used shopping significantly more than males to reduce stress. This difference was highly significant. No significant differences were recorded in rest of the groups for shopping. Married, jobless, adolescents and college graduates, however, reflected higher trends in this regard. School graduates did not use shopping at all to reduce stress.

The 16<sup>th</sup> strategy to reduce stress was getting involved in different hobbies. Females used hobbies to reduce stress significantly more than males and this difference was highly significant. Married, jobless, younger adults and college graduates were found to be more involved in hobbies to reduce stress as compared with their counterparts; hence with non-significant differences.

Being involved in sexual activities to reduce stress was ranked 17<sup>th</sup> by the respondents. Married got more involved in sexual activities to reduce stress as compared to unmarried. This was recorded with a highly significant difference. Another highly significant difference in this regard was found in people aged 40 and above who used sexual activities more to reduce stress as compared with other age groups. Adolescents did not choose this option at all to reduce stress. University graduates used sexual activities to reduce stress more than school and college graduates. This difference was also highly significant. School graduates did not choose this option at all to reduce stress. Males and people on-job reflected comparatively higher trends to opt for sexual activities as mean to reduce stress when compared with their counterparts; hence these differences were not statistically significant.

Dance was the least prioritized area to reduce stress. No significant differences were found within groups in this regards. The trends, however, revealed that married, jobless, younger adults and college graduates liked dance more to reduce stress as compared with their counterparts. These differences were not significant though. Dance was not at all an option to reduce stress for people aged 40 and above.

The current study, with its unique findings, has contributed in the existing body of scientific knowledge by reporting the prevalent indigenous strategies in Pakistan people use to cope with stress. The study has also ranked these strategies in accordance with the preferences established by the respondents. To conclude, it can be easily stated that Pakistanis mostly apply constructive and positive means to reduce their stress, but taking professional advice on stress management is still not a choice for Pakistanis. The study suggests the stakeholders to raise appropriate awareness on mental health related issues within the country

and researchers desirous to investigate further should also include the uneducated within their samples.

### **Conclusion**

Stress is a vital part of our daily living and we, being Pakistanis, have to invent and adapt to several coping mechanisms to avoid and reduce stress. As the trend to visit psychiatrists or psychotherapists is not satisfactorily prevalent in our country and as suffering from any psychological problem is socially stigmatized we have to invent indigenous mechanisms to cope with stress. In Pakistan, no earlier study was conducted to analyze about the same indigenously developed coping mechanisms we use for stress. The current study investigated 500 Pakistanis through a well-planned questionnaire and revealed 18 mostly applied stress management techniques by Pakistanis. It was also noted that Pakistanis, in general, apply positive, constructive and socially acceptable means to cope their stress. They should, however, not undermine the importance of seeking professional help and should surely consult professional mental health practitioners whenever needed.