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Coping resources are transformed by the sequence of adverse life events

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The authors of the article subtitled “Depression and ways of coping with stress” emphasize in the discussion of their results that “the dispute is whether the symptoms of depression contribute to the choice of less effective ways to deal with stress or perhaps these strategies are used by the patients before the onset of the diseases and this way become risk factors for the depression” [1].

In our opinion, the distinction between these two possible situations, in a single patient, can be based on: (1) the analysis of the coping resources of a particular person and (2) the analysis of the sequence of adverse events and transformations that lead to the development of the depression.

By “coping resources”, Taylor et al mean factors such as optimism, mastery, self-esteem, and social support [2]. Orzechowska et al, the authors of the discussed paper, additionally include Antonovsky’s “sense of coherence”, which means understanding of the world, feeling the meaningfulness of the world, and personal resourcefulness. In our formulation of a structuralized interview, we have proposed adding to these abilities some other, probably inherent, factors like curiosity, friendliness, confident attitude, and accentuated sensuality [3,4]. Sensuality or sexuality with high personal involvement is close to the old Jungian concept of libido [5].

Such favorable traits of personality facilitate the patient’s ability to solve problems. Thoits writes that people “in better mental health through problem-solving efforts and purposeful acts, experience fewer negative controllable events and more positive controllable events in their lives and are able to transform or compensate for stressors that they cannot avoid or eliminate” [6].

It should be noted, however, that these characteristics – inherited or acquired in childhood and establishing the “resistance

to stress” (in other words, coping resources) – can effectively protect the individual against adverse, negative events. Therefore, the mental state is largely determined by the aforementioned sequence of adverse events and transformations that led to the development of depression. The consequences of negative events are cumulative. The unfavorable transformation of the mental state gradually develops over a long period of time, eventually exceeding the threshold of “psychological resistance” and causing the depression.

We should not overlook that this sequence of adverse, negative events often occurs within the context of mental disorders of the patient’s parents and negative events in the patient’s early childhood, such as death of a parent, the parents’ divorce, loss of other close people (e.g., a grandmother who raised the patient), domestic violence (physical or sexual abuse), alcoholism in the family, criminal behavior of family members, serious illness in childhood, and lack of emotional support in the family (e.g., feeling of rejection or no expressions of love). In adulthood, in turn, such adverse events often occur as problems at school (e.g., dropping out), unwanted pregnancy, breakdown of marriage (separation or divorce), death of a loved one, debt, or unstable financial conditions.

The specific trajectory of mental development determines how a patient answers the question: “Have you completely overcome the negative influences that could cause feelings of guilt, resentment, grief, humiliation, loss of dignity, anger, or vengefulness”?

Conclusions

In conclusion, we would like to emphasize that the “strategies used by patients before the onset of the diseases and thus become risk factors for depression” can transform gradually

as a manifestation of the sequence of adverse life events. In addition, coping resources can deteriorate after the onset of symptoms of depression. The in-depth interview in which the patient is asked about past manifestations of inherited

favorable traits like optimism, curiosity, and coherence can help to distinguish these two considered situations. This distinction is important for counseling mentally ill persons and planning their treatment.

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