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Coping assessment

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Introduction

When adversity strikes, when mental and physical functioning and health are at risk, humans ‘fight back’. Humans come with and develop a set of adaptive processes that gives them the potential to fend off disaster, to reshape challenges and to transform stressful experiences into psychological growth. Coping describes some of these adaptive processes (Coelho *et al.*, 1974; White, 1974). Researchers agree that how people cope makes a material difference to the impact which stressful life events (including illnesses and chronic medical conditions) will have on them, both concurrently and long-term. However, the nature of these coping processes and how to assess them remain issues of hot contention.

Overview of the field

In early work, coping and defending were conceptualized as indicators of ego maturity; hence, coping was assessed by clinicians using extensive interviews (e.g. Haan, 1974; Valiant, 1986). As it became uncoupled from ego psychology, coping was seen as a manifestation of personality traits; hence, dispositional coping styles were assessed by questionnaires that tapped one or two dimensions of coping, such as sensitization versus repression. (For historical overviews, see Lazarus, 1993; Lazarus & Folkman, 1984; Murphy, 1974; Parker & Endler, 1996; Skinner, 2003; Snyder, 1999.)

Starting in the late 1970s, transactional, contextual and process-oriented views of coping appeared, which dominate the field today (Lazarus & Folkman, 1984; Moos & Billings, 1982;

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Pearlin & Schooler, 1978). From this perspective, coping depicts the ways an individual deals with a specific stressor in a particular context, as the transaction unfolds over time. How people cope is shaped, not only by personal factors, but also by the stressors they are facing, the social resources available, and especially by their appraisals of the meaning of the stressful encounter (see 'Stress and health').

However, stressors (such as illnesses) are not single discrete traumatic events. Instead they represent a series of new, ongoing, and cumulative demands (e.g. the disease's symptoms, course, treatment, side effects and prognosis, as well as social, emotional and physical consequences and reactions). Hence, when constructing patterns of coping, individuals are not only seeking effective actions, they must also defend high priority goals, manage emotions, and maintain relationships. A repertoire of ways of coping is needed to deal with these sometimes contradictory demands. For example, in coping with a medical condition, it is important to acquire information in order to create an effective treatment plan. However, facing the facts can also be overwhelming. Strategies, such as minimization or focusing on the positive, are needed to keep distress within manageable levels (see 'Coping with chronic illness' and 'Coping with stressful medical procedures').

Moreover, coping is a dynamic process, consisting of episodes or bouts of dealing with these multiple different facets of stressors. Within a coping episode, ways of coping can change or cycle, depending on how the transaction unfolds. If a coping strategy proves to be ineffective, it may be replaced by an alternative strategy, or induce a fall into helplessness. Across episodes, coping itself evolves as new stressors are encountered, as appraisals are recalibrated and as resources are added or depleted. Coping depicts an active effortful struggle to continually (re)balance opposing demands, to recover from setbacks, and to prepare for future challenges.

Overview of assessment

At present, it would be warranted to describe the state of assessment in the field of coping as chaotic and confusing. An enormous number of coping assessments, perhaps hundreds, are in use. Assessments have been created for adults, children, adolescents and the elderly. They measure ways of coping with stress in general, with stressful events in specific domains (such as work or health), with specific traumatic events (e.g. crime victimization or loss of a loved one), or they require participants to identify a single recent stressful event and describe how they actually coped with it. In a recent review, we identified over 100 assessments, tapping over 400 ways of coping (Skinner *et al.*, 2003). Researchers attempting to select an assessment of coping can justifiably feel bewildered, not only by the sheer number of measures available, but also by the wide range of strategies assessed and the heterogeneity of items used to assess them. Critiques of coping assessments abound (e.g. Beehr & McGrath, 1996; Cohen, 1987; Coyne & Gottlieb, 1996; Schwarzer & Schwarzer, 1996; Sommerfield, 1996; Stone *et al.*, 1992).

However, confusion in assessment is not based solely on operational issues. The solution is not as simple as comparing psychometrics and selecting the best questionnaire, checklist, interview,

or observational system. Confusion, to some extent, reflects a growing recognition of the complexity of the phenomena itself. The challenge to researchers is to capture coping in a way that does justice to its conceptual richness. Coping is not a simple construct. It does not reflect a single set of self-perceptions or a uni-dimensional group of behaviours. Coping is a complex higher-order organizational construct that reflects the functioning of a multi-level interactional system unfolding over time. That is why coping is so critical to human adaptation. That is also why it is so difficult to assess (see also 'Stress assessment').

Researchers creating (or selecting) a measurement scheme must grapple with three inter-related facets of coping: (1) coping encompasses a profile of changing ways of dealing with demands, current and future; (2) although coping describes an individual's actions, it emerges from a system and is diagnostic of the entire coping system, of which the individual is just a part; and (3) coping is a multi-level process that takes place across several time scales. Each of these facets is explained briefly and its implications for assessment considered. The presumption is that researchers and practitioners who understand the complex underlying nature of coping will be better prepared to capture and study it meaningfully in empirical investigations and to recognize and respond to it meaningfully in their clients and patients.

Coping as a profile

In order to be adaptive, a coping response must be suited to the demands it was created to deal with as well as the circumstances and resources available at the time. As a result, the number of potential coping responses is virtually unlimited. Researchers have dealt with this issue by grouping coping responses into 'ways' of coping; among the most common are problem-solving, avoidance, seeking social support, distraction, direct action, aggression, self-blame, escape, social withdrawal, religion, positive cognitive restructuring, emotional expression, information-seeking, acceptance, wishful thinking, rumination and worry, denial, and focus on the positive.

Each of these ways of coping has a set of questionnaire items, a checklist entry and/or a set of coding criteria for open-ended interviews or observations. For example, problem-solving might be tapped by items like 'I made a plan of action and followed it', cognitive restructuring by items like 'I think about the good things I am learning from the situation', rumination by items like 'I can't stop thinking about how I am feeling', social withdrawal would include 'I avoided being with people' and catastrophizing would include 'I feel like I can't stand it any more'.

In terms of specific ways of coping, the best assessments in the field today have been constructed using confirmatory factor analysis. Researchers identify a set of items (usually five or six in number) tapping each target way of coping, and then examine the extent to which each set is unidimensional and can be distinguished from each other set. Using this strategy, researchers have created unidimensional, reliable (internally consistent), and distinct indicators of a wide variety of ways of coping. These represent state-of-the-art assessments.

However, no encounter with stress can be dealt with by a single way of coping. Also, although there is consensus on the best

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strategies for measuring single ways of coping, there is no agreement about how many (and which) strategies should be included in comprehensive assessments of coping. In our review of systems for classifying ways of coping, we note that, of the 100 schemes identified, no two included the same set of ways of coping: some included as few as 2 or 3, others tapped 20 to 30 (Skinner *et al.*, 2003). The problem is widespread disagreement over what constitute core or central ways of coping.

Several distinctions have been suggested as higher-order categories to encompass multiple ways of coping (for a complete list see Rudolph *et al.*, 1995 or Skinner *et al.*, 2003). The most common are 'approach versus avoidance' and 'problem- versus emotion-focused' coping. Despite the contributions both of these distinctions have made to the field, neither is useful as a higher-order category of coping (Skinner *et al.*, 2003). Approach and avoidance are not good higher-order categories because both include potentially adaptive and maladaptive ways of coping. Emotion-focused and problem-focused coping are not good higher-order categories because all ways of coping have implications for both problem-solving and emotional reactions (Lazarus & Folkman, 1984).

Families of coping

In recent years, researchers have turned to the notion of higher-order families of ways of coping to organize the hundreds of ways of coping identified in previous research (Skinner *et al.*, 2003). A family includes a variety of ways of coping that all serve the same functions in dealing with stress. For example, if problem-solving is considered part of a family, it could include other ways of coping that serve the same functions, such as strategizing, planning, repair, direct attempts, instrumental action and decision-making.

We have identified a dozen core families of coping based on action types (see Table 1; Skinner *et al.*, 2003). Although there is not complete consensus that these are the core categories of coping, several are not particularly controversial, such as problem-solving, seeking support, and escape avoidance. Some represent the dominant ways of coping in specific domains, for example, information-seeking in the health domain, and negotiation in dealing with interpersonal stressors. Some reflect reactions to stress that have been studied extensively outside the field of coping, such as helplessness (Seligman, 1975) and dependency (M.M. Baltes, 1997).

Several reflect cutting edge ideas in the field of coping. For example, ways of coping have been identified that serve to direct attention away from the distressing features of a situation and toward more positive thoughts and activities. Referred to as accommodation (Brandtstädter & Renner, 1990) or secondary control coping, this family includes positive thinking, cognitive restructuring, focus on the positive, and distraction. It is structurally distinct from escape (Ayers *et al.*, 1996) and, unlike denial, does not interfere with effective action.

Another family includes ways of coping that focus attention toward the negative features of a stressful situation. The best understood way of coping in this family is rumination (Nolen-Hoeksema, 1998), a risk factor for depression. Sometimes referred to as submission, surrender, or involuntary engagement, this family also includes

ways of coping such as perseveration and intrusive thoughts. Unlike constructive expression of emotions, however, these ways of coping exacerbate distress and interfere with problem-solving.

Families of coping as adaptive processes

In order to understand their functions in adapting to stress, these twelve families can be organized as three sets of four tightly connected pairs and their opposites, as depicted in Table 1. In one set, problem solving is closely connected with information-seeking and these are considered to be opposites of helplessness and escape. These four families help people coordinate their actions with the contingencies in the environment in order to produce desired or prevent undesired outcomes. Problem solving identifies effective actions and information seeking locates new contingencies.

A second set of four families is organised around support seeking, which is considered to be tightly connected to self-reliance, and the opposites of delegation and social isolation. These four families help people coordinate their reliance on others with the social resources that are available in order to stay connected to others. Support seeking allows the individual to access social resources whereas self-reliance preserves resources for later use and protects others from the burdens of stress.

The third set of four families is organized around negotiation, which is closely connected to accommodation, and the opposites of surrender and opposition. These families help people coordinate their preferences with available options in order to reach high priority goals. Accommodation allows an individual to adjust to the options that are currently available and negotiation may lead to the creation of more options.

Comprehensive coping profiles

The idea of twelve families of coping linked to higher-order adaptive processes provides a framework for assessment. It implies that any measure of coping, no matter the domain, developmental level, or time frame, should consider including ways of coping from each family. Although, as mentioned previously, some families may be more commonly studied in conjunction with particular stressors, this framework allows researchers to consider the use of less common strategies, such as information seeking for interpersonal problems (e.g. 'I asked my friend why she got so mad at me') or the use of negotiation with medical conditions (e.g. 'I decided that even if I couldn't walk, I could still get around in a wheelchair').

The specific ways of coping selected from each family will depend on their appropriateness for the target event and age group. For example, young children accommodate to unchangeable negative events using behavioural distraction whereas older children can use cognitive strategies, such as focus on the positive. Moreover, an indicator of 'stressfulness' can be drawn from the idea of the twelve families. An event would be more stressful to the extent that it eliminates an entire family of coping from use. So, for example, certain medical conditions are more stressful because little is known about their cause or treatment (eliminating information-seeking).

Most importantly, this framework makes clear the tenability of the notion of coping profiles, meaning that coping cannot be described by a single dimension, no matter how important, but instead should

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Table 1. Families of coping organized according to their adaptive processes

Family of Coping	Family function in adaptive process	Adaptive process	Also implicated
Problem-solving Strategizing Instrumental action Planning	Adjust actions to be effective		Watch and learn Mastery Efficacy
Information-seeking Reading Observation Asking others	Find additional contingencies	Coordinate actions and contingencies	Curiosity Interest
Helplessness Confusion Cognitive interference Cognitive exhaustion	Find limits of actions in the environment		Guilt Helplessness
Escape Cognitive avoidance Behavioural avoidance Denial Wishful thinking	Escape non-contingent environment		Drop and roll Flight Fear
Self-reliance Emotion regulation Behaviour regulation Emotional expression Emotion approach	Protect available social resources		Tend and befriend Pride
Support Seeking Contact seeking Comfort seeking Instrumental aid Spiritual support	Use available social resources	Coordinate reliance and social resources available	Proximity-seeking Yearning Other alliance
Delegation Maladaptive help-seeking Complaining Whining Self-pity	Find limits of resources		Self-pity Shame
Isolation Social withdrawal Concealment Avoiding others	Withdraw from unsupportive context		Duck and cover Freeze Sadness
Accommodation Distraction Cognitive restructuring* Minimization Acceptance	Flexibly adjust preferences to options		Pick and choose secondary control
Negotiation Bargaining Persuasion Priority-setting	Find new options	Coordinate preferences and available options	Compromise
Submission Rumination Rigid perseverance Intrusive thoughts	Give up preferences		Disgust Rigid perseverance
Opposition Other-blame Projection Aggression	Remove constraints		Stand and fight Anger Defiance

be characterized by a range of ways of coping, which can best be organized according to these twelve families. The use of these twelve families allows researchers to select meaningfully from among the hundreds of ways of coping which they encompass, but also to consider how the families work together with each other (as synergistically positive or as antagonistic opposites) and how they function in service of higher-order adaptive processes.

Coping as a system

Researchers are slowly coming to grips with the notion that coping reflects the functioning of an entire system. The simplest implication of this view is that it is not possible to understand coping by looking only at coping itself. Coping actions emerge from a coping system, the elements of which have been pretty well identified. They include the coping individual as well as the stressor, the person's appraisals, the personal and social resources and liabilities in the situation, and the history of outcomes of previous coping efforts.

Because ways of coping emerge from (and are diagnostic of) this entire system, there has been controversy about how to interpret their meaning. When coping was considered a manifestation of ego processes or of personality, maladaptive coping indicated an immature person or a neurotic personality. As coping came to be seen as situation-specific, no ways of coping could be considered 'maladaptive': they were all suited to their particular demands and contexts.

However, considering coping as a system reveals a third alternative. On the one hand, some ways of coping are maladaptive, as recognized by any parent, teacher, spouse, or friend. These are ways of coping, such as helplessness, rumination, or exploding, which are detrimental in the long run, or developmentally maladaptive, because they weaken the coping system, robbing it of social and personal resources and consolidating liabilities, such as low self-efficacy or exhausted friends. On the other hand, these are not 'wrong' ways of coping or individual flaws; instead they are the result of a coping system that is overwhelmed. This can happen when personal vulnerabilities are high, when social resources are low, or when the stressor is simply too great.

If formal or informal interventions are to be effective in improving coping, then information about the entire coping system must be assessed (Skinner & Edge, 1998). Parents or doctors who see individuals falling into helplessness or stuck in cycles of rumination, can recognize the problem, but without understanding the rest of the system (including the range of stressors, other demands, the individual's appraisals, and his or her social and personal resources and liabilities), it is not possible to make changes to the system that will allow the person to cope more adaptively. Simply telling someone to 'pull themselves together' or to 'stop stewing about it' can place additional burdens (e.g. self-regulatory demands or self-blame) on an already overtaxed system.

Coping as a multi-level process

Coping takes place on many levels and over many time scales (Beehr & McGrath, 1996). When dealing with complex long-term demands

(such as a chronic illness or a child who is emotionally disturbed), people may eventually develop a network of coping that incorporates all these levels. At the highest level, they may work out an overall structure for handling the demands, a kind of proactive coping (Aspinwall & Taylor, 1997), such as a plan of diet, medication, exercise, and relaxation for a chronic illness, or a plan of individualized education, homework, and sleep schedules for an emotionally disturbed child. At the next level, they may develop and practice routines for dealing with reoccurring stressors (e.g. flare-ups or outbursts), allowing them to be handled with minimum effort and attention (Coyne & Gottlieb, 1996).

They may accrue a buffer of time, credit, or social support to aid them in dealing with crises (Taylor *et al.*, 2000). They may also discover ways of coping that help them recover from failures and setbacks (Heckhausen & Schulz, 1995). Finally, they can work toward a pattern of daily coping that allows them to monitor global conditions, but to focus awareness away from the negative features of the situation and onto its genuine positive aspects (Folkman & Moskowitz, 2000).

To capture these holistic multilevel processes of coping, cutting edge research has turned (back) to the use of detailed open-ended interviews (e.g. Folkman, 1997; Murphy & Moriarty, 1976). As stated by Moos, more than 30 years ago:

Full understanding can only come with detailed intensive study, either through interviews or through naturalistic observations of the actual day-to-day processes by which adaptation occurs. (Moos, 1974, p. 335)

Moreover, reflecting the idea that coping is a changing profile of responses to multiple varying stressors over time, new methods for assessment have been developed in which participants report their coping every day, or even multiple times a day, using a daily diary format (e.g. Stone & Neale, 1984; Tennen *et al.*, 2000). These methods, if they are expanded to tap the entire coping system, promise assessments that can capture the dynamics of coping.

When intervening into a coping system, practitioners should consider all these levels. For example, early in the course of treatment, it might be necessary to gather information about the condition (e.g. using daily diaries) in order to determine the factors that trigger a flare-up, even though focusing on the condition may increase distress. After structures have been set up, coping strategies can be promoted that direct attention away from the condition and toward positive experiences. It should be noted that the time frame for creating such an adaptive network of coping might be months or even years.

Conclusion

From their entry into the field of psychology, conceptualizations of coping as an adaptive process have held the promise of contributing to our understanding of how people are able to deal with adversity and why they sometimes succumb to its pressures. As assessments become more organized around families of coping which are connected to adaptive processes and begin to reflect coping as a profile of responses that emerge from an entire system of coping that itself unfolds on multiple levels and time scales, research on coping may better fulfil that promise.

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