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### **Coping Strategies: Theoretical Dimensions and Classifications**

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#### **ABSTRACT**

“Coping is the cognitive and affective responses used by individuals to manage stress”. It helps a person to adapt with environment. Uncontrolled stress may cause serious harm to the individual and the society he/she belongs. Therefore coping with stress is necessary for the well being of the individual and the society. Coping involves behavioral or cognitive strategies or both, a person may adopt to deal with stress. Coping is not a permanent individual trait or disposition. It is a transactional process, modified continuously by experience. Moreover, coping is not a reaction only to stress, but it may be viewed as a preventive strategy, if a probable stressful situation is anticipated.

Coping responses are usually grouped into coping categories or coping styles. A number of self-protective strategies are developed by individuals to cope with stress. Coping can be summarized into two broad categories such as Problem-Focused Coping and Emotion-Focused Coping. Problem-focused coping focuses on changing the environment itself or the way the person interacts with the environment whereas emotion-focused coping focuses on changing the emotional response to the stressor. All coping strategies may not be always effective and productive. The development of an effective and versatile repertoire of coping is essential elements for a healthy, psychological and behavioural growth.

**KEY WORDS:** Stress, Coping Strategies, Problem-focused coping, Emotion-focused coping, Coping styles

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## I. INTRODUCTION

Stress and coping are perhaps the most studied phenomena in psychology, Hobfoll et. al., 1996<sup>1</sup>. The concept of coping was introduced by Lazarus in 1966. According to Lazarus stress consists of three processes namely *Primary appraisal*, *Secondary appraisal* and *Coping*. Primary appraisal is the process of perceiving threat to oneself, Secondary appraisal is the process of formulating potential response to threat and Coping is the process of executing the response, Lazarus and Folkman, 1984<sup>2</sup>.

Though these processes are described sequentially, they may not occur continuously in the same sequential order. The outcome of one process may call up the preceding process. If an adequate response is readily available, a threat may appraise as less threatening. The level of threat or appropriate coping response may be reappraised if the available coping response is less effective. The entire set of processes may then cyclically repeat in a stressful transaction, Carver, Weintraub & Scheirer, 1989<sup>3</sup>.

### ***Coping - Meaning***

Coping helps a person to adapt with the environment. Uncontrolled stress may cause serious harm to the individual and the organization and the society he/she belongs.. Therefore coping with stress is necessary for the well being of the individual and the society. Coping involves behavioral or cognitive strategies or both, a person may adopt to deal with stress. The process of coping has got three components namely:

1. Situational or personal factors
2. Cognitive appraisal of the stressors and
3. Coping strategies

Coping is not a permanent individual trait or disposition. It is a transactional process, modified continuously by experience. Moreover, coping is not only a reaction to stress, but it may be viewed as a preventive strategy, if a probable stressful situation is anticipated.

Ways of coping will vary according to the individuals, such as confrontive strategies, distancing, seeking social support, escape-avoidance, etc. Thus coping can be viewed as the cognitive, behavioural or somatic responses which are intended to

1. Eliminate or reduce stress
2. Alter one's appraisal of the stressor or
3. Managing or reducing the feelings of discomfort, Murphy, 1985<sup>4</sup>.

Defence mechanisms proposed by Sigmund Freud in his psycho analytic theory such as; denial, repression, rationalisation, projection, reaction formation, displacement, regression,

identification, compensation(substitution), and sublimation are some sort of emotion focused coping strategies. Using humour, crying and ignoring problems are other emotion focused coping strategies. Self regulation or self control of the physiological aspect of functioning along with relaxation continuum is one among the main coping skills, Matthews, 1988 <sup>5</sup>. Different people tend to use different coping strategies and the use of a particular strategy may also depend upon on the situation and the emotions aroused by it, Folkman & Moscovitz, 2004 <sup>6</sup>.

Coping is related to both emotion regulation and health. Coping has been conceptualized as an individual's pattern of response to external negative events, Carver et al., 1989 <sup>3</sup>. Weinberger 1990 <sup>7</sup> suggests links between coping and psychological and physical functioning.

Coping responses are usually grouped into coping categories or coping styles. A number of self-protective strategies are developed by individuals to cope with stress. Several achievement related coping strategies like schematic optimists, schematic pessimists, defensive pessimists and aschematics have been listed Cantor et al., 1987 <sup>8</sup>. Defensive-pessimism is one such strategy which refers to setting low expectations, despite good past achievement performance, and experiencing feelings of intense anxiety before the task. Aschematics are those less likely to stick to any one coping style.

### ***Coping - Definitions***

Coping is the cognitive, behavioural (and emotional) efforts to manage particular external and /or internal demands that are appraised as taxing or exceeding the resources of the person.

Lazarus and Folkman, 1984 <sup>2</sup>

Coping is a dynamic process that changes as the individual grows through levels of cognitive development.

Frydenberg & Lewis 1993 <sup>9</sup>

Coping reflects the ability of an individual to effectively regulate his/her own behavior, emotions, and motivational orientation during stress.

Shulman 1993 <sup>10</sup>

Coping is the cognitive and affective responses used by individuals to manage stress.

Folkman & Moskovitz 2004 <sup>6</sup>

Coping is the psychological mediation between the perceived demands of the individual's external world and the perceived needs of the individual's internal world. It includes all strategies, whether cognitive, emotional, or physical, that a person uses to negotiate a balance between the internal psychological state and the external stressors. Coping is a constant process, Neil & Heubeck, 1998 <sup>11</sup>.

## II. THEORETICAL DIMENSIONS OF COPING STRATEGIES

Coping is a process that involves cognitive appraisal of resources. Lazarus' theory proposes two levels of appraisal in coping process namely the primary appraisal and the secondary appraisal. During primary appraisal the individual perceives whether the event or situation is harmful or threatening. Assessment of the available resources is done during the secondary appraisal. As a result of appraisals of one's resources and the situation, the person-environment relationship develops. Thus coping is a dynamic process which depends on both the demands of the environment and the characteristics of the individual Andrews et al., 2004.<sup>12</sup>

Coping strategies can work by

- a) Minimising the stress response itself
- b) Removing or reducing situational demands
- c) Increasing available resources (e.g. obtaining professional help) or
- d) Altering cognitive appraisal of the stressor

Carpenter, 1992<sup>13</sup>

Another categorization of coping is in terms of adaptive outcomes. Frydenberg and Lewis, 1993<sup>11</sup> proposed three categories of coping;

1. *Solving the problem,*
2. *Reference to others for support and*
3. *Non-productive coping.*

*Solving the problem* involves working on a problem with an optimistic attitude, *reference to others* involves soliciting support from others; and *non-productive coping* involves ignoring the problem, worrying and wishful thinking. Thus coping can be generally categorized as productive and non-productive. Functional style of coping involves attempting to manage the problem with or without reference to others while dysfunctional type of coping involves the use of non-productive strategies that have an emotional focus.

The types of coping skills involved in problem solving include:

- seeking out new information that can help lessen the stress
- seeking advice
- allowing social support from friends, family members, and the community; and
- making effort to solve the problem.

Dumont & Provost, 1999<sup>14</sup>

Positive emotions facilitate flexible and creative ways of thinking, problem solving, and coping Pekrun et al., 2002<sup>15</sup>. Based on Tobin's hierarchical model of coping strategies Tobin et al.,

1989<sup>16</sup>; Salovey et al., 2002<sup>17</sup> two global constructs (a) approach or active coping and (b) avoidant or passive coping have been created.

Active coping includes strategies such as

- concentrating,
- planning,
- seeking instrumental and emotional support, and
- processing and expressing one's emotions.

Passive coping includes disengagement strategies including

- denial,
- giving up, and
- using drugs, alcohol, eating, sleep, or movies to feel better or forget the problem.

Active coping refers to active steps to change a stressful situation or to minimise its effects including both emotion and problem-focused strategies; is believed to be more adaptive. Passive coping refers to giving up, avoiding, or inhibiting an active response; is believed to be less adaptive.

### ***Coping Styles***

Coping styles are the product of learning experience according to interactionist theories about coping Heszen-Niejodek, 1997<sup>18</sup>. They represent the strategies typically used by an individual when confronting most stressful situations. They depend on the developmental level, appraisal of the stressful situation, and learned styles of responding to stress due to the success of previous stress management experiences, Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001<sup>19</sup>.

### ***Factors of Coping***

Folkman and Lazarus, 1980<sup>20</sup> developed a self-report questionnaire named the Ways of Coping Checklist (WCC) to measure the coping strategies used by people in specific contexts. It measured situation specific coping by asking 'what they did or thought' in a recent stressful situation. Two theoretical dimensions of coping distinguished were problem focused coping and emotion focused coping. Later in 1988, they used factor analytic method to develop the revised second version of WCC called Ways of Coping Questionnaire (WCQ) with 66 items as the earlier two dimensions "failed to reflect the richness and complexity of human coping processes".

Eight coping factors were identified and measured in the *Ways of Coping Questionnaire* developed by Folkman & Lazarus, 1988<sup>21</sup>. They are:

1. *Confrontive Coping*: Confrontive coping describes aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking.
2. *Distancing*: Distancing is the cognitive efforts to detach one and to minimize the

significance of the situation.

3. *Self-Controlling*: Self-controlling mans efforts to regulate one's feelings and actions.
4. *Seeking Social Support*: Seeking social support is the efforts to seek informational support, tangible support, and emotional support from others.
5. *Accepting Responsibility*: Accepting responsibility acknowledges one's own role in the problem with a concomitant theme of trying to put things right.
6. *Escape-Avoidance*: Escape-Avoidance describes wishful thinking and behavioural efforts to escape or avoid the problem. Items on this scale contrast with those on the distancing scale, which suggest detachment.
7. *Planful Problem Solving*: Planful problem solving describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem.
8. *Positive Reappraisal*: Positive reappraisal describes efforts to create positive meaning by focusing on personal growth. It also has a religious dimension.

### ***Conceptual Areas of Coping***

Eighteen conceptual areas were attributed to coping by Frydenberg & Lewis, 1997<sup>22</sup>. They are:

1. *1. Seek Social Support*: Seek social support is the inclination to share the problem with others and enlist support in its management. e.g. Talk to other people to help sort the problem out.
2. *Focus on Solving the Problem*: A problem-focused strategy that tackles the problem systematically by learning about it and takes into account different points of view or options. e.g. Work at solving the problem to the best of one's ability.
3. *Work Hard and Achieve*: A strategy describing commitment, ambition (achieve well) and industry. e.g. Work hard
4. *Worry*: Indicate a concern about the future in general more specifically a concern with happiness in future. e.g. Worry about what is happening.
5. *Invest in Close Friends*: Engaging a particular intimate relationship.e.g. Spend more time with a friend.
6. *Seek to Belong*: Caring and concern for one's relationship with others in general and more specifically concern with what others think. e.g. Improve one's relationship with others
7. *Wishful Thinking*: Hope and anticipation of a positive outcome. e.g. Hope for the best
8. *Social Action*: Letting others know what is of concern and enlisting support by organising an activity such as meeting, rally etc. e.g. Join people who have the same concern

9. *Tension Reduction*: Attempt to make oneself feel better by releasing tension.e.g. Make oneself feel better by taking alcohol, cigarettes or other drugs.
  10. *Not Cope*: Individual's inability to deal with the problem and the development of psychosomatic symptoms. e.g. There is no way of dealing with the situation.
  11. *Ignore the Problem*: Conscious blocking out of the problem and resignation coupled with an acceptance that there is no way of dealing with it. e.g. Ignore the problem.
  12. *Self- Blame*: Individual sees himself/herself as responsible for the worry.e.g. accept that oneself is responsible for the problem.
  13. *Keep to Self*: Individual's withdrawal from others and wish to keep others from knowing about concerns. e.g. Keep feelings to oneself.
  14. *Seek Spiritual Support*: Prayer and belief in the assistance of a spiritual leader or Lord.e.g. Pray for help and guidance so that everything will be all right.
  15. *Focus on the Positive*: Indicate a positive and cheerful outlook on the current situation.
  16. *Seek Professional Help*: Use of a professional adviser such as a teacher or a counsellor. e.g. Discuss the problem with qualified people.
  17. *Seek Relaxing Diversions*: Relaxation in general is characterised by leisure activities such as reading, painting etc. e.g. listen to music, watch TV.
  18. *Physical Recreation*: Relate to sport and keeping fit. e.g. Keep fit and healthy
- Nineteen categories of coping strategies were given by the same authors later (2000) with some changes to some of the earlier components and by adding two new categories. Investing in close friends (category 5) and seek to belong (category 6) were clubbed together and modified as a new category as *Improve Relationships*. Similarly two new categories were added namely *Protecting Self* and *Humor* making altogether nineteen categories.

*Improve Relationships* is about improving one's relationships with others, engaging in particular intimate relationship e.g. Spend more time with husband/wife/ friend.

*Protect Self* attempts to support one's self concept by constructive self talk and looking after one's appearance. e.g. Work on one's self image.

*Humor* is about being funny as a diversion. e.g. Create a humorous diversion.

These categories can be classified mainly under two heads namely problem focused coping strategies and emotion focused coping strategies. Emotion based coping strategies can be further classified into positive emotion focused coping strategies and negative emotion based coping strategies. Out of these nineteen categories coping strategies belonging to problem focused and emotion focused strategies are listed below.

### ***Problem-Focused coping Strategies***

Problem focused coping strategies are Seek Social Support, Focus on Solving the Problem, Work Hard and Achieve, Social Action, Focus on the Positive, Seek Professional Help and Physical Recreation.

### ***Emotion-Focused Coping Strategies***

Positive Emotion-Focused Coping Strategies are Invest in Close Friends, Seek to Belong and Seek Spiritual Support.

Negative Emotion-Focused Coping Strategies are Worry, Wishful Thinking, Tension Reduction, Not Cope, Ignore the Problem, Self – Blame, Keep to Self and Seek Relaxing Diversions.

## **III. CLASSIFICATION OF COPING STRATEGIES**

Coping strategies are actions that people take to overcome, master, reduce, or tolerate the effects of stressors. Broadly there are two classifications in coping like behavioural strategies and psychological strategies.

Coping strategies can be either *Control Strategies* or *Escape Strategies*. Control strategies use behaviours and cognitions to anticipate and solve problems. Escape strategies use behaviours and cognitions to escape from situations or to avoid the problem. Another type of strategies which are called *Symptom Management Strategies* consist of using methods such as relaxation, meditation or medication to manage the symptoms of occupational stress, Terry, 1994<sup>23</sup>.

### ***1. Problem Focused Coping and Emotion Focused Coping Strategies***

Lazarus and Folkman, 1980<sup>20</sup> proposed two types of coping as *Problem focused coping* and *Emotion focused coping*. Thoits, 1986<sup>24</sup> proposed a third type of coping namely *Perception focused strategy*. Problem-focused coping attempts to control or alter the sources of the stress whereas emotion-focused coping involves attempts to manage the emotional responses of the stress. Though problem-focused coping and emotion-focused coping are conceptually distinguishable, they are not independent but usually occur together, Lazarus, 2000.<sup>25</sup>

Problem focused coping eliminates the stressor or its impact through their direct actions. It is a positive coping strategy. In emotion focused coping people react emotionally to the stressor and try to change what they feel about the stressor and their emotional reactions to the stressor. Both these strategies are used together or separately by people to deal with stress. In perception focused coping, cognitive attempts are made to alter the meaning of the situation so that it is perceived as less threatening.



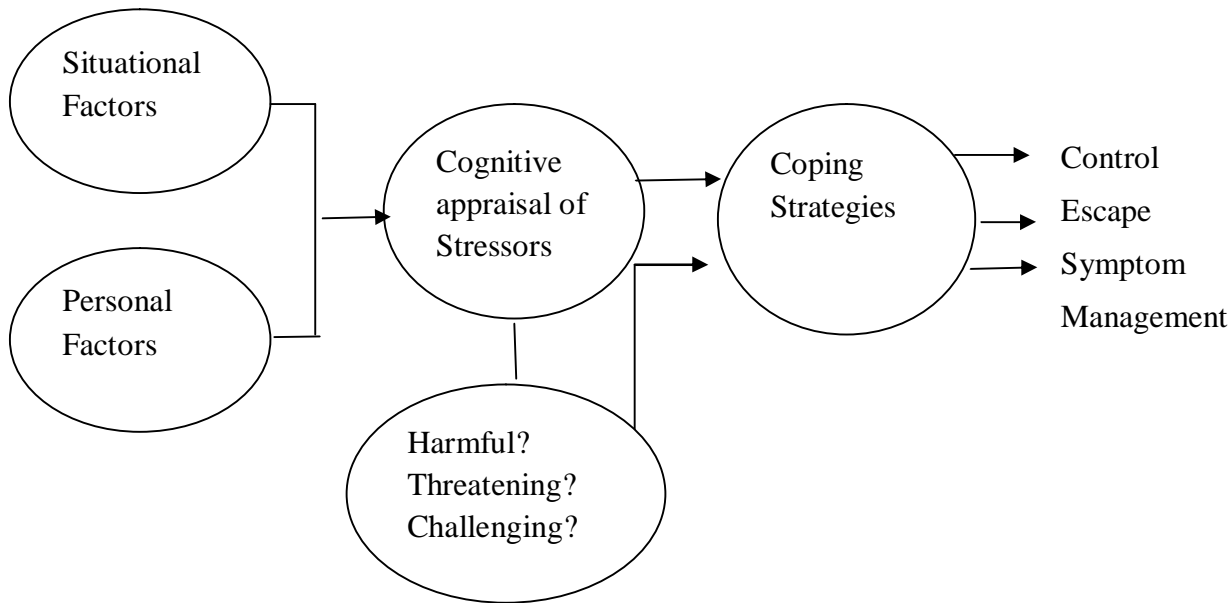


Figure 1. Model of the Coping Process Suggested by Lazarus & Folkman, 1984 <sup>2</sup>

## 2. Cognitive, Emotional, Behavioral and Physical Coping Strategies

### 1. Cognitive Coping Strategies

Cognitive coping strategies view stressors as challenges rather than threats. It does not eliminate threats but help people perceive them as less threatening and make them less disruptive.

### 2. Emotional Coping Strategies

Individuals cope with stress effectively by seeking and obtaining social support. Emotional support, care and a perception of being valued by others can be an effective shield against the ill effects of stressors, Taylor 1995 <sup>26</sup>.

### 3. Behavioural Coping Strategies

Behavioural coping strategies mean changing the behaviours to minimize the impact of stressors. e.g. Time management plan helps one to manage the available time and plan for handling the stressors.

### 4. Physical Coping Strategies

Physical Coping Strategies aim at changing or altering one's physical responses before, during or after the occurrence of the stressors.

## 3. Moving with and Other Coping Strategies

The German Freudian Psychoanalyst, Horney 1950 <sup>27</sup> proposed four types of coping strategies such as

- 1) *Moving with Coping Strategies*: They are strategies which psychologically healthy people employ to develop relationships. There will be communication, agreement, disagreement,

compromise and decisions. The other strategies are supposed to be employed by neurotic people. They are unhealthy strategies people utilise in order to protect themselves.

2) *Moving toward Coping Strategies:*

The individual moves towards those perceived as a threat to avoid getting hurt. The argument is “*if I give in I won't be hurt*” (physically or emotionally).

3) *Moving against Coping Strategies*

The individual threatens to those perceived as a threat to avoid getting hurt.

4) *Moving Away Coping Strategies*

The individual distances himself/herself from anyone perceived as a threat to avoid getting hurt. The argument is “*If I do not let anyone close to me I won't get hurt.*”

#### **4. Task-oriented, Emotion-oriented and Avoidance-oriented Coping Strategies**

Endler & Parker, 1990<sup>28</sup> in CISS (Coping Inventory for Stressful Situations) suggested three types of coping namely

1. Task-oriented coping
2. Emotion-oriented coping
3. Avoidance-oriented coping

Avoidance-oriented coping was further classified in to two, namely *social diversion* and *distraction*.

#### **5. Direct and Indirect Coping Strategies**

Pines and Arosen, 1988<sup>29</sup> divided coping strategies into direct and indirect strategies, and categorised concepts into *action* and *non-action*. That is, direct strategies into *direct/action* and *direct/non-action* and indirect strategies into *indirect/action* and *indirect/non-action*.

The most active strategy beneficial for individual growth is *direct/action*, which emphasises facing stressful situations with courage. However, the most passive strategy, harmful for physical and mental health is *direct/non-action*, like adopting alcohol or drug abuse to flee from reality, which may cause irrecoverable harm.

#### **6. Action-based and Emotion-based Coping Strategies**

Two primary styles of coping with stress are Action-based coping which deals with a problem that is causing stress and Emotion-based coping which reduces the symptoms of stress without addressing the source of stress.

Action based coping is generally seen as superior to emotion-based coping, as it can directly reduce a source of stress. e.g. Planning, suppression of competing activities, confrontation with the problem, self control and restraint.

There are both *positive* and *negative* emotion-based coping strategies. Emotion-based coping strategies can be helpful to reduce the stress to a manageable level, enabling action-based coping, or when the source of stress cannot be addressed directly.

Examples for *Positive Emotion-based Coping Strategies* are discussing the stress with a friend, sleeping, relaxation, reappraisal, wishful thinking, religion and humor. Examples for *Negative Emotion-based Coping Strategies* are denial, repression, distraction, consuming alcohol and smoking.

## 7. Active Coping and Passive Coping

Another classification of the coping behaviour and attitude is:

1. *Active problem coping*: points at instances when individuals face stress, they solve their problems by looking at the centre of the problem and assist themselves or search for assistance, including:

- Solving a problem: includes simplifying the problem, getting to the main point, being calm and optimistic, independent planning and handling of matter.
- Search for assistance: includes search for external resources, such as teachers or friends or collecting related data from various channels.

2. *Active emotional coping*: points at individuals adopting the attitude of emotional adjustment first, when faced with stress, including:

- Emotional adjustment: points at adjustment attitudes such as positive thinking, emotions and self-encouragement.
- Emotional outburst: points at shifting the attention, changing the emotions, and searching for external resources to assist in adjusting the emotions or searching for de-stressing methods.

3. *Passive problem coping*: points at individuals adopting procrastinating and evasive behaviours when facing stress, including:

- Procrastinating problems: temporarily putting aside or passively constraining the problem.
- Evasion of problems: includes alcohol or drug abuse to cause numbness, evade problems, and decrease standards.

4. *Passive emotional coping*: points at a passive situation that appears when an individual faces stress, including:

- Emotionally downcast: points at constraining emotions and self-accusation, blaming God and others or giving up.
- Loss of emotional control: points at getting angry easily or blaming others.

## 8. Reactive Coping and Proactive Coping

Reactive coping is responding to the current or past stressors and Proactive coping is responding to potential stressors i.e. taking action before – not in response to events Aspinwall & Taylor, 1997<sup>30</sup>; Schwarzer & Knoll, 2003<sup>31</sup>.

All these classifications of coping can be summarized into two broad categories such as Problem-Focused Coping and Emotion-Focused Coping. Problem-focused coping focuses on changing the environment itself or the way the person interacts with the environment whereas emotion-focused coping focuses on changing the emotional response to the stressor.

**Table 1 Description of Problem-Focused and Emotion-Focused Coping strategies**

Strategy	Description
<b>Problem-Focused Strategies</b> Active coping  Planning Instrumental social support Suppression of competing activities  Restraint coping	Actively tries to remove or work around stressor, or to ameliorate its effects  Thinks about how to manage the stressor Seeks concrete advice, assistance, information Puts other activities on hold in order to concentrate on and cope with stressor.  Waits to act until the appropriate time
<b>Emotion-Focused Strategies</b> Emotional social support  Venting emotions Positive reinterpretation/growth  Behavioural disengagement  Mental disengagement	Seeks encouragement, moral support, sympathy, and understanding, from others  Focuses on and talks about distressing feelings. Reinterprets the stressor or situation in a positive way or as a challenge Reduces efforts to deal with the stressor (as occurs with learned helplessness).  Turns to other activities to distract attention from the stressor

Problem focused coping brings out positive outcomes when the source of stress is controllable and poor outcomes when it is not, Lester, Smart & Baum, 1994<sup>32</sup>. Hence a wide variety of coping strategies are needed to deal with the stressors successfully.

Women were reported to seek more social support, using emotion focused coping with their mood to greater extent than man, whereas men used more problem focused coping than women Butler & Nolen- Hoeksema, 1994<sup>33</sup>; Ptacek, Smith & Dodge, 1994<sup>34</sup>. However, women did more problem-focused coping with self, parenting, and problems with other people whereas men did more problem focusing with work related and miscellaneous problems, Porter and Stone, 1995<sup>35</sup>. In work place, women showed more sensitivity to problems related to interpersonal relationships than men did, and men had a relatively lack of concern for personality conflicts. The results show that men and women cope with stress in different ways.

Men tend to adopt more problem focused coping strategies whereas women tend to adopt more emotion focused coping strategies and seek social support Ptacek, Smith & Dodge, 1994<sup>40</sup>. But

Porter and Stone, 1995<sup>41</sup> reported very little difference among men and women in the stress experienced or coping strategies adopted.

## **CONCLUSIONS**

All coping strategies may not be always effective and productive. Non productive strategies may have no effect at all or even may make the distressful experience worse. The development of an effective and versatile repertoire of coping responses is one of the fundamental elements of healthy, psychological and behavioural growth, Neil & Heubeck, 1998<sup>14</sup>. No coping strategy is always good or bad, what appears to be important is the match between the demands of the situation and the coping strategy utilized Lazarus and Folkman, 1984<sup>2</sup>.

Maladaptive coping can have negative consequences. Women who repress emotional disturbances have more chances of having breast cancer than those who express their feelings, seek help and acknowledge the stress related event. Maladaptive and negative coping strategies can increase the risk of developing psychological problems in youths experiencing distress Cummings et al., 1989<sup>46</sup>. They are less productive and more prone to the development of distress. On the other hand positive coping strategies enhance healthy development and prove realistic ways to handle conflict situation in an adaptive way Recklitis & Noam, 1999<sup>47</sup>.

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