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The Coping Process: An Alternative to Traditional Formulations

In this second chapter on coping, we present our own definition and conceptualization, being careful to address the limitations and defects of the traditional approaches discussed in Chapter 5. The core of the chapter consists of discussions of coping as a process, its multiple functions, and the influences of the context of stressful encounters on the coping process. Later in the chapter we discuss the differences between control as an appraisal and control as coping, and coping over the life span. We end by considering some of the difficulties and uncertanties in our approach.

Definition of Coping

We define 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.* This definition addresses limitations of traditional approaches as follows:

First, it is process-oriented rather than trait-oriented, as reflected in the words *constantly changing* and *specific* demands and conflicts. We shall elaborate on this below.

Second, this definition implies a *distinction between coping and automatized adaptive behavior* by limiting coping to demands that are

appraised as taxing or exceeding a person's resources. In effect, this limits coping to conditions of psychological stress, which requires mobilization and excludes automatized behaviors and thoughts that do not require effort.

Third, the problem of *confounding coping with outcome* is addressed by defining coping as *efforts* to manage, which permits coping to include anything that the person does or thinks, regardless of how well or badly it works.

Fourth, by using the word *manage*, we also avoid equating coping with mastery. Managing can include minimizing, avoiding, tolerating, and accepting the stressful conditions as well as attempts to master the environment.

Coping as a Process

A process approach to coping has three main features. First, observations and assessment are concerned with what the person *actually* thinks or does, in contrast to what the person usually does, would do, or should do, which is the concern of the trait approach. Second, what the person actually thinks or does is examined within a *specific context*. Coping thoughts and actions are always directed toward particular conditions. To understand coping, and to evaluate it, we need to know what the person is coping with. The more narrowly defined the context, the easier it is to link a particular coping thought or act to a contextual demand. Third, to speak of a coping process means speaking of *change* in coping thoughts and acts as a stressful encounter unfolds. Coping is thus a shifting process in which a person must, at certain times, rely more heavily on one form of coping, say defensive strategies, and at other times on problem-solving strategies, as the status of the person–environment relationship changes. It is difficult to see how the unfolding nature of most stressful encounters, and the concomitant changes in coping, could be adequately described by a *static* measure of a general trait or personality disposition.

The dynamics and change that characterize coping as a process are not random; they are a function of continuous appraisals and reappraisals of the shifting person–environment relationship. Shifts may be the result of coping efforts directed at changing the environment, or coping directed inward that changes the meaning of the event or increases understanding. They may also be the result of changes in the environment that are independent of the person

and his or her coping activity. Regardless of its source, any shift in the person–environment relationship will lead to a reevaluation of what is happening, its significance, and what can be done. The reevaluation process, or reappraisal, in turn influences subsequent coping efforts. The coping process is thus continuously mediated by cognitive reappraisals which, as we noted in Chapter 2, differ from appraisals primarily in that they follow and modify an earlier appraisal.

The meaning of coping as a process can be seen in the long duration of grief work and the changes that take place over time, beginning with the moment of loss. Initially, for example, in the loss of a loved one, there may be shock and disbelief, or efforts to deny the death. There may also be frantic activity, tearfulness, or brave struggles to carry on socially or at work. Later stages often involve temporary disengagement and depression, followed ultimately by acceptance of the loss, reengagement, and even attachment to other persons. The entire process may last several years and be characterized by multiple ways of coping and emotional difficulties, or it may last only for months. To an observer, the process will appear to be quite different at different stages. For full discussions of grieving, see also the classic work by Lindemann (1944), Bowlby (1961, 1969, 1973, 1980), Rochlin (1965), and Schoenberg et al. (Schoenberg, Carr, Peretz, & Kutschen, 1970; Schoenberg, Carr, Kutschen, Peretz, & Goldberg, 1974; Schoenberg et al., 1975), among others, including many psychoanalytic treatments.

The above account of coping as a process applies to all stressful encounters. Changes in coping and other aspects of the psychological state as the encounter unfolds may occur within a few moments, as in an argument that is quickly resolved, or may continue to occur for hours, days, weeks, or even years, as in grieving. In both short- and long-term cases there is an unfolding, shifting pattern of cognitive appraisal and reappraisal, coping, and emotional processes.

Stages in the Coping Process

Those researchers who discuss coping in terms of stages are employing a process view of coping, either explicitly or implicitly. For example, Main (1977) has suggested the presence of stages of coping over time in her work on the separation of the young child and its mother. Main used the Ainsworth and Wittig (1970) strange situation experimental design, which calls for repeatedly separating

mother and child, each time returning the child to the mother after several minutes or more. Careful observations are made about how the child reacts to the reunion behaviorally and emotionally. If the separation is long enough, the mother may be persistently avoided at reunion and treated as a stranger. According to Main (see also Robertson & Bowlby, 1952), the child proceeds through three separate stages—protest, despair, and detachment—all viewed as ways of coping with the stressful experience.

A number of explanations have been offered for this pattern (see, for example, Main & Weston, 1982). Main sees the avoidance behavior as a way for the child to protect itself from the disorganizing consequences of the conflict between anger toward the mother and the need for reasserting attachment. Heinicke and Westheimer (1965) suggest that the chlid's initial avoidant response to reunion is best understood as a defense that permits the child to maintain control over anger that has grown severe and disruptive. Most explanations of this behavior are ethological and phylogenetic in character and seem to avoid inferences about what the child is thinking and feeling, except perhaps in the recognition of the anger that seems inherent in the separation situation.

The stress and coping concepts embedded in the child's response to the strange situation are stated normatively, but one must recognize that there are major variations among children in whether or not, or how much, the child will respond to the reunion in the pattern described. Thus, we must also understand individual vulnerabilities in the child and what it is in the mother–child relationship that contributes to variation. For example, Main reasons that mothers who were dealt with coldly or in a hostile fashion by their mothers repeat this pattern with their own childen, generating in them the stages of protest, despair, and detachment.

Several other writers have been sensitive to the temporal aspects of coping. Klinger (1977), for example, suggests that loss or threatened loss of a commitment is first responded to with increased *effort* and level of *concentration*. With continued thwarting, *frustration and anger* also increase, the immediate consequences being primitivity, protest, and stereotypical actions in the fashion illustrated in a classic study with children by Barker, Dembo, and Lewin (1941). Ultimately, failure to achieve the goal or to make progress toward it leads to *depression*, which is characterized by pessimism and apathy. Klinger regards this sequence as the normal stages of coping; in his view, disengagement and depression are initially an adaptive way to cope (cf. Lazarus & DeLongis, 1983).

Ultimately, there is a psychological recovery from the loss, and intrusive thoughts about it also dissipate, an outlook consonant with Horowitz's (1974, 1976, 1982) picture of the person as cycling back and forth between two stages or syndromes of stress response: *denial* and *vigilance*.

Shontz (1975) has proposed that when people are dealing with serious physical illness or disability they will proceed through a series of coping stages from the point of initial discovery. For Shontz, the first stage is *shock*, which is especially prominent when the crisis occurs without warning. This stage is manifested by a feeling of detachment and sometimes remarkable clarity and efficiency of thought and action. There follows an *encounter* phase, an extremely intense period in which the person is apt to experience helplessness, panic, and disorganization. This is followed by a third stage of *retreat*, which seems to correspond to the denial, numbing phase discussed by Horowitz (1976). In Shontz's treatment, however, retreat is gradually abandoned in favor of increasing *reality testing*. The coping process involves continual shifting back and forth between confrontation or struggle and retreat or denial/avoidance and, as with Klinger's analysis, the retreat phase is viewed as an important, natural means of preventing breakdown by allowing temporary withdrawal into safety. When the coping process has been successfully completed, the cycles occur less frequently and virtually disappear. The coping process outlined above is considered by Shontz to be a necessary precursor to psychological growth, in which there is a renewed sense of personal worth, a greater sense of satisfaction, and a lessening of anxiety.

Finally, Wortman and Brehm (1975) also propose a stage model, based in part on Brehm's (1966) concept of *reactance*, in an effort to explain why people do not necessarily give up when they discover that they are helpless, as the learned helplessness model originally argued (Seligman, Maier, & Solomon, 1971; see also our Chapter 7). Reactance means that when behavior is restricted, people respond with anger and increased motivation to overcome the resistance to their freedom of action. Wortman and Brehm propose that such increased motivation, and efforts to regain control, are apt to be the initial reaction to uncontrollable outcomes, but that continued unsuccessful efforts will lead ultimately to lowered motivation, increased passivity, and depression. This sequence of reactions is described as invigoration-depression, a stage-like pattern not unlike those proposed by Klinger, by Horowitz, and by Shontz.

What is seen above is that the process of coping becomes more

or less a stage concept, much as Kübler-Ross (1969) speaks of the stages of dying. We must be concerned, however, about whether such stages are assumed to be invariant in sequence, as in Piaget's stages of cognitive development, or merely a convenient way to describe certain cognitive-affective-behavioral patterns that are momentarily ascendant depending on when in the total process one makes observations. Wortman and Brehm (1975), for example, point out that in their model the sequence does not necessarily move from invigoration to depression.

One reason for being wary of formulations that propose invariant sequences of stages is that clinically one sees that the sequence can be variable. Life-threatening illnesses such as cancer present patients with markedly different demands from one point in the illness to another. Mendelsohn (1979; see also Mages & Mendelsohn, 1979) has observed such changes from the initial discovery and diagnosis of cancer through the later stages as the illness either progresses or seems halted. What is observed is not a necessary progression derived from some inexorable maturational process, but patterns that reflect what is actually happening to the person. What are called stages of coping may refer as much to the progression of physical or external demands and threats as to internally stimulated or required sequences. Mendelsohn also observed great individual variation both in terms of how the significance of the disease is appraised and how it is coped with. "Each patient," says Mendelsohn, "faces a particular set of circumstances within the context of a unique personal history" (p. 67), and to understand the personal significance of the disease one needs to place the illness crisis in the context of that life history.

Silver and Wortman (1980a) reviewed research and theory relevant to stages of coping and noted a paucity of adequate observational studies with which to resolve the problem. They conclude that the limited data do not clearly fit a stage model of emotional reactions and coping with life crises; in fact, they point to evidence for great variability among persons rather than evidence for a normative pattern.

Further, a stage model creates expectations in both the person and those involved with the person with respect to appropriate feelings and actions. Those who adopt the Kübler-Ross stage concept of dying, for example, may inadvertently exert pressure on patients to comply with the expected stages (Lazarus, in press). When their response deviates from the norm, patients might question the normality, health, or suitability of their reactions. One might then label

Dylan Thomas's stirring exhortation to "rage against the dying of the light" as pathology-inducing.

Although some patterns may be more common than others because of shared cultural ways of responding, we doubt that there is a dominant pattern of coping stages. But even more important than whether there are universal or common sequences of coping, there is a great need for information about whether some coping patterns are more serviceable than others in given types of people, for given types of psychological stress, at certain times, and under given known conditions. As with coping in general, researchers have barely scratched the surface of this set of issues.

The disaster literature (e.g., Baker & Chapman, 1962) highlights stages of events rather than stages of coping. Three stages are usually defined: anticipatory or warning, impact or confrontation, and postimpact or postconfrontation. Our cognitive-phenomenological approach to the problem is that the significance of the encounter for well-being is appraised differently at different stages and calls for different modes of coping (see also Lazarus, 1966). We assume, for example, that the period of anticipation, the period of impact or confrontation, and the postimpact period each provides its own characteristic significance.

During *anticipation*, for example, the event has not yet occurred and the paramount issues to be appraised include whether it will happen, when it will happen, and what will happen. The cognitive appraisal process also evaluates whether, to what extent, and how the person can manage the threat, a secondary appraisal process relevant to the sense of control. Can it be prevented? In what ways? What can be done to prepare for it to minimize or prevent the damage? Can some damage be prevented while other damage must be endured? If it cannot be prevented, can it be endured, and if so, how? Can it be postponed? What are the costs of anticipatory coping? While people await an anticipated threat, their thoughts about these matters affect stress reactions and coping, as Folkins (1970), Monat, Averill, and Lazarus (1972), and Monat (1976) have shown. They use coping strategies such as distancing themselves psychologically, avoiding thoughts about the threat, denying its implications, looking for information that might reveal something relevant on which other coping strategies might be predicated, and seeking and responding to feedback from actions and thoughts already entertained or acted on.

During the *impact* period, many of the thoughts and actions relevant to the sense of control are no longer relevant, since the

harmful event has already begun or ended. As its full character reveals itself, the person begins to realize whether it is as bad as or worse than anticipated, and in what ways. In some stressful encounters mental energy is so focused on acting and reacting that it may take considerable time to sort out what has happened and to assess its significance. Unexpected differences in control over the unfolding event may mean that the person must reassess its significance. We call these cognitions *reappraisals;* others have used the term *situational redefinition.*

These cognitive processes that begin during the impact period often persist in the *postimpact* period. In addition, a host of new considerations and tasks emerges. How can one mop up, psychologically and materially, after the damage? What is the personal meaning or significance of what has happened? What new demands, threats, and challenges does it impose? Can one return to the *status quo ante,* or have things changed appreciably?

Although the stressful encounter has ended, it brings in its wake a new set of anticipatory processes. Even the impact or confrontational period contains a set of appraisal and coping processes addressed not only to the past and the present, but also to the future. Damage or harms that have already occurred also contain elements of threat in the anticipatory sense of the term, and it is never possible to fully separate, except for convenience of analysis and communication, the cognitive and coping processes associated with each stage of a stressful encounter.

During the encounter the person is discovering the realities of what is happening and what can be done about it, and this affects coping. For example, learning that one lacks control over the most significant aspects of the situation will encourage the use of strategies for regulating emotions; direct actions on the environment may have to await suitable opportunities. Conversely, changes in the person's relationship with the environment brought about by actions taken during a stressful encounter may obviate the need for regulating emotions or indicate that such regulation is even more necessary.

The Multiple Functions of Coping

An important feature of our conceptualization is that coping involves much more than problem solving and that effective coping serves other functions as well. We do not want to confuse coping

functions with coping outcomes. A coping function refers to the purpose a strategy serves; outcome refers to the effect a strategy has. A strategy can have a given function, for example, avoidance, but not result in avoidance. In other words, functions are not defined in terms of outcomes, although we can expect that given functions will have given outcomes. This distinction is consistent with our definition of coping in that it is independent of outcome.

The definition of coping functions depends on the theoretical framework (if there is one) in which coping is conceptualized, and/or on the context in which coping is examined. For example, when coping is formulated within systems of ego processes such as those discussed in Chapter 5, its central function is the reduction of tension and the restoration of equilibrium. In contrast, the maintenance of equilibrium is not a background concern for Janis and Mann (1977), who formulate coping functions within a decision-making framework. In their model, the primary functions of coping have to do with decision making, particularly the search for and the evaluation of information.

Several writers identify multiple coping functions. Working within an ego psychology framework, White (1974) cites three:

> (1) to keep securing adequate information about the environment, (2) maintain satisfactory internal conditions both for action and for processing information, and (3) maintain . . . autonomy or freedom of movement, freedom to use [one's] repertoire in a flexible fashion. (p. 55)

Mechanic (1974), who has a social-psychological perspective, also cites three coping functions: dealing with social and environmental demands, creating the motivation to meet those demands, and maintaining a state of psychological equilibrium in order to direct energy and skill toward external demands. Pearlin and Schooler (1978) name changing the situation out of which strainful experiences arise, controlling the meaning of such experiences before they become stressful, and controlling stress itself after is has emerged.

Finally, there are coping functions that pertain to specific contexts such as health/illness (reviews in Cohen & Lazarus, 1979; Moos, 1977), exam taking (Mechanic, 1962), political crises (George, 1974), parachute jumping (Epstein, 1962), the welfare system (Dill et al., 1980), and changes in institutional residence (Aldrich & Mendkoff, 1963). Coping functions defined within specific contexts are less general and more situation-specific than those derived from larger theoretical perspectives.

Common to the coping functions described above is a distinction that we believe is of overriding importance, namely, between coping that is directed at managing or altering the problem causing the distress and coping that is directed at regulating emotional response to the problem. We refer to the former as *problem-focused coping* and the latter as *emotion-focused coping* (Folkman & Lazarus, 1980). These two major functions of coping have been noted by George (1974), Kahn et al. (1964), Mechanic (1962), Murphy (1974), and Murphy and Moriarty (1976) and are implicit in the models suggested by Mechanic (1974), Pearlin and Schooler (1978), Pearlin, Menaghan, Lieberman, and Mullan (1981), and White (1974).

In general, emotion-focused forms of coping are more likely to occur when there has been an appraisal that nothing can be done to modify harmful, threatening, or challenging environmental conditions. Problem-focused forms of coping, on the other hand, are more probable when such conditions are appraised as amenable to change (Folkman & Lazarus, 1980, in press).

Emotion-focused Forms of Coping

A wide range of emotion-focused forms of coping is found in the literature. One large group consists of cognitive processes directed at lessening emotional distress and includes strategies such as avoidance, minimization, distancing, selective attention, positive comparisons, and wresting positive value from negative events. Many of these strategies derive from theory and research on defensive processes and are used in virtually every type of stressful encounter. A smaller group of cognitive strategies is directed at *increasing* emotional distress. Some individuals need to feel worse before they can feel better; in order to get relief they first need to experience their distress acutely and to this end engage in self-blame or some other form of self-punishment. In still other instances, individuals deliberately increase their emotional distress in order to mobilize themselves for action, as when athletes "psych themselves up" for a competition.

Certain cognitive forms of emotion-focused coping lead to a change in the way an encounter is construed without changing the objective situation. These strategies are equivalent to *reappraisal*. Consider the following cognitive maneuvers that are commonly used to reduce threat: "I decided there are more important things to worry about"; "I considered how much worse things could be"; "I decided I didn't need him nearly as much as I thought." In each case, threat is diminished by changing the meaning of the situation—a coping effort qua reappraisal.

Elsewhere, we have referred to these cognitive coping efforts as "defensive reappraisals" (Lazarus, 1966). However, the word *defensive* implies a concern with reality and its distortion, an issue which we choose not to incorporate into our definition of coping. Not all reappraisals are defensive. Positive comparisons or wresting value from negative situations, for example, do not necessarily require that reality be distorted. Furthermore, not all reappraisals are targeted at the regulation of emotion; as we shall see below, some reappraisals are focused on the problem itself. For all these reasons, we choose to refer to cognitive maneuvers that change the meaning of a situation without changing it objectively as *cognitive reappraisals*, whether the changed construal is based on a realistic interpretation of cues or a distortion of reality.

Other emotion-focused coping strategies do not change the meaning of an event directly, as do cognitive reappraisals. For example, whether selective attention or avoidance changes meaning depends on what is attended to, or what is being avoided. The meaning of an encounter can remain the same even if some of its aspects are screened out, or thoughts about the encounter are put aside temporarily. Similarly, behavioral strategies such as engaging in physical exercise to get one's minds off a problem, meditating, having a drink, venting anger, and seeking emotional support can lead to reappraisals but are not themselves reappraisals. We make this point because we do not want emotion-focused coping to be taken as synonymous with reappraisal. Certain forms of emotion-focused coping are reappraisals, other forms are not, and still others sometimes are and sometimes are not.

Although emotion-focused processes may change the meaning of a stressful transaction without distorting reality, we must still consider the issue of self-deception, which is always a potential feature of this type of coping process. We use emotion-focused coping to maintain hope and optimism, to deny both fact and implication, to refuse to acknowledge the worst, to act as if what happened did not matter, and so on. These processes lend themselves to an interpretation of self-deception or reality distortion.

One cannot successfully deceive onself, however, and simultaneously be aware that one is doing so, since the awareness renders self-deception ineffective. Successful self-deception must therefore occur without consciousness (see also Suls, 1983). The issue of lack of awareness or unconsciousness fits with our assertion that cognitive appraisal processes need not be conscious (see Chapter 2). As long recognized (e.g., Eriksen, 1962a), it is difficult if not impossible to empirically define lack of awareness without being tautological.

Clinicians have typically looked for one of three kinds of contradictions to infer unconscious process: between what is said and done, between what is said at one moment and another, and between what is said and what is felt. These criteria help anchor the inference of unconsciousness in observables; however, they cannot serve as *proof* of self-deception (see Sarbin, 1981, for a further discussion of self-deception).

We are inclined to argue that self-deception extends on a continuum from personal or social illusions to major distortions, with no sharp dividing line between so-called healthy and pathological forms. We must be aware of the contexts in which self-deception occurs, and the short- and long-term costs and benefits that accrue from it (see Chapter 5). Confusion and misunderstanding lie in wait for anyone who dichotomizes self-deception into the healthy or pathogenic and who fails to take into account the place of cognitive forms of emotion-focused coping in the overall psychological economy of the person.

Problem-focused Forms of Coping

Problem-focused coping strategies are similar to strategies used for problem solving. As such, problem-focused efforts are often directed at defining the problem, generating alternative solutions, weighting the alternatives in terms of their costs and benefits, choosing among them, and acting. However, problem-focused coping embraces a wider array of problem-oriented strategies than problem solving alone. Problem-solving implies an objective, analytic process that is focused primarily on the environment; *problem-focused coping* also includes strategies that are directed inward.

This point is made by Kahn et al. (1964), who speak of two major groups of problem-oriented strategies—those directed at the environment and those directed at the self. Included in the former are strategies for altering environmental pressures, barriers, resources, procedures, and the like. The latter includes strategies that are directed at motivational or cognitive changes such as shifting the level of aspiration, reducing ego involvement, finding alternative channels of gratification, developing new standards of behavior, or learning new skills and procedures. The strategies named by Kahn et al. as directed toward the self would not be called typical problem-solving techniques, yet they are indeed directed at helping the person manage or solve the problem. With the exception of developing new behavior or learning new skills and procedures, we would call the inward-directed strategies named by Kahn et al. *cognitive reappraisals* that are problem-focused.

The number of problem-focused forms of coping that are applicable across diverse situations seems relatively limited compared to the vast array of emotion-focused strategies discussed in the literature. The more situation-specific the research domain is, however, the greater the proliferation of problem-focused strategies. For example, if asked about the strategies used to resolve problems on the job, a secretary will undoubtedly list a large number that have to do with specific tasks to be accomplished, obstacles that impede progress, resources available in the office for overcoming those obstacles, and so on. The list will differ from that of a salesperson, who has different tasks, obstacles, resources, and therefore different specific coping strategies. That the definition of problem-focused coping strategies is to a certain extent dependent on the types of problems being dealt with means that transsituational comparisons of problem-focused coping strategies are more difficult than transsituational comparisons of emotion-focused strategies. Nevertheless, efforts should be made to evaluate problem-focused coping, for reasons that will be made clear later in this chapter.

The Relationship between Problem- and Emotion-focused Coping Functions

Theoretically, problem- and emotion-focused coping can both facilitate and impede each other in the coping process. Consider the following examples in which the two forms of coping are mutually facilitative:

A. A woman experiences anxiety as she steps to the podium to give a paper. She does some deep breathing and gives herself comforting messages to regulate the anxiety. These devices allow her to engage in problem-focused forms of coping, for example, glancing over her notes or rehearsing an opening line, that will facilitate her delivery (cf. S. Miller, 1980).

B. A student beginning a major exam experiences great anxiety. The anxiety abates when attention is turned to taking the exam. In this instance, turning to the task (problem-focused coping) results in a reduction of emotional distress. This dynamic is illustrated in Mechanic's (1962) study of students taking doctoral examinations that we described in Chapter 4.

In the following examples, the two forms of coping impede each other:

A. A person suffering over having to make a difficult decision finds the emotional distress unbearable, and in order to reduce the distress makes a premature decision. Such decisions, say Janis and Mann (1977), are likely to be characterized by "lack of vigilant search, selective inattention, selective forgetting, distortion of the meaning of warning messages and construction of wishful rationalizations that minimize negative consequences" (p. 50). In this instance, the strategy used to reduce emotional distress interfered with problem-focused efforts.

B. A person with a recently diagnosed illness perseveres in gathering and evaluating information, the acquisition of which contributes to uncertainty and increased anxiety. He gets trapped in a cycle of problem-focused coping (information-gathering and -evaluating) which exacerbates his emotional distress and interferes with mechanisms such as avoidance that might otherwise be used to reduce distress (cf. Breznitz, 1971).

Anecdotal Examples

Problem- and emotion-focused forms of coping are not explicitly identified in most naturalistic descriptions. Nevertheless, both forms are usually evident, and in many instances we can see the extent to which they facilitate and/or impede each other. Consider the following discussion by Goldstein (1980):

> . . . "uncooperative" behaviors employed by [seriously ill] patients are viewed as attempts to minimize or avoid the recognition of one's tenuous hold on life by "proving" to themselves and others that life-threatening treatments are not required, and therefore, that they are not as critically ill as others might fear. However, by denying the severity of their condition and the need for treatment, such patients risk their lives through noncompliance with the treatment regimen. . . . (p. 90)

Emotion-focused coping strategies in the above account include those "designed to make life more bearable by avoiding realities which might prove to be overwhelming if directly confronted" (p. 90), which Goldstein labels as minimization and avoidance. These strategies interfere with the treatment regimen, which in this context comprises the problem-focused function.

Hay and Oken (1972) note that strategies such as distancing and avoidance seemed to decrease the distress of nurses in an intensive care unit, which in turn helped them to pursue their patient care tasks more effectively. An interesting by-product of this combination of emotion- and problem-focused coping is that the same techniques used by the nurses to regulate emotion that facilitated their delivery of health care probably also made them appear detached and mechanical to their patients, perhaps frustrating the patients' needs for warmth and emotional support.

Another example is provided by Kahn et al. (1964) in a study of organizational stress. They describe an incident in which an employee is accused by his peer of not carrying out a particular procedure. The interviewer asks, "What did you do when that happened?" The response:

> "Well, it burned me up. . . . My immediate first reaction was to confirm . . . that what he was saying was not true, that everything [letters] had gone out. There's always a chance you might be wrong so I checked first. Then I told him. No, everyting had gone out. My immediate reaction was to call him on the carpet first. He doesn't have any right to call me on something like this. Then I gave it a second thought and decided that that wouldn't help the situation." (pp. 301–302)

The first strategies this man used were directed at the problem itself. He confirmed that everything had gone out. He also inhibited an impulse to express his anger, and "to call him on the carpet first." He decided that an expression of anger would interfere with a solution. In other words, he regulated his emotional distress in order to facilitate problem-focused coping.

Another point that is illustrated in these accounts is that emotion- and problem-focused coping often occur concurrently. It seems likely, for example, that the employee experienced anger and inhibited its expression at the same time that he took action to confirm whether the letters had gone out. However, if we were to look at a longer period, as in recovery from traumas, we might see a clearer pattern of sequence of strategies. For instance, descriptions of recovery from traumatic events such as spinal cord injury or the death of a loved one show a common pattern in which a period of denial or minimization (emotion-focused coping) occurs immediately after the event, to be gradually replaced by problem-focused concerns having to do with treatment programs, accommodating to the limitations imposed by the trauma, restoring, maintaining, or developing relationships, and in general getting on with one's life (for examples, see Andreason, Noyes, & Hartford, 1972; Hamburg et al., 1953; Kübler-Ross, 1969; Moos, 1977; Visotsky et al., 1961).

Empirical Evidence

There is also substantial empirical support for these distinctions between problem- and emotion-focused coping. Mechanic (1962) uses similar distinctions in his rich and systematic study of graduate students preparing for doctoral examinations. His term *coping behavior* refers to thoughts and behaviors relevant to "defining, attacking, and meeting the task" (p. 51). *Defense* refers to the maintenance of the integration of personality and the control of feeling states. In other words, Mechanic uses *coping* for what we call problem-focused coping, and *defense* for emotion-focused coping.

Problem-focused strategies related to meeting the task include selecting content areas to study, preparing, and allocating time for studying and for developing approaches to questions. Strategies used to regulate emotion include seeking comforting information from the environment that was consistent with the attitudes and hopes the student held about the examinations, joking and humor, being a member of a select group, magical practices, hostility, seeking support, avoiding other students, finding acceptable possible reasons should they fail, tranquilizers, and externalizing responsibility. This list was not constrained by traditional notions of defense and concern with reality and ego functioning. Instead, Mechanic examined all ways—behavioral as well as cognitive—that can be used to regulate feeling states. He also referred to the interplay between task- and emotion-related devices. He pointed out, for example, that students who looked at old examination questions as a preparation technique found that the old questions made them anxious, leading some to reduce or discontinue the practice. "This indicates that the students do compromise between their coping and defense needs" (p. 93).

The ubiquity of problem- and emotion-focused functions is clearly demonstrated in our empirical work on coping (Folkman & Lazarus, 1980). Data were gathered on the ways 100 middle-aged, community-residing adults coped with the stressful events of daily living during the course of a year. Each subject reported approximately 14 stressful episodes, which ranged from minor concerns with house repairs or family celebrations to concerns with aging parents, life-threatening illness, and death. Subjects reported the thoughts and behaviors they used to deal with the demands of these events on a 68-item Ways of Coping checklist. The items on the checklist were drawn from the domains of defensive coping, information seeking, problem solving, palliation, inhibition of action, direct action, and magical thinking. Each item was classified (using both rational and empirical procedures) under the general rubric of emotion-focused or problem-focused. Emotion-focused strategies included such items as "looked for the silver lining, tried to look on the bright side of things"; "accepted sympathy and understanding from someone"; and "tried to forget the whole thing." Examples of problem-focused strategies included "got the person responsible to change his or her mind"; "made a plan of action and followed it"; and "stood your ground and fought for what you wanted."

Findings indicated that both functions were used by everyone in virtually every stressful encounter: of the 1,332 episodes included in the analysis, there were only 18 in which only one function was used. This finding points up that people use *both* problem- and emotion-focused coping strategies to deal with the internal and/or external demands posed by real-life stressful situations.

Further, several of the types of emotion-focused coping mentioned earlier were found in a factor analysis of the coping data from this field study. Included were the categories of wishful thinking, interpreting events as opportunities for personal growth, minimizing threat, seeking social support, and blaming self. There was also one problem-focused category, and another that was a mixture of information-seeking problem-focused coping and avoidant emotion-focused coping (Aldwin, Folkman, Shaefer, Coyne, & Lazarus, 1980). These more narrowly defined coping functions proved to be differentially related to outcome. We shall discuss these findings in Chapter 7. We found a similar array of coping factors in two subsequent studies (Folkman & Lazarus, in press). The important point is that it is useful to look within the larger functions for various types of problem- and emotion-focused coping. It is also important, however, to keep the two major functions in mind to ensure that both are evaluated.

Coping Resources

We have stated that coping is determined by cognitive appraisal. In earlier chapters we focused on primary appraisal as well as the properties of the person and environment that influence the judgment that something of importance is at stake in an encounter. In this chapter we consider secondary appraisal, which addresses the question "What can I do?" The answer to this question is a key determinant of what the person will actually do. Although many features of

the person and environment that were described in Chapters 3 and 4 affect secondary appraisal, the ways people actually cope also depend heavily on the resources that are available to them and the constraints that inhibit use of these resources in the context of the specific encounter.

To say that a person is resourceful means that he or she has many resources and/or is clever in finding ways of using them to counter demands. These meanings share the idea that resources are something one draws upon, whether they are readily available to the person (e.g., money, tools, people to help, relevant skills) or whether they exist as competencies for finding resources that are needed but not available. Both meanings are relevant to our discussion.

Antonovsky (1979) has used the term *generalized resistance resources* to describe characteristics that facilitate the management of stress. These characteristics can be physical, biochemical, artifactual-material, cognitive, emotional, attitudinal, interpersonal, and macro-sociocultural. Antonovsky's approach differs from ours in that he is concerned with factors that contribute to *resistance* to stress, whereas we are concerned with the resources which a person *draws on in order to cope*. This difference in orientation is reflected in Antonovsky's inclusion of coping as a resistance resource, whereas we see coping as a process that evolves from resources. In other words, Antonovsky sees resources as buffers of stress,and we see them as factors that precede and influence coping, which in turn mediates stress.

The extent to which resources by themselves buffer the effects of stress as compared to actual coping processes was examined empirically by Pearlin and Schooler (1978). Pearlin and Schooler looked at mastery and self-esteem and at the relationship between these characteristics and coping responses and reduction of emotional distress in four role areas: household economics, job, parenting, and marriage. They found that in the close interpersonal context of marriage, and to a lesser extent in parenting, it is the specific things people do that more closely determine whether or not they will experience emotional distress, whereas possessing the "right" resources is somewhat more effective in dealing with relatively impersonal problems. Pearlin and Schooler suggest that resources are

> more helpful in sustaining people facing strains arising out of conditions over which they may have little direct control—finances and job. But where one is dealing with problems residing in close interpersonal relationships, it is the things one does that make the most difference. (p. 13)

It would be impossible to catalogue all of the resources upon which people draw in order to cope with the myriad demands of living. Instead, we shall identify major categories of resources. Our purpose is not to be exhaustive, but to illustrate the multidimensionality of coping resources and the various levels of abstraction at which several of these dimensions can be considered. We shall begin with resources that are primarily properties of the person. These include health and energy (a physical resource), positive beliefs (a psychological resource), and problem-solving and social skills (competencies). The remaining categories are more environmental and include social and material resources.

Health and Energy

These are among the most pervasive resources in that they are relevant to coping in many, if not all, stressful encounters. A person who is frail, sick, tired, or otherwise debilitated has less energy to expend on coping than a healthy, robust person. The important role played by physical well-being is particularly evident in enduring problems and in stressful transactions demanding extreme mobilization.

One can, of course, overstate the importance of health and energy for coping. Much research (e.g., Bulman & Wortman, 1977; Dimsdale, 1974; Hamburg & Adams, 1967; Hamburg et al., 1953; Visotsky et al., 1961) suggests that people are capable of coping surprisingly well despite poor health and depleted energy. Thus, whereas health and energy certainly facilitate coping efforts—it is easier to cope when one is feeling well than when one is not—people who are ill and enervated can usually mobilize sufficiently to cope when the stakes are high enough.

Positive Beliefs

Viewing oneself positively can also be regarded as a very important psychological resource for coping. We include in this category those general and specific beliefs that serve as a basis for hope and that sustain coping efforts in the face of the most adverse conditions. As we noted in Chapter 3, hope can be encouraged by the generalized belief that outcomes are controllable, that one has the power to affect such outcomes, that a particular person (e.g., a doctor) or program (e.g., treatment) is efficacious, or by positive beliefs about justice, free will, or God. Hope can exist only when such beliefs make a positive outcome seem possible, if not probable.

The view of positive beliefs as a coping resource is in the tradition of "inspirational" writers such as Normal Vincent Peale, who claim functional powers for positive thinking and the capacity to put a good light on experiences. What is not clear is whether there are costs to positive thinking, and whether people who do not engage in it can be influenced to do so. It may be that those who most need to cultivate this capacity are the least able to. We think it is important to study positive thinking, including the conditions that encourage it, its costs and benefits, and the extent to which it can be developed through interventions.

Not all beliefs serve as coping resources. Indeed, some beliefs can dampen or inhibit coping efforts. For instance, a belief in a punitive God can lead a person to accept a distressing situation as punishment and to do nothing about mastering or managing the situational demands. A belief in fate (an external locus of control) can lead to an appraisal of helplessness that in turn discourages relevant problem-focused coping. Similarly, a negative belief about one's capacity to have any control in a situation, or about the efficacy of a particular strategem to which one is committed, can discourage essential problem-focused coping efforts.

The extent to which a given belief system is generalized also influences its role as a resource. As we noted in Chapter 3, belief systems vary from those that apply to virtually every environmental context to those that have a very narrow range of applicability. A belief in a paternal God may permeate a person's appraisal in practically all stressful encounters and influence coping activity in both direction and strength, whereas beliefs about personal control and mastery may be limited to selected situations. A belief that one has poorer control over outcomes at work than at home can discourage problem-focused coping in the former context. Thus, both the nature of a belief system and the extent to which it is generalized determine its value as a resource or liability in the appraisal and coping process.

Despite its theoretical importance as a resource, little research has been done on how beliefs are actually manifested in coping processes. Of the beliefs that we have posited above as coping resources, those that pertain to control have received the most research attention. For example, a general belief about an internal locus of control (usually measured by the Rotter scale) yields more effort and persistence in achievement situations (for review see Lefcourt, 1976) than belief in an external locus. Likewise, as we noted in Chapter 3, positive appraisals of control in a specific encounter,

which Bandura (1977a) refers to as efficacy expectancies, also determine coping effort and persistence (see also Bandura, 1982).

Several studies also suggest that general control expectancies are related to the *type* of coping activity. In her review of research on internal–external locus of control expectancies and health attitudes and behaviors, Strickland (1978) cites studies indicating that people who believe that outcomes are dependent on their own behavior cope differently with health problems than people who see outcomes to be the result of luck, chance, fate, or powers beyond their personal control. Those with an internal locus of control are more likely to collect information about disease and health maintenance when alerted to possible hazards, such as hypertension (e.g., Wallston, Maides, & Wallston, 1976; Wallston, Wallston et al., 1976); are more likely to take action to improve their health habits (e.g., James, Woodruff, & Werner, 1965; Mlott & Mlott, 1975; Steffy, Meichenbaum, & Best, 1970; Straits & Sechrest, 1963; Williams, 1973); engage in preventive dental care (Williams, 1972); and practice birth control effectively (MacDonald, 1970). (See also Lau, 1982; and Lau & Ware, 1982, for a health-specific locus of control scale.)

Anderson (1977) examined the relationship between locus of control and coping behaviors among 102 owner-managers of small businesses during the 3½-year period following a flood. He found that people with an internal locus of control used more task-related coping behaviors than those with an external locus of control and that people with an external locus of control responded with more defensiveness than those with an internal locus of control. Examples of task-oriented coping behavior included problem-solving efforts such as obtaining aid to deal with the initial loss. Behavior directed at managing emotional or anxiety reactions included withdrawal, group affiliation, hostility, and aggression.

Rothbaum, Wolfer, and Visintainer (1979) report a relationship between coping behavior and locus of control in children. Their findings suggest that *inward behavior* (e.g., helplessness) is related to external locus of control, and *outward behavior* (e.g., aggression) is related to internal locus of control. However, their study is limited by its measure of coping, which is heavily oriented toward pathology, and seems to be more a list of stress responses than coping behaviors. For instance, *inward* items include: not responsive to others; curled up or hunched over; stomach aches or headaches. *Outward* items include: yelling or screaming; disobedient; overactive, hitting or breaking things (p. 123).

The discussions by Anderson (1977) and Strickland (1978) sug-

gest that general beliefs about locus of control do influence coping: internals seem to use more problem-focused forms of coping, and externals more emotion-focused forms. Data from our study of 45-to-65-year-olds provide mixed findings (Folkman, Aldwin, & Lazarus, 1981). General beliefs about locus of control were not related to coping; contrary to what might be expected, internals did not use more problem-focused coping than did externals.

On the other hand, situational control appraisals, which were reported by each subject for each event, were strongly related to coping, as we noted in Chapter 3. Situations appraised as holding the possibility for change (control) were associated with more problem-focused coping than those having to be accepted. Conversely, situations that had to be accepted were associated with more emotion-focused coping than those appraised as changeable. Similarly, in our study of emotions and coping during a midterm exam (Folkman & Lazarus, in press), problem-focused coping was used more than emotion-focused coping during the period of preparation for the exam. After the exam, while students were waiting for grades to be announced and nothing more could be done to affect the outcome of the exam, emotion-focused coping increased and problem-focused coping decreased.

In Chapter 3 we also discussed the two-sided nature of *commitments*, pointing out that the more deeply held the commitment, the more vulnerable the person is to threat but at the same time the more motivated to ward off any threats and harms to that commitment. The motivational property of commitments is an important resource because the person is impelled toward coping activity and is more apt to sustain it. Thus, the motivational quality of commitments has an effect similar to positive beliefs that generate hope: both help sustain coping effort in the face of obstacles. (See also Chapter 8 for discussion of involvement and alienation.)

Problem-solving Skills

Problem-solving skills include the ability to search for information, analyze situations for the purpose of identifying the problem in order to generate alternative courses of action, weigh alternative courses of action, weigh alternatives with respect to desired or anticipated outcomes, and select and implement an appropriate plan of action (Janis, 1974; Janis & Mann, 1977); they are also important resources for coping. Such general, abstract skills are ultimately expressed in specific acts, such as changing a flat tire, presenting oneself to a prospective employer, preparing for an examination, and so on. Some writers conceptualize skills in broad terms, such as dealing with moral dilemmas (Schwartz, 1970), emergency situations (for reviews see Appley & Trumbull, 1967; Baker & Chapman, 1962; Coelho et al., 1974; Janis, 1958; Lazarus, 1966), role conflict, marital conflict (Levinger, 1966; Parsons & Bales, 1955), or ambiguity (Haan, 1977). Others favor narrower definitions such as one might find in training manuals (Meichenbaum, 1977; Rogers, 1977; Yates, 1976). Problem-solving skills are themselves drawn from other resources—a wide range of experiences, the person's store of knowledge, his or her cognitive/intellectual ability to use that knowledge, and the capacity for self-control (e.g., Rosenbaum, 1980a, b, in press).

Social Skills

Social skills are an important coping resource because of the pervasive role of social functioning in human adaptation. They refer to the ability to communicate and behave with others in ways that are socially appropriate and effective. Social skills facilitate problem-solving in conjunction with other people, increase the likelihood of being able to enlist their cooperation or support, and in general give the individual greater control over social interactions.

The importance of social skills as a resource is evident in many areas, including therapeutic programs that help the individual better manage the problems of daily living and organizational training programs to improve interpersonal communications skills. The movement within organizations to teach communications skills reflects a trend in which solutions to problems are less likely to depend on individual action than on the ability to work out solutions involving group action (Mechanic, 1974). The more pronounced this trend becomes, the more important social skills will be in working in cooperative relationships with others.

Attempts to conceptualize and assess the social skills of both children and adults are now proliferating (e.g., Bond & Rosen, 1980; Kent & Rolf, 1979; Zigler & Trickett, 1978). McFall (1982) provides a thoughtful review of measurement approaches in this area. He identifies two major models, a trait model, which treats social skills as a general, underlying personality characteristic or response predisposition, and what he calls a molecular model, in which social skills are construed in terms of specific, observable units of behavior. In general, measures based on the trait model are psychometrically weak and have not related to performance in criterion situations. Mea-

surements based on the molecular model pose a different set of problems such as uncertaintly about the size and scope of units of analysis, and whether or not to include in the assessment the behavior of the other person involved in the interaction. McFall suggests that neither the trait nor the molecular model is adequate and proposes an alternative two-tiered model based on an information-processing approach.

Most attempts to evaluate social skills have the practical objective of improving those skills in what has been referred to as the primary prevention of psychopathology (e.g., Cowan, 1980). Although not based on clinical intervention, the work of Murphy (Murphy & Moriarty, 1976; Murphy & associates, 1962), which involves observations of how children gain coping competence through struggles with the ordinary stresses of living and growing up, is also highly relevant.

Social Support

Having people from whom one receives emotional, informational, and/or tangible support has been receiving growing attention as a coping resource in stress research, behavioral medicine, and social epidemiology (e.g., Antonovsky, 1972, 1979; Berkman & Syme, 1979; Cassel, 1976; Cobb, 1976; Kaplan, Cassel, & Gore, 1977; Nuckolls, Cassel, & Kaplan, 1972). We discuss this resource at length in Chapter 8, and therefore we need only note it here without elaboration.

Material Resources

This refers to money and the goods and services that money can buy. This obvious resource is rarely mentioned in discussions of coping (see also Antonovsky, 1979), although its importance is implied in discussions of the strong relationships that are found among economic status, stress, and adaptation (cf. Antonovsky, 1979; House, 1979; Syme & Berkman, 1976). People with money, especially if they have the skills to use it effectively, generally fare much better than those without. Obviously, monetary resources greatly increase the coping options in almost any stressful transaction; they provide easier and often more effective access to legal, medical, financial, and other professional assistance. Simply having money, even if it is not drawn upon, may reduce the person's vulnerability to threat and in this way also facilitate effective coping.

Constraints Against Utilizing Coping Resources

The novelty and complexity of many stressful encounters create demands that often exceed the person's resources. For many occasions, however, resources are in fact adequate, but the person does not use them to their fullest because to do so might create additional conflict and distress. The factors that restrict the ways an individual deals with the environment may be called constraints, some of which arise from personal agendas, others of which are environmental.

Personal Constraints

Personal constraints refer to internalized cultural values and beliefs that proscribe certain types of action or feeling, and psychological deficits that are a product of the person's unique development. We also call these personal constraints personal agendas. Culturally derived values and beliefs serve as norms that determine when certain behaviors and feelings are appropriate and when they are not. Humor may be an appropriate and effective device for reducing tension in an escalating argument, but it would be inappropriate and indeed tension-provoking at a funeral. In an investigation by Klass (1981), women students who felt a high sense of guilt over assertive behavior reported being less assertive in social contexts than women with low guilt. The measure of guilt suggests a personal constraint, presumably derived from their process of socialization. Undoubtedly, there are some situations where an individual will be more influenced by cultural norms, depending in part on what is at stake and the consequences for violating them. Also, individuals differ in the extent to which they comply with norms. Nevertheless, even allowing for a wide range of situational and individual differences, culturally derived values, beliefs, and norms operate as important constraints.

For example, people may have at their disposal many forms of social support in a crisis but be unable to use them because of how they construe this support. They may decline proffered help because it implies that they are needy or helpless; or they may not want to feel under obligation or perhaps they distrust the motive behind the help. Analyses of the reactions of recipients of help who are handicapped suggest that they are commonly offered help tactlessly or

without an understanding of what is really needed, in which case they might find it difficult or demeaning to accept.

Similarly, as we noted above, Mechanic (1974) states that the solution to certain problems is likely to depend on the ability and willingness of people to work together. He writes that individuals

> who may be adaptive and effective persons from a psychological perspective may be unfitted because of their values and individual orientations for the kinds of group cooperation that are necessary in developing solutions to particular kinds of community problems. Thus, many effective copers may become impotent in influencing their environment because of their resistance or inability to submerge themselves into cooperative organized relationships with others. (pp. 36–37)

There are many other examples of personal agendas that can constrain coping. One is tolerance of ambiguity (Frenkel-Brunswik, 1949), which we discussed in Chapter 3. The premature closure that characterizes this personality disposition can seriously constrain the exent to which the person fully utilizes resources. Other possibilities include fear of failure and fear of success (e.g., Atkinson, 1964; Horner, 1972), which can interfere with coping in situations where outcomes are likely to be evaluated. Problems with authority figures, dependency needs, and preferred styles of doing things can also figure prominently as constraints. (For discussions of how preferred styles can constrain coping, see pp. 73–74, Chapter 3.)

Environmental Constraints

Constraints exist as much in the environment as they do in the person. For instance, there can be competing demands for the same resources. Since many resources are finite—especially material resources such as money—choices have to be made as to how to allocate them. In other instances, the environment thwarts the effective use of resources, which is illustrated in the study by Dill et al. (1980) of stress and coping in low-income working mothers that we mentioned in Chapter 3. Their respondents provided numerous examples of how public institutions were unresponsive to their efforts to cope with adverse situations. One respondent, for example, through no failure of effort or imagination on her part, was unsuccessful in getting her dyslexic and emotionally disturbed child into a Big Brother program or after-school day care or a special school for the learning disabled. Other women were equally unsuccessful in

obtaining needed and appropriate assistance, and they often evaluated the environmental response as a reflection of their own incompetence, even though they had very little objective control over those institutional forces. Dill et al. conclude that environments may differ in the nature and frequency of threats posed to the individual and in the breadth of options available for addressing threatening situations, and that the environment may respond to people's coping efforts in ways which negate their strategies.

The thrust of this discussion has been to view constraints as inhibitors of the effective use of coping resources. However, constraints can also be facilitative. A graphic example has been provided by Lucas (1969) in a detailed study of group behavior in a mine disaster. Trapped by an explosion, a group of six men ran out of water while awaiting rescue and had to confront the possibility of imminent death. In this case, social constraints helped maintain hope. Crying and other expressions of despair were gently restrained by one or another of the group members. The following vignette illustrates this process:

> "I [also] had tears in my eyes—but I said, 'Don't cry; we need all our strength.' That's what I said. And I said, 'I think I got strength enough yet for a couple more days and maybe more.' So he said, 'All right . . . I'll stop crying.' And we talked there quite a while." (pp. 273–274)

Whether or not such a purposive group function (here, to maintain hope) is a reasonable inference (see Merton, 1957, for an excellent critique of the errors of functional interpretation), there seems little doubt that such efforts did help the group members cope. Most important from the present standpoint, the example illustrates how social constraints facilitated individual and group coping.

Level of Threat

Threat appraisals can range from minimal, where little stress is experienced, to extreme, characterized by intense negative emotion such as fear. Along with resources and constraints, the level of threat the person experiences plays a role in determining coping. Here we get caught in some circularity. The extent to which a person feels threatened is in part a function of his or her evaluation of coping resources with respect to internal and external demands in a particular situation, as well as the constraints inhibiting their use. Level of threat, in turn, influences the extent to which available resources can be

used for coping. Let us arbitrarily break this circularity by considering the effects of threat on coping.

The greater the threat, the more primitive, desperate, or regressive emotion-focused forms of coping tend to be and the more limited the range of problem-focused forms of coping. With respect to emotion-focused forms of coping, Menninger (1954) writes:

> Minor stresses are usually handled by relatively "normal" or "healthy" devices. Greater stresses or prolonged stress excite the ego to increasingly energetic and expansive activity in the interests of homeostatic maintenance." (p. 280)

Wheaton (1959), in a study of the effects of isolation, notes that as threats (such as hunger, thirst, injury, illness, or physical discomforts) were added to the experience of isolation, extreme pathological symptoms and "regression to a childlike type of emotional lability and behavior pattern" (p. 41) became more likely. He points out that the absence of any workable alternatives for coping encourages primitive defense activity.

Excessive threat interferes with problem-focused forms of coping through its effects on cognitive functioning and the capacity for information processing. The point is central in Janis and Mann's (1977) conflict model of decision making in which excessive threat leads to ineffective information gathering and evaluation, which they call hypervigilance. Hypervigilance is characterized by obsessive fantasies, constricted cognitive functioning, and premature closure (see Easterbrook, 1959; Hamilton, 1975; Korchin, 1964; Sarason, 1975). The reduction in information-processing and problem-solving capacity due to high threat is, for example, recognized by physicians when they give patients bad news. A patient's ability to hear what the physician has to say about prognosis, procedures, and treatment can be critically impaired by the high level of threat engendered by the diagnosis. The perceptive physician recognizes that the patient needs time to adjust to the diagnosis before information about treatment and procedure can be absorbed. Notice that we are not speaking here of denial, which also often characterizes the response to threatening information, but the reduction in cognitive functioning, and thereby access to problem-solving resources, caused by threat.

The study by Anderson (1977) of owner-managers whose businesses were damaged by floods, mentioned earlier, is particularly interesting in that it examines the effects of stress on both problem- and emotion-focused forms of coping. The situation was characterized by both harm/loss and threat. The harm/loss occurred at the time of the flooding, and the threat concerned its consequences.

Problem- and emotion-focused forms of coping were used with different frequencies depending on the level of perceived stress. For subjects perceiving relatively low degrees of stress, the two forms of coping appeared with similar frequency. At moderate ranges of perceived stress, problem-focused mechanisms, for example, taking action to recover the damage to their businesses, were the dominant coping response. At high levels of stress, emotion-focused forms of coping began to predominate, with subjects exhibiting a greater frequency of emotional or defensive behavior. Anderson concludes that "anxiety associated with high stress leads to overconcentration on emotional and defensive coping mechanisms and insufficient attention to problem-solving coping mechanisms, resulting in lower levels of performance" (pp. 33–34).

It is important to note that high levels of threat do not *necessarily* mean that either or both forms of coping will diminish in quality. Numerous anecdotal examples in the literature, especially in accounts of individuals coping with the stress of physical illness and disability and in extreme circumstances such as warfare or plane crashes, illustrate high-level emotional and cognitive functioning under the most difficult circumstances. Coping behavior is multidetermined; level of threat is only one of the determining factors.

It is also important to recognize that in some situations there are few, if any, options for problem solving. In such cases the absence of problem-focused coping should not be interpreted as primitivization, but rather as a function of the situation. Janoff-Bulman and Brickman (1982), for example, point out that adaptive coping includes knowing when to stop trying to achieve a goal that is unattainable.

An interesting line of investigation would be to examine the conditions under which problem- and emotion-focused coping are differentially affected by high degrees of threat. It is possible that high-level cognitive functioning can be sustained in a high-threat situation while at the same time emotion-focused coping becomes more primitivized. Denial, for instance, is considered a primitive defense. Are there not situations where the use of denial enables the person to preserve the emotional balance needed to engage in problem-solving activity? The converse, that is, restricted problem-solving activity in the presence of "mature" emotion-focused coping, seems less likely, unless, of course, such restrictions are a function of limited resources.

We conclude this section by pointing out why knowledge of a person's resources is not sufficient to predict coping. We have argued that the relationship between resources and coping is mediated by personal and environmental constraints and level of threat. Furthermore, coping resources are usually not constant over time; they are likely to expand and contract, some more erratically than others, as a function of experience, time of life, and the requirements of adaptation associated with different periods in the life course. Therefore, the presence of a given resource at a given time does not imply that it will be available for the same person to the same extent at another time.

We are not saying that resources should not be measured. On the contrary, we believe that information about resources can contribute to an understanding of why some people seem to be challenged more often than threatened, and fare better than others over the course of numerous stressful encounters. However, rather than listing resources and identifying personal and environmental constraints and the level of threat that mediates their use, we urge that greater attention be given to the actual coping processes through which the person manages the demands of a stressful encounter. By focusing on processes rather than resources and the factors that determine their use, we can more easily identify the mechanisms through which the stress–outcome relationship is mediated.

Control as Appraisal; Control as Coping

Intuitively it would seem that to cope with a situation is to attempt to control it—whether by altering the environment, changing the meaning of the situation, and/or managing one's emotions and behaviors. Indeed, when control refers to cognitive or behavioral *efforts* to deal with a stressful encounter, we see coping and control as synonymous and different from general and/or situational *beliefs* about control that influence cognitive appraisals of threat and challenge. The distinction between control as a belief that influences appraisal and control as coping is a subtle but important one if there is to be clarity about how control operates in stress and coping processes.

Rothbaum, Weisz, and Snyder (1982), for example, suggest a two-category taxonomy of control: *primary control*, the attempt to change the environment; and *secondary control*, the attempt to fit in with the environment or "flow with the current" (p. 8). The key word here is *attempt*, which places these concepts in the category of coping rather than belief or appraisal, though they actually seem to be speaking of a kind of appraisal. For example, they differentiate four subordinate modes of secondary control, namely, *predictive control*, the prediction of aversive events in the service of avoiding disappointment; *illusory control*, in which the person aligns with the forces of chance to share in the control exerted by those powerful forces; *vicarious control*, achieved by associating with powerful others; and *interpretive control*, the ability to interpret events so as to better understand them.

Averill (1973) also implicates effort in his discussion of control. For example, he identifies *behavioral control*, which involves direct action on the environment that presumably involves effort. He also speaks of *cognitive control*, which refers to the way a potentially harmful event is interpreted; and *decisional control*, which is the range of choice or number of options open to the individual. The latter forms of control suggest effort, although they could also operate as beliefs.

Thompson's (1981) taxonomy at first glance appears similar to Averill's (1973) in that she speaks of behavioral, cognitive, informational, and retrospective control. However, these forms of control are described as beliefs, not as efforts. Behavioral control, for example, is a "belief that one has a behavioral response available that can affect the aversiveness of an event" (Thompson, 1981, p. 90).

Clearly, the concept of control has become multipurpose, and this leads to inevitable analytic confusion. By disaggregating the concept of control with respect to its appraisal and coping functions, we are better able to define the pathways through which control affects the outcomes of stressful encounters and short- and long-term adaptational outcomes, as will be seen in the next chapter. Further, in order to be clear about definitions, when control implies effort we will use the language of coping rather than control, even though the terms are then synonymous.

Coping Over the Life Course

It has long been assumed that coping changes from childhood to old age. Changes are certainly evident in early development as the young child comes to understand the world and learn com-

plex problem- and emotion-focused ways of coping. Lois Murphy and her colleagues (1962, 1974; Murphy & Moriarty, 1976) have suggested that despite changes in the details of coping, from primitive modes of reacting to complex, cognitive processes, the biological base for shutting out, exploring, and aggressing come into being very early and remain a constant factor in coping. Nevertheless, the course of coping from childhood to adulthood remains to be charted.

Whether or not coping changes from early adulthood to old age is controversial. That it does change has been suggested by Jung (1933, 1953), who is virtually the only psychodynamic thinker of Freud's era who paid much attention to later-life phenomena. Erikson's (1963) stage theory of the life course has many Freudian features and clearly implies that what we would call coping changes at various periods of life. However, this analysis is stated more in terms of the basic conflicts or psychological tasks of each period and is not easily connected with the concepts of problem-focused and emotion-focused coping that we have been emphasizing here.

Research by Gutmann (1974) suggests that as people age they move from active mastery, that is, aggressive controlling modes of coping, to more passive modes, and ultimately to a regressive reliance on magical modes. Vaillant (1977) and Pfeiffer (1977) also state that coping changes with age, but in different directions than suggested by Gutmann. Vaillant and Pfeiffer say that coping becomes more effective and realistic with age. There is less dependence on immature mechanisms such as projection and acting out and more use of mature mechanisms such as altruism, humor, and suppression. Field studies such as those of Lowenthal et al. (1975) provide some evidence that the social roles of men and women become more similar during middle age, and accordingly men become more dependent, while women more aggressive and domineering. Our findings on life events and hassles strongly suggest that sources of stress change with age (see also Estes & Wilensky, 1978). This theme is also emphasized theoretically by Hultsch and Plemons (1979) and Brim and Ryff (1980). Perhaps the best generalization regarding changes in coping over the life span, therefore, is that as sources of stress in living change with stage of life, coping will change in response.

That coping changes in basic ways, regardless of changes in sources of stress, is subject to doubt at the present time. With respect to problem- and emotion-focused coping, the evidence of systematic change for people in general is mostly negative. We found no clear differences in coping pattern from 45 to 64 years of age in a white middle-class sample (Folkman & Lazarus, 1980). A study by McCrae (1982), which employed our Ways of Coping checklist, produced similar findings. McCrae states:

> In most respects older people in these studies cope in much the same way as younger people; though they employ different mechanisms, it appears largely to be a function of the different types of stress they face; and in the two cases that showed consistent evidence of age differences unrelated to type of stress, middle-aged and older individuals were less inclined than younger men and women to rely on the theoretically immature mechanisms of hostile reaction and escapist fantasy. (p. 459)

The sample studied by McCrae was characterized by subjects generally in good mental and physical health, and economically well off. It is still possible, therefore, that the ailing and economically deprived elderly are forced by the loss of psychological, social, and material resources to cope differently than those who are healthier and economically more secure. Perhaps they emphasize problem-focused forms of coping less and address life's assaults more passively (see also Lieberman, 1975).

Elsewhere (Lazarus & DeLongis, 1983) we have argued, as do McCrae (1982) and Elder (1974), that changes in coping over the life span cannot be addressed solely by cross-sectional research. The reseacher cannot observe coping change with age in given individuals, as would be possible in longitudinal research. Furthermore, changes in beliefs and commitments as a means of coping with role loss and changes in physical resources (cf. Pearlin, 1980a, b; Rosow, 1963, 1967) will occur in different people at different times and in different ways over the adult course. (See Bandura, 1981; Lowenthal, 1977; Sarason, 1977; and Thomae, 1976, for further discussions of these developmental issues.) When we limit ourselves to averaging what people face and do within age groups, as in cross-sectional research, we are in danger of not being able to see the very changes in which we are interested. At this stage of knowledge, and without better evidence, it seems best to assume that aging per se brings no changes in coping; it is when people are faced with deterioriating environmental conditions and impaired physical and mental resources that they display regression to the more dependent, helpless period of infancy and early childhood.

Prospects for the Study of Coping Styles

In moving toward a process definition and conceptualization of coping, we have gradually been forced to deal more and more with context and microanalysis. Coping thoughts and actions differ according to which situational demands are being attended to at any one time. If a patient with cancer is asked, "How are you coping with your cancer?" we do not know whether the thoughts and acts that are reported refer to managing pain, the side effects of treatment, or uncertain prognosis, the threat of death, or troubled interpersonal relationships generated by the illness—in effect, which aspects of the illness the person is dealing with at that moment. Similarly, because coping changes from the anticipatory to the outcome stages of a stressful encounter, we cannot understand coping without reference to the point in the encounter at which it is observed.

This process-oriented approach has an important drawback. Although it enables us to describe the process of coping in a specific encounter, including the particular situational demands, resources, and constraints that affect it, this emphasis on the specific context draws our attention away from the person's general coping style. The process approach is useful for studying the short-run consequences of stressful encounters; the difficulty is in characterizing the person's coping style over the long run. This handicaps our search for understanding how coping affects long-range outcomes such as somatic health, social functioning, and morale.

One of our options is to study a sufficient number and range of stressful encounters and coping patterns in the same persons and somehow to aggregate them in order to provide a picture of the typical pattern (or style) across encounters. Two formal aspects of the coping process might be considered as dimensions on which to examine coping over many encounters: complexity and flexibility. Complexity refers to the range of coping strategies used by the person at any given time and across times in dealing with a stressful situation. Does the person typically try just one strategy (a simple style), or does he or she use multiple strategies (a complex style)? Flexibility refers to whether the individual uses the same strategy or set of strategies in different situations, or even in similar situations, or instead varies them. White (1974) regards flexibility as phylogenetically crucial to survival.

There are indications that these formal dimensions are related to coping efficacy and functioning. Pearlin and Schooler (1978), for example, report a relationship between size of coping repertoire (complexity) and reduction of distress. On the other hand, Coyne, Aldwin, and Lazarus (1981) report that the use of a large number of strategies is associated with depression. The measures of coping used in the two studies are not comparable, and therefore these apparently contradictory findings cannot easily be interpreted, although it may be that there is a curvilinear relationship between coping complexity and adaptational outcome. The only conclusion one can safely draw is that the complexity of coping and its relationship to outcomes is interesting and warrants serious investigation.

The evidence is clearer favoring flexible versus rigid coping styles. Flexibility is associated with high levels of ego development (cf. Loevinger, 1976), "mature" ego processes (Haan, 1977; Vaillant, 1977), high-quality decision making (Janis & Mann, 1977), and resilience (Murphy & Moriarty, 1976; see also Block & Block, 1980, for discussion of the concepts of ego control and ego resiliency). Rigidity, on the other hand, is associated with low levels of ego functioning and, in its extreme, pathology (cf. Menninger, 1963; Shapiro, 1965).

Substantive characteristics of coping should also be considered, for example, what the person actually thinks or does to cope, underlying meaning systems that give coherence to diverse coping strategies, and the functions that coping strategies serve.

Although focusing on coping *behavior* has certain advantages—it can often be observed or self-reported—it also has limitations. First, there is the problem of the sheer number of such behaviors. Second, even if patterns of behaviors can be observed, they are *styles* only if they are used consistently. A high degree of consistency at the behavioral level, however, is not common in ordinary populations. For example, Pearlin and Schooler (1978) report that certain types of strategies are used consistently across the four role areas of marriage, parenting, household economics, and work, whereas other strategies are not. People consistently used selective perception and positive comparisons across all role areas, but strategies such as negotiation and substitution of rewards were used primarily in only the contexts of marriage and work, respectively. Ilfeld (1980), in an analysis of the same data set, reported a similar mixture of variability and stability. And our study of coping in a middle-aged population (Folkman & Lazarus, 1980) examined the extent to which people were intraindividually consistent or variable in relative proportions of problem- and emotion-focused coping. Our findings indicated

that although there was a wide range of individual difference on this dimension, on the whole people were more variable than consistent in their use of the two forms of coping. These studies suggest that in coping with situations in day-to-day living, people are both consistent and variable in their coping.

Variability and consistency are difficult to interpret. Does it mean that situational factors are influencing coping? Or is coping varying in some sort of systematic way according to underlying person factors such as roles, patterns of commitments, goals, or beliefs? This problem plagues early efforts to study consistency at the behavioral level in personality psychology, as can be seen in the classic study by Hartshorne and co-workers (Hartshorne & May, 1928; Hartshorne, May, & Maller, 1929; Hartshorne, May, Maller, & Shuttleworth, 1930). This study asked whether moral character resided within a person independent of the circumstances. A large number of preadolescent children were studied under a variety of circumstances that permitted them to act honestly or dishonestly. Results indicated only slight consistency in behavior (an average correlation of about .30) from one situation to another. Arguing from these results, the authors propounded the doctrine of specificity, stipulating that honesty was not a character trait of the individual, but rather that there were only honest acts in response to particular situations.

The major limitation of this study is that the investigators defined consistency in a behavioral sense only, in that they asked whether honest or dishonest behavior would be repeated from situation to situation. They did not consider the underlying reasons that determined the behavior. For example, brighter children had less reason to cheat because they knew their work and were confident of doing well. Furthermore, the children were probably not all motivated to succeed in the same degree. Thus, although a child may have behaved inconsistently from situation to situation, the underlying reasons for the behavior were probably characteristics of the child's personality—and therefore consistent. A child who was highly motivated to succeed and knew the material well in one test situation might not cheat, but given a test that threatened the child with failure, he or she might behave dishonestly. The superficial behavior might be different from situation to situation, but the underlying structure, say, the child's pattern of motivation or general interpretations (appraisals) of the relationship between self and world, might be very stable in spite of changes in the external conditions (Lazarus, 1961).

The importance of underlying patterns of motivation and meaning systems in determining coping is, of course, one of the major themes of this book. We devoted Chapter 3 to a discussion of the ways such factors influence appraisal, and hence coping. Lipowski (1970–1971) makes a similar point in his discussion of coping styles, coping strategies, and illness:

> It is the writer's thesis that coping strategies are directly related to the individual's personal meaning or an attitude towards his illness, injury or disability. . . . It [the given meaning] functions as a cognitive nucleus which influences emotional and motivational responses to illness and thus the coping strategies. (p. 98)

Lipowski described common categories of the meaning of illness and disease that reflect the past personal experiences, knowledge, cultural background, and beliefs of the sick people. For example:

> (1) Illness as challenge. This common view of illness inspires active and generally adaptive coping strategies. Disease or disability is seen as any other life situation which imposes specific demands and tasks to be mastered and which is accomplished by any means available. The related attitudes and coping patterns tend to be flexible and rational. . . . Timely seeking of medical advice, cooperation, information seeking . . . , rationally modulated activity and passivity, finding substitute gratifications—these are some of the related and desirable coping strategies.
>
> (2) Illness as enemy. Disease is viewed as an invasion by inimical forces, internal or external. Our language clearly reflects this attitude when we talk of "combating" illness or "conquest" or disease. The usual emotional concomitants of this meaning are anxiety, fear and/or anger. These feelings inspire the readiness to flight or fight or helpless surrender, depending on the current appraisal by the subject of his capacity to resist. In its extreme pathological form this attitude may be frankly paranoid and others may be blamed for having caused or aggravated the illness (Orback & Bieber, 1957). Free-floating anxiety or hostility may appear. Coping strategies reflect this attitude and take various forms of defense against danger and attack. Some degree of denial and projection are common, although regressive dependency and passivity may express a sense of helplessness and readiness to surrender. (p. 98)

Our recognition of beliefs such as these brings coherence and consistency to coping behaviors which might otherwise appear inconsistent and difficult to explain in relation to the demands posed by an illness.

We also suggested above that coping styles could be defined at the substantive level in terms of the functions coping strategies serve, for example, to avoid, confront, or analyze. We believe that such functions should be drawn from the problem-managing *and* emotion-regulating domains. Most coping styles are defined in terms of the emotion-regulating functions (e.g., repression-sensitization). To confine a coping style to just the regulation of emotion—and just one dimension of it at that—is to exclude the important problem-solving functions of coping, a point we discussed at length earlier in this chapter.

Thus, our criticism of the structural or trait-style approach to coping is not based on the claim that it is inappropriate, unimportant, or unnecessary in order to locate stable patterns of coping, but rather on the impression that previous efforts have not been successful. As we noted earlier, these attempts grossly simplify complex patterns of coping into unidimensional schemes such as repression-sensitization which have little explanatory and predictive value for what the person actually does in particular contexts. The problem of assessing stable patterns cannot be dismissed, whether or not we will ultimately succeed in building them out of the details of how the person handled numerous specific stressful encounters.

It remains to be seen whether a microanalytic process-oriented approach to coping will take us further toward understanding the coping process and explaining adaptational outcomes from the global, structural approaches that have thus far dominated coping theory and research.

Summary

In this chapter we have presented our own conceptualization of coping. We 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. This definition is process- rather than trait-oriented in that it is concerned with what the person actually thinks or does in a specific context, and with changes in these thoughts and actions across encounters or as an encounter unfolds. The definition also distinguishes between coping efforts and automatized adaptive behaviors, and it avoids the problem of confounding coping with outcomes by defining coping as all efforts to manage regardless of outcome.

Changes in coping are often conceptualized as occurring in

stages. There are reasons to be wary of stage formulations when they imply an invariant sequence; evidence suggests substantial variations among persons in the ordering and duration of different kinds of coping across and even within particular types of stressful encounters. Moreover, what sometimes looks like self-generated stages of coping may actually represent a sequence of external demands, as in the concepts of anticipation (or warnings), confrontation, and postconfrontation in disaster research.

Coping serves two overriding functions: managing or altering the problem with the environment causing distress (problem-focused coping), and regulating the emotional response to the problem (emotion-focused coping). Support for these two functions of coping comes from anecdotal accounts and empirical research. Problem- and emotion-focused coping influence each other throughout a stressful encounter; they can both facilitate and impede each other.

The way a person copes is determined in part by his or her resources, which include health and energy; existential beliefs, e.g., about God, or general beliefs about control; commitments, which have a motivational property that can help sustain coping; problem-solving skills; social skills; social support; and material resources.

Coping is also determined by constraints that mitigate the use of resources. Personal constraints include internalized cultural values and beliefs that proscribe certain ways of behaving and psychological deficits. Environmental constraints include demands that compete for the same resources and agencies or institutions that thwart coping efforts. High levels of threat can also prevent a person from using coping resources effectively.

Efforts to exercise control are synonymous with coping. On the other hand, control in the sense of general and/or situational beliefs operates as appraisal dispositions or processes. The distinction between control as coping and control as appraisal is essential if there is to be clarity about these important concepts in stress and coping theory and research.

Although it has long been assumed that coping per se changes over the life course, the case has not been made empirically. Current research suggests that sources of stress change as people age, and as a consequence coping changes to meet the new demands. Longitudinal research is needed to address this question.

Our process approach to coping, which requires a contextual analysis of stressful encounters, makes it difficult to conceptualize and assess a person's overall coping style. A process approach might lead to a study of coping styles only if a sufficient number of

encounters from a person's day-to-day life are examined. Two formal dimensions of style that might be considered are complexity and flexibility, as well as substantive aspects of coping such as distancing, confronting, and minimizing. Efforts should be made to identify the appraised meaning of situations, which underlies the ways a person copes, since this could help explain variability in coping in specific contexts or classes of contexts. It remains to be seen whether or not a process approach to coping such as ours can be used to describe coping styles.

7

Appraisal, Coping, and Adaptational Outcomes

Regardless of how they are defined or conceptualized, the prime importance of appraisal and coping processes is that they affect adaptational outcomes. The three basic kinds of outcome are functioning in work and social living, morale or life satisfaction, and somatic health. Simply put, the quality of life and what we usually mean by mental and physical health are tied up with the ways people evaluate and cope with the stresses of living. The task of this chapter is to spell out the mechanisms through which appraisal and coping might affect adaptational outcomes in individuals.

In laying the groundwork for our discussion, we want to emphasize that we do not view stress as inherently maladaptive and deleterious. Major stress—what is sometimes referred to as a crisis—causes some people to draw upon adaptive resources they never thought they had. Such people can gain strength from stress that can be used in subsequent crises; they seem to *grow* from stress. By the same token, people who as children are protected from certain kinds of stress are likely to be all the more vulnerable to stress later because they fail to learn coping skills that are needed for day-to-day living (cf. Murphy & Moriarty, 1976). We know too that life without stress would be an exercise in boredom, which has its own negative somatic consequences (cf. Frankenhaeuser, 1976). Indeed, people often seek stress, although we have at best only a rudimentary understanding of this (see Klausner, 1968; Zuckerman, 1979); they take high risks, such as diving from airplanes, pitting themselves against the elements, and engaging in a host of other activities that belie a