



## CHRONIC DISORGANIZATION, SELF-EFFICACY, AND COPING AS PREDICTORS OF DEPRESSIVE SYMPTOMS IN WOMEN

This study examined the relationships among disorganization, self-efficacy, and coping as predictors of depressive symptoms in women. Chronic disorganization (CD) is a particularly interesting area to examine because of its wide-spread impact on people (which can be seen by the existing number of professional organizers, their even larger number of clients, and media-related stories covering this subject). CD is also interesting to study because no one has empirically studied it before. What that means is that no one has previously conducted research on this topic in a way that is valid and reliable. That is, until now.

### *Definitions of Terms Used:*

- In this study, I looked at **disorganization** on a spectrum (anywhere from chronic disorganization to chronic organization) by using a measure called the Chronic Disorganization Questionnaire (CDQ) which I created and validated in a previous study in 2007 along with Merle Keitel and Emily D'Antonio (see reference list). I refer to disorganization as a "lack of organization of items in physical space" (Grossman, 2008, p. 17). I refer to chronic disorganization as "the habitual disarray of objects in one or more areas of one's life which brings about negative outcomes and has failed past self-help or professional attempts" (Grossman et al., 2007, p. 4).
- **Self-efficacy** is a belief someone has about their ability to perform a task. I used the General Perceived Self-Efficacy scale by Schwarzer and Jerusalem (1995) to measure self-efficacy.

- **Coping** is the way people deal with stressful situations. I examined three coping styles: (1) problem-focused coping – the individual deals with the problem directly; (2) emotion-focused coping – instead of dealing with the problem, the person tries to deal with their emotional reaction to the stressor; and (3) avoidant coping, or avoidance – is when the person does not deal with the stressor at all and, instead, avoids it at all costs. I used the Coping Orientations to Problems Experienced scale (COPE; Carver, Scheier, & Weintraub, 1989) to examine these coping strategies.
- **Depressive symptoms** were measured by the Center for Epidemiological Studies–Depression (CES–D; Radloff, 1977).

### *Hypotheses*

I hypothesized statistically significant relationships among all the variables I mentioned earlier.

In total, I made 5 hypotheses:

1. I hypothesized a negative relationship between self-efficacy (belief in your ability) and CD. That means that if someone has low self-efficacy, they would more likely be more disorganized; it also means that individuals with high self-efficacy would be more organized (or less disorganized).
2. I hypothesized a negative relationship between self-efficacy and depressive symptoms. That is, individuals with who did not believe much in themselves would have more depressive symptoms than people who did believe in themselves.
3. In looking at the relationship between self-efficacy and coping, I examined three different coping styles (emotion-focused, problem-focused, and avoidance). I hypothesized that the lower the self-efficacy, the greater the frequency of emotion-focused or avoidant coping

strategies. Also, the greater the self-efficacy, the greater the frequency of problem-focused coping.

4. I hypothesized that the more disorganized one is, the less he or she would use problem-focused coping strategies, and therefore would experience more symptoms of depression.
5. Lastly, I hypothesized that CD, self-efficacy, and coping all have significant relationships to the number of depressive symptoms experienced.

### *Participants*

- Participants in this study included 129 women over the age of 18.
- Participants ranged in age from 19 to 66.
- Racial breakdown:
  - The sample was primarily Caucasian (85.3%)
  - 4.7% were African American
  - 5.4% were Hispanic
  - 3.1% were Asian
  - 1.6% did not declare their race
- Education level: most participants had a minimum of a high school diploma (94%).
- Employment: 86% of participants were employed at the time of the study.
- Student Status: 87% were not in school at the time of the study.

## *Findings*

- The findings show that the more disorganized someone tends to be, the more depressive symptoms he or she experiences, the more he or she is likely to avoid stressors when they happen, the lower their self-efficacy, and the lower he or she is likely to cope actively.
- By examining areas that are linked to disorganization, you can get a better understanding of what may be going on with a disorganized person. Using the CDQ, it was found that more disorganized individuals felt more **distressed by clutter**, had greater the **attachment to objects**, were **indecisive**, easily **distracted**, had poor **time management** skills, needed **visual reminders** (and therefore tends to leave objects out in the open – which leads to disorganization), or felt **overextended** (having too much to do in too little time).
- People who tended to believe in their abilities tended to use more problem-focused and emotion-focused coping. They used much less avoidance as a coping strategy and experienced fewer depressive symptoms.
- The more disorganized participants tended to have much less belief in their abilities than more organized individuals.
- People who tended to use problem-focused coping experienced much fewer depressive symptoms. People who used more avoidant coping experienced much more depressive symptoms. However, the amount of depressive symptoms did not depend significantly on usage of emotion-focused coping, despite the hypothesized notion that there would be a relationship. Specific coping strategies used most frequently by the participants in this study included: "considering ways in which to tackle the stressor, observing the stressor

more positively, looking for help about how to approach the problem, dealing directly with the stressor, and receiving compassion from others" (Grossman, 2008, p. 82-3).

#### *What This Means For You*

- Because disorganization is associated with many different possible factors, such as clutter, attachment to objects, indecisiveness, distractibility, poor time management, reliance on visual reminders, and overextension, it is important to evaluate these areas to better understand the nature of CD for each individual.
- According to the findings, individuals who are chronically disorganized need to improve the way they cope with stressors. Cotugno (1995) recommended using planning to provide structure and increase your sense of control over stressful situations.
- We now know that disorganized individuals tend to feel less depressed when they get emotional support, assistance, or advice about how to get organized. A helpful strategy to get organized is one used by professional organizers called *social organizing* (Kolberg, 1999) in which you get other people to help boost your morale while organizing your space.
- I found that the more disorganized one was, the more the person tended to avoid stressors and ended up feeling more depressed. Therefore, an individual struggling with CD who is in treatment with a mental health professional or a professional organizer should be discouraged from using avoidance strategies in coping with their disorganization.

- Because disorganization is directly related to depressive symptoms, treating depression may help disorganized people become more organized. Likewise, getting more organized may reduce the number of depressive symptoms experienced.
- Bandura (1989) reported that higher levels of self-efficacy lead to more optimism, even when you are faced with failure. However, a person who has low self-efficacy tends to dwell on his or her failures, which then lowers his or her motivation to try again. People who do not believe in their ability to organize because they failed many times in the past may not only have lower self-efficacy, but would be more likely to feel depressed and cope in a maladaptive way. As a suggestion, such people may consider **group counseling** with a focus on enhancing self-efficacy. Groups are often beneficial because they challenge our world view, help us think of things in a new way, and help us cope in more adaptive ways, all of which would prevent or decrease depression (Kraaij et al., 2002).
- Cognitive behavioral therapy (CBT) may be useful because it helps change our thoughts, which then changes the way we feel and behave.
- Insight-oriented and behavioral approaches to therapy may also be helpful in dealing with CD. Examples of such approaches include: (1) point out what coping strategies may be maladaptive (e.g., giving up after a past failure, avoiding organizational tasks); (2) help the person struggling with CD understand what their behavioral patterns are, help them change those patterns, and improve their self-efficacy.

### *Limitations of This Study*

- The ability to generalize the findings of this study to every adult woman is limited. This is partly because: (1) participants were selected from internet-user groups and filled out the survey online, and may be more computer-savvy than the general population; (2) the racial composition was disproportionately Caucasian; (3) most of the participants were highly educated and employed – this is not necessarily representative of chronically disorganized individuals or of the general population. In addition, as no men were used in this study, the findings may only be generalized to women.
- Because the data for this study were collected using self-report measures rather than observation, various factors – including motivation or ability to accurately describe one's situation – may limit the validity of the findings.

### *Conclusion*

It is my hope that this study is an important contributor to the empirical literature about disorganization and will spark interest in future research projects. I also hope that by researching this important topic of CD that individuals who suffer from it will benefit. Thanks for your interest. Feel free to contact me with any questions or your personal story of disorganization.

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