COPING STRATEGY

DEFINITION: COPING STRATEGIES

- Thoughts and action that we use to deal with stressors and to lower our stress level (Auerbach & Gramling, 1998)

- The active process and behaviors families do to manage and/or adapt to stressors (Burr & Klein, 1994)

COPING STRATEGY

- Coping strategy refers to any effort, positive or negative, that we do to reduce stress levels felt or to manage stressors.
COPING STRATEGIES:

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.

FUNCTION OF COPING STRATEGIES

- Managing the problem causing stress
- Governing emotions relating to those stressor

(Folkman & Lazarus, 1980, 1986)

CHARACTERISTIC OF COPING STRATEGIES

- Derived from different styles or ways
- Is Factor analyzed
- In the form of activities
- Could be positive or negative – impact
- Done consciously or not
- Reducing stress momentarily, short term or in a long run
- Have interaction with other psychosocial variables
By Lazarus & Folkman

- Problem Focused
- Emotion Focused

Research indicates that people use both types of strategies to combat most stressful events.

By ?
- Active coping
- Avoidant coping

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**Problem focused coping strategy**

- Problem-solving strategies are efforts to do something active to alleviate stressful circumstances.
- Aimed at solving the problem that faces the person & is most likely to be used when the stressor is appraised by the individual as amenable to change.
- Is based more on one's capability to think & alter the stressor;

- Includes problem solving skills, interpersonal conflict resolution, advice seeking, time management, goal setting, info gathering about the stressor
- Requires thinking through various solutions, evaluating the positive & negative consequences, then implementing of a solution that seems to be the best to reduce the stress
**Emotion-Focused Coping Strategy**

- Involves efforts to regulate the emotional consequences of stressful or potentially stressful events.
- Most useful when the individual appraises the experience as one for which nothing can be done to modify the event or stressor, or when the stressor is transitory and will resolve itself.

- Emotion focused strategy is based on inward efforts on altering the way one thinks or feels about a stressor.
- Includes denying the existence of the stressor, freely expressing emotions, avoiding the stressful situations, relaxations, seeking social support, exercising, making social comparison, or maximizing the positive points of the situations.

- In general, problem-focused coping strategies are associated with more successful medical outcomes than emotion-focused ones.
- Have been associated with better self-care, metabolic control, and psychosocial well-being in both adults and children.
- Positive emotion-focused coping strategies, such as humor or “looking for the silver lining,” can help relieve emotional distress without compromising medical outcomes.
ACTIVE VERSUS PASSIVE/ AVOIDANT STRATEGIES

- Active coping strategies are either behavioral or psychological responses to change the nature of the stressor or how one thinks about it.
- Avoidant coping strategies lead people into activities (such as alcohol use) or mental states (such as withdrawal) that keep them from directly addressing stressful events.

Active coping strategies, whether behavioral or emotional, are thought to be better ways to deal with stressful events.

Avoidant coping strategies appear to be a psychological risk factor or marker for adverse responses to stressful life events (Holahan & Moos, 1987).

HIGGINS & ENDLER (1995)- COPING STRATEGIES

- Task oriented – problem focused, taking direct action to alter situation, to reduce amount of stress
- Emotion oriented – altering emotional responses to stressor, reframing
- Avoidance oriented – avoiding the situation, denying its existence, or losing hope, distancing.
COPING STRATEGIES

- Cognitive
- Emotional
- Communication
- Relationship
- Community
- Spiritual
- Personal development

3 main strategies:
- Appraisal focused
- Problem focused
- Emotion focused

- Appraisal focused – the person modifies the way he/she thinks i.e employing denial, or distancing oneself from the problem
- Problem focused – try to deal with the cause of the problem by finding out information (on the disease), & rearranging their lives around the disease
- Emotion focused – involve releasing pent-up emotions, distracting one-self, managing hostile feelings, meditating, using systematic relaxation technique etc.
STRATEGIES VERSUS STYLES
- Confrontative Coping
- Seeking Social Support
- Planful Problem-Solving
- Self-Control
- Distancing
- Positive Appraisal
- Accepting Responsibility
- Escape/Avoidance (Lazarus & Folkman)

STYLES OF COPING - FRYDENBERG & LEWIS (1990)
Three styles of coping:
1. Removal of the problem through personal endeavor with a minimal use of others
2. Use of others as a resource (and support), usually within a problem-focused orientation
3. Use of a range of emotion-focused strategies associated with a feeling of not coping (although it permits accommodation to the problem).

RESEARCH ON COPING STRATEGIES
Suls and Fletcher (1985) examined the effects of various coping modes on several measures of adjustment to illness.
- Avoidant coping strategies: more adaptive in the short run
- Attentive-confrontative coping is more adaptive in the long run.
Some researchers have come up with two basic dimensions: (Parker & Endler, 1996; Schwarzer & Schwarzer, 1996; Suls & Fletcher, 1985).
1) Instrumental, attentive, vigilant, or confrontative coping in contrast to:
2) Avoidant, palliative, and emotional coping on the other
- Brandtstädt er, (1992): Assimilative (alteration of the environment to oneself) & accommodative coping (alteration of oneself to the environment).
- This pair has also been coined "mastery versus meaning" (Taylor, 1983, 1989) or "primary control versus secondary control" (Rothbaum, Weisz & Snyder, 1982).
- These coping preferences may occur in a certain time order when, for example, individuals first try to alter the demands that are at stake, and, after failing, turn inward to reinterpret their plight and find subjective meaning in it.

**COPING STRATEGIES**

Five coping strategies: Klauer and Filipp (1993)
- (a) Seeking social integration,
- (b) rumination (reflection / thoughts)
- (c) threat minimization,
- (d) turning to religion,
- (e) seeking information.

**COPING STRATEGIES**

Schwarzer, Greenglass & Taubert, 1999
- Proactive
- Reflective
- Strategic planning
- Preventive
- Instrumental Support Seeking
- Emotional Support Seeking
- Avoidance

Proactive Coping Inventory, 55 items, 7 scales
"coping can be best conceptualized not by referring to problem-focused and emotion-focused components (palliative and instrumental) but rather in terms of a focus on dealing with the problem, reference to others and non-productive coping. They represent both functional (effective) and dysfunctional (non-productive) coping responses."

**A-COPE, PATTERSON & MCCUBBIN, 1986**

**Strategies**
- Ventilating feeling
- Seeking diversions
- Developing self reliance
- Developing social support
- Solving family problems
- Avoiding problems
- Seeking spiritual support
- Investing in close friends
- Seeking professional support
- Engaging in demanding activities
- Being humorous
- Relaxing

53 items, coping strategies.

**COPING INVENTORY FOR STRESSFUL SITUATION**

- By Endler & Parker, 1999
- 53 item measuring styles
- Factor analyzed into three strategies
- Task oriented, emotion oriented, avoidance
WHAT IS COPING BEHAVIOR?

COPING IS A BEHAVIOR

Pearlin and Schooler (1978)

- Coping as behavior that protects people from being psychologically harmed by problematic social experiences.
- Coping serves a protective function that can be exercised in three ways: 1) by eliminating or modifying stressful conditions; 2) by perceptually controlling the meaning of the stressor; or 3) by keeping emotional consequences in bounds.

COPING AND PERSONALITY

- The HBDI survey can define, identify, & statistically measure preferences & distinctions in the major thinking styles attributed to the four quadrants of the two top brains: the limbic system and the neocortex.
- It gives rise to profiles with respect to the following:
- **Upper left:** Logical, analyzer, mathematical, technical, problem solver.
- **Lower left:** Controlled, conservative, planner, organizational, administrative.
- **Lower right:** Interpersonal, emotional, musical, spiritual, talker.
- **Upper right:** Imaginative, synthesizer, artistic, holistic, conceptualizer.

**Frames of mind:** Harvard educator Howard Gardner has identified 7 recognizable & different ways of processing information which he calls multiple intelligences. They are:
- **Linguistic intelligence:** Ability to use language, auditory skills.
- **Logico-mathematical intelligence:** Ability to think logically, sequentially, and numerically.
- **Spatial intelligence:** Ability to visualize and manipulate images mentally.
- **Musical intelligence:** Ability to hear, appreciate, and play music.
- **Bodily kinesthetic intelligence:** Physical ability, namely athletic or fine-motor coordination.
- **Interpersonal intelligence:** Ability to relate successfully to people.
- **Intrapersonal intelligence:** Ability to be self- motivated or inner-directed. (Gardner, 1983)

According to Gardner, different forms of intelligence may be more readily accepted in different cultures. This is presumably also the case for sub-cultures within any culture.
Work-related values:
- Geert Hofstede (1980), on the basis of extensive surveys within a large multinational corporation
- explored differences in thinking and social action that exist between members of 40 different modern nations.
- He isolated four main dimensions on which country cultures differ with respect to work-related values:

- **Power distance:** Acceptance of human inequality, especially in hierarchical authority structures.
- **Uncertainty avoidance:** Tolerance for uncertainty in the face of choices & rules.
- **Individualism:** Relationship between the individual & the collectivity which prevails in a given society.
- **Masculinity:** Extent to which biological differences between the sexes have implications for social acceptance.

Systems of adaptability: An extensive survey of epistemological data has been grouped by J O Harvey (1966) into four "systems".
- **System I:** High absolutism, closedness of beliefs, high evaluativeness, high positive dependence on representatives of institutional authority, high identification with social roles & status position, high conventionality, high ethnocentrism.
- **System II:** Deep feelings of uncertainty, distrust of authority, rejection of socially approved guidelines to action accompanied by lack of alternative referents, psychological vacuum, rebellion against social prescriptions, avoidance of dependency on God and tradition.
System III: Manipulation of people through dependency upon them, fairly high skills in effecting desired outcomes in the world through the techniques of having others do it, some autonomous internal standards especially in social sphere, some positive ties to the prevailing social norms.

System IV: High perceived self-worth despite momentary frustrations and deviation from the normative, highly differentiated and integrated cognitive structure, flexible, creative and relative in thought and action, internal standards that are independent of external criteria, in some cases coinciding with social definitions and in other cases not.

Myers-Briggs personality types:
- Strongly influenced by Jung’s theory of types, the classification of types developed by Katherine Briggs & Isabel Myers is now known as the Myers-Briggs Type Indicator (1981).
- Promoted by the Association of Psychological Type and disseminated in popular versions (Kroeger and Thuesen, 1988).
- It distinguishes 16 personality types based on the 16 combinations of the four pairs of Jungian types:
  - Extraverted or Introverted (E or I)
  - Sensing or Intuitive (S or N)
  - Thinking or Feeling (T or F)
  - Judging or Perceiving (J or P)
- According to Jungian theory, people are born with genetic predispositions towards a selection of these alternatives which are subsequently influenced by environment, especially in childhood. Each type may be considered to have a certain preferred mode of coping with the environment. For example the coping of an "ISTJ" type can be caricatured by the phrase “does what should be done”.

Conclusion
- In general, coping is defined as the use of strategies for dealing with actual or anticipated problem and their attendant negative emotions. Coping resources is an asset posses by individual to counter the effect of stress. It can be in term of material or psychological strength. Its availability will lessen the negative impact of stress.
WHAT IS COPING?

- The process of managing taxing circumstances, using effort to solve problems (personal & interpersonal); and seeking to master, minimize, reduce or tolerate stress or conflict.
- People either approach or avoid the problem.

CONCLUSION

- Perception that coping resources are available and readily at disposal is far more important than the actual reality.
- There are different types of coping resources which has been suggested by different authors.
- Coping strategies includes styles, preferences and the actual behaviors that an individual does to manage their stress that is impacting on them.

- People may use a mixture of the strategies, & coping mechanism will change over time.
- Men prefer problem focused coping; women tend towards an emotion focused response.
- Problem focused strategy allow individual with greater control over their problem; Emotion focused may often lead to reduction in perceived control.
- Some researchers claimed that problem focused strategy as being the most effective.
Coping strategies and resources can be identified using different inventory.

There component in coping are the biological or physiological component, cognitive components and the learnt components.

Coping is a complex process influenced by many factors such as personality characteristics, situational demands and the social and physical characteristic of the setting.

**Managing Stress**

Things needed in order to change “behaviour” (Green & Kreuter, 1995):

- Knowledge
- Enhanced personal awareness
- Appropriate attitude
- Suitable beliefs
- A well developed set of skills
- Relevant environmental conditions

**The Health Belief Model** *(Application to Stress Management)*

Understanding WHAT needs to be changed is an essential starting point for any behaviour change.

Understand the:

- Potential stressors (cues to action)
- Potential negative consequences (perceived susceptibility)
- Seriousness of the negative consequences (perceived severity)
HOW TO MANAGE STRESS? (HBM)

1. Increase self efficacy (new behaviours that help us to manage / reduce stress)
2. Recognize benefits of the behaviours (perceived benefits); &
3. Identify barriers (perceived barriers) that prevent us from applying the new behaviours

THE HEALTH BELIEF MODEL & ITS APPLICATION TO STRESS MANAGEMENT

1. Perceived Susceptibility
   - Belief that a person may acquire a disease or enter a harmful state as a result of a particular behaviour
   - If we believe that stress has the potential to produce some negative consequences for us; it is likely that we will act to reduce stress in our lives

2. Perceived Severity
   - Belief in the extent of harm that can result from the acquired disease or harmful state as a result of a particular behaviour
   - If we believe that stress has the potential to produce serious negative consequences, such as heart disease, then it is likely that we will act to reduce stress in our lives
3. **Perceived Benefits**
   - Belief in the benefit of the methods suggested for reducing the risk or seriousness of extent of harm that can result from the acquired disease or harmful state as a result of a particular behaviour.
   - If we believe that by learning stress management techniques such as relaxation, we will benefit, then it is likely that we will follow these new behaviours.

4. **Perceived Barriers**
   - Belief concerning actual and imagined costs of following the new behaviour.
   - If we can reassure ourselves that applying stress management techniques results in a minimal expense and maximal benefit in the long run, then it is likely that we will follow these new behaviour.

5. **Cues to Action**
   - Precipitating/impulsive force that makes a person feel the need to take action.
   - If we can identify the personal stressors that trigger negative consequences for us, then it is likely that we will follow the new behaviours that reduce stress in our lives.
6. **Self-efficacy**
   - Confidence to follow a behaviour
   - If we can practice, in small steps new stress management behaviours that we learn and demonstrate that we have acquired mastery over these new behaviours, then it is likely that we will follow these new behaviours.

**Social Cognitive Theory & Its Application to Stress Management**

- Social Cognitive theory highlights triadic reciprocality among personal determinants, environmental conditions, & learning behaviour
- Selected constructs of the theory that are relevant in explaining stress management:
  - Expectations
  - Expectancies
  - Self-efficacy
  - Self control
  - Situational perception

1. **Expectations**
   - Anticipations that we have about outcomes as a result of engaging in a desired behaviour
   - For example, if we want to start a daily relaxation routine to reduce stress, then we need to (1) reflect on all possible benefits other than just stress relief for engaging in this behaviour and (2) make a complete list of potential benefits.
2. Expectancies
   - Values that we place on the anticipated outcome as a result of engaging in the chosen behaviour.
   - For example, we think of all the reasons to start relaxation and place most values on improved concentration & least value on finding the purpose of life (self-realization).
   - We then need to constantly remind ourselves about the outcomes that we value most rather than all the outcomes. Such reminders will reinforce the performance of the behaviour.

3. Self-efficacy
   - Behaviour & situation-specific confidence that we have in our ability to perform that behaviour.
   - For example, to start a daily relaxation routine, we need to break the steps into manageable units, remind ourselves about people we like who use relaxation, and have friends & family who compliment us whenever they find us practicing relaxation.

4. Self-control
   - Explicit & specific goal setting for behaviour change.
   - For example, if we want to start daily relaxation routine, we need to specify when – which date & at what time – we will start. What will be the duration of each session? What audio aid will be used? What self-reward will be given?
5. **Situational perception**
   - How we look at the environment & interpret it.
   - First, we would need to check for any misperceptions and correct these. For example, you have been left by the person you love. Instead of thinking that you have been “rejected” & feeling depressed, you can focus on thinking of this as a change.
   - Second, we need to look at the environmental event & think about the advantages & disadvantages of this situation.
   - Then focus on the advantages for self. The possible advantages could be fewer arguments, the possibility of starting a new relationship, and so on.