Discourse

Coping Research: The Road Ahead

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Research and theory on the topic of coping are undergoing a period of ferment, revision, and elaboration. A number of trenchant critiques of the coping literature have appeared in the past few years, ranging from papers that document the shortcomings of coping checklists to articles that decry the irrelevance of the largely descriptive work on coping to the design of interventions for specific populations (Coyne, 1997; Coyne & Gottlieb, 1996; Lazarus, 2000; Somerfield & McCrae, 2000; Stone, Greenberg, Kennedy-Moore, & Newman, 1991; Tennen, Affleck, Armeli, & Carney, 2000). Collectively, these critiques not only call attention to the many gaps in our knowledge of the nature and effects of coping, but also communicate the disconcerting news that we may not know nearly as much as we thought we knew because of significant methodological and conceptual weaknesses that beset past research. For example, in a simple but elegant way, Stone et al. (1991) have shown that the "extent of use" response categories which appear on the Revised Ways of Coping Checklist (Lazarus & Folkman, 1984) do not make sense for many of the coping items, and that many of the coping items themselves do not make sense when they are applied to a stressor that could not possibly elicit those ways of coping. On the latter score, how could someone endorse the item "Tried to get the person responsible to change his or her mind" when the stressor does not even remotely involve other people? Hence, if there are serious problems with the metric that has been used to quantify people's employment of different ways of coping, and if there are fundamental differences among stressors in the range of applicable coping options, then there is good reason to question the meaning and validity of much of the corpus of our knowledge.

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If the next 20 years yield knowledge that is more sound and useful than the knowledge generated in the past 20 years, it will be due to refinements in the very definition of coping, the conduct of more penetrating, hypothesis-driven studies of coping, the integration of knowledge about how people cope with knowledge about the individual differences they bring to the coping process, and the socialization of coping in different social systems at different points in the life course. In what follows I elaborate on each of these forecasted themes.

The Definition of Coping

At least two separate definitional issues need further attention. The first and probably most daunting task is that of distinguishing coping from the rest of human behaviour and cognition. To date, the most widely cited and accepted definition of coping places emphasis on its effortful nature, thereby distinguishing it from automatized behaviours and thoughts. According to Lazarus and Folkman (1984), effortful coping occurs early in the stress process and in response to stressful novelty, but is later superseded by less effortful and less deliberate responses that reflect the learning that has occurred through experience. The crucial element that separates coping from more reflexive or over-learned behaviour is whether or not the behaviour in question occurs in response to demands that tax or exceed the individual's resources.

In reality, however, behaviours that have been assigned to conceptually distinct compartments more often defy than conform to their assignment. Paradoxically, this is especially true in contexts characterized by chronic exposure to hardship, just the sort of contexts in which one might expect to see the more automatized behaviours that result from experiential learning. This is because chronically stressful contexts are rarely unchanging and lacking in novelty. Take, for example, the stress of family care of persons with Alzheimer's disease; there is much evidence that caregivers' stressful demands fluctuate considerably as a function of the vicissitudes of the memory and behavioural problems that plague the sufferer, the caregivers' relationships with the care recipient and other family members, the pressures associated with the use and orchestration of health and social services, and any number of stressful demands issuing from other spheres of the caregivers' lives (Pearlin, Mullan, Semple, & Skaff, 1990). There is little question that even long-term caregivers would admit that the work they do taxes their physical and psychological resources and therefore, by definition, must be considered to be coping. However, contrary to the definition of coping, the caregivers' responses are not necessarily effortful or inten-

tional; when they tell themselves that their relative is not to blame for his/her behaviour, when they compare themselves to peers who have already lost their spouses, and when they engage in wishful thinking about the future course of the disease, they are not necessarily conscious of doing so nor effortfully engaged.

Most likely there are numerous patterns of adjustment to adversity, some marked by entirely effortful responses, some by entirely automatized responses, and some by a combination or cyclical pattern of these two types of responses. Feedback emanating from internal emotional or physiological cues, self-assessment of goal attainment, and the reactions of members of the social network are likely to determine how long different response patterns persist. The challenge is not to formulate a bullet-proof definition of coping, but to discern how people strategically expend and conserve their resources to achieve personally valued ends. To meet this challenge, both idiographic and nomothetic approaches are desirable, the former yielding knowledge about individual differences in the use and impact of coping behaviours, and the latter yielding knowledge about the extent to which there are normative stress appraisals and patterns of coping.

A second definitional issue that requires closer scrutiny is much more specific and concerns one primary axis that is often invoked to describe two contrasting coping orientations, namely approach versus avoidance coping. Numerous studies have found that the employment of such coping behaviours as denial, escape, withdrawal, and distancing is *negatively* correlated with a range of indicators of positive mental health and adjustment. On this basis, researchers have concluded that coping by behaviourally or cognitively avoiding the stressor is maladaptive.

The problem with this conclusion is that it is predicated on an analytic approach that relates discrete or isolated ways of coping to the outcomes of interest instead of examining how a combination of sequentially employed ways of coping relate to those outcomes. Take the examples of physical withdrawal or distraction from a stressor; their widely documented inverse relationship with mental health could be interpreted to mean that, as distress increases, people need a breather from the campaign in which they are engaged; they need periods of disengagement from the stressful demands in order to recover, return to baseline levels of arousal, and regain the energy needed to resume the campaign. Based on several studies of social withdrawal as a coping strategy, Repetti (1992) observes that functionally it may allow individuals to actively analyze the stressful experience and their feelings about

it, and to privately formulate a new plan of attack. The point is that withdrawal is only one in a series of coping responses, and it is the series or chain of responses that should be adopted as the unit of analysis, not the isolated use of withdrawal.

More generally, misunderstanding of the adaptive value of temporary disengagement from more active coping efforts stems in part from an analytic convention that involves relating separate coping efforts to the outcomes of interest. To use a cinematic metaphor, it is as though the value and enjoyment of a film is judged on the basis of the events and dialogue occurring in each scene rather than on the basis of the unfolding flow of images, the weave of the story line, and the character development. Moreover, the tendency to define such forms of disengagement as primitive and retreatist, and even to label them with the undesirable connotation of "avoidance," confuses matters further. In short, what is missing in the analysis of coping is precisely its sequential character. Adjustment depends far less on isolated ways of coping than on the cumulative impact of a succession of cognitive and behavioural responses aimed at regaining or establishing a new equilibrium. By examining sequences of coping behaviours, we stand a better chance of learning how mental health and adjustment are related to the relative emphasis and timing of ways of coping that involve intense and energetic engagement and ways of coping that involve disengagement or withdrawal. This analytic approach is also more faithful to a process-oriented investigation of coping; it means abandoning the snapshots obtained from cross-sectional studies in favour of the moving picture yielded by short-term prospective studies. Empirically, it entails shifting to an analytic strategy of relating sequential clusters of coping behaviours to the outcomes of interest while refraining from judging the adaptive value of any single avoidant or approach behaviour.

Focusing the Research:
Testing Hypotheses and Investigating Particular Types of Coping

To date, the vast majority of empirical studies of coping have been atheoretical, descriptive, and exploratory. The typical study design asks respondents to identify a current or recent stressor, usually quite global in nature, and then to complete a comprehensive coping checklist and one or more measures of mental health, role functioning, or mood. On either an a priori conceptual basis or by means of an empirical technique, the coping data are then organized into a set of dimensions, such as problem-solving, support-seeking, and avoidance, and dimensional scores are correlated with the outcomes. Studies that are submitted and

accepted for publication seem to have one additional element in common: they report one or more significant correlations between the coping dimensions and the outcomes of interest. The discussion section of the paper typically offers post-hoc interpretations of these significant findings, relating them to characteristics of the stressor (e.g., controllable versus uncontrollable), characteristics of the sample (e.g., personality; education), or the stage of stressor exposure (e.g., anticipation; recovery).

These exploratory studies do little to advance our knowledge. Aside from their reliance on analyses that examine coping behaviours individually rather than sequentially, they leave us with a miscellany of disparate findings that are virtually impossible to reconcile with one another even when the studies being compared are conducted among people facing the same stressful situations (Gottlieb & Wolfe, in press). Moreover, in the absence of any theoretical model against which the findings can be evaluated, there can be little progress in our understanding of the psychological and behavioural mechanisms that distinguish adaptive from maladaptive coping in different contexts and among different samples.

A more productive route begins with one or more directional hypotheses about particular forms of coping that are likely to be more and less adaptive as a result of the psychological, social, behavioural, or emotional functions they perform in relation to the stressful encounter. These hypotheses can be derived from an analysis of the particular demands imposed by specific stressors that have particular characteristics during pre-defined temporal periods. More complex hypotheses would include potential interactions between certain personal characteristics of the sample and the focal coping behaviours. For example, an investigator could hypothesize that more extroverted people will engage in more support-seeking and social comparisons or that more conscientious people will engage in less cognitive avoidance of the stressor.

A recent study that exemplifies a clearly focused, hypothesis-driven investigation of coping was conducted with facially disfigured burn victims and limited its attention to two forms of emotion-focused coping, namely emotional venting and mental disengagement (Fauerbach et al., 2002). Drawing on Wegner's (1994) theory of ironic processes of mental control, the authors hypothesized that burn victims who dealt with aversive appearance-related thoughts by cycling back and forth between these two forms of coping would experience greater body-image dissatisfaction than burn victims who relied exclusively on

one of these ways of coping or those who used neither form of coping. Wegner's theory suggests that people who engage in both forms of coping are more ambivalent about their motives and goals than those who are motivated either to suppress their feelings about their disfigurement through mental disengagement or to process those feelings through venting. Their ambivalence leads them to this cyclical pattern of emotion-focused coping, which prevents them from either completely processing or suppressing the aversive thoughts, thus perpetuating their distress.

The virtues of this study are that it informs and is informed by a motivational theory of adjustment, restricts its attention to the adaptive value of two specific forms of coping — probing the effects of their joint use versus the exclusive use of each — and examines these ways of coping in relation to a specific stressor and a specific coping period. The study's hypotheses can now be extended to other stressful domains that are likely to prompt these two forms of emotion-focused coping so that broader generalizations can be made about how they operate separately and together. The ultimate goal of studies that are structured to verify (or reject) rather than to discover patterns of relationships among specific forms of coping, specific stressors, and specific outcomes is to gradually accumulate a theoretically founded evidentiary basis for practice aimed at promoting human adaptation in the face of adversity.

A second way in which coping research could become more enlightening is by intensively examining particular modes of coping rather than sampling the entire universe of coping behaviours. When I stated earlier that we know less than we believe we know, I was referring in part to the fact that we have not delved very deeply into each of the various modes of coping in order to understand its varied forms of expression, its functions, and the personal and situational factors that condition its use. Perhaps this is due to the fact that the measurement of coping has preceded its understanding. Once batteries and checklists of coping appear, along with the standard validation work they require, researchers seem to assume that the phenomenon of interest has been fully specified. As studies using the instrument begin to appear in scholarly outlets, a cascading effect occurs, generating even greater consensus about the infallibility and utility of the measurement device. Moreover, since scholarly journals accept only papers that report significant findings, the findings themselves further buttress the instrument's credibility, leading to an exponential increase in the instrument's dissemination.

To date, only a select few modes of coping have been subjected to intensive scrutiny, but the yield has been impressive. Social comparison processes have been quite thoroughly investigated by Buunk and by Taylor (e.g., Buunk, Collins, Taylor, Van Yperen, & Dakof, 1990; Taylor, Buunk, & Aspinwall, 1990; Taylor & Lobell, 1989), coping by drawing positive meaning and benefits from adversity has been carefully researched by Affleck and Tennen (Affleck & Tennen, 1996; Affleck, Tennen, Croog, & Levine, 1987), and the delivery as well as the miscarriage of social support have been addressed by numerous investigators (e.g., Coyne & Smith, 1994; Coyne, Wortman, & Lehman, 1988; Gottlieb, 2000). However, these represent a small fraction of the many modes of coping whose forms and functions are only dimly understood.

For example, despite its high prevalence as a way of coping, the stress-relevant functions of spirituality are only now beginning to be investigated (Koenig, George, & Peterson, 1998), and its relations with other constructs such as social support, locus of control, and causal attributions are being probed. Spirituality can be the basis for a more hopeful outlook, or it can represent a way of bargaining with a higher power, or achieving a state of tranquillity through surrendering control. People who find new faith when adversity strikes may reap benefits different from those accruing to people who intensify longstanding reliance on their spiritual beliefs. Moreover, the functions of religious and spiritual experience may differ in accordance with the demands and threats that arise at different stages of the stress process. Perhaps spirituality plays an important role in sustaining morale and life quality when there are few options for exercising primary control, and performs these functions by promoting other forms of coping such as acceptance and optimism. Reliance on spirituality may also have beneficial or adverse social repercussions, either attracting the support of like-minded peers or repelling would-be supporters who view this way of coping as capitulation to the stressor and therefore believe their aid would be poorly invested. By conducting careful, programmatic studies of spirituality, coping checklist items that tap this mode of coping will come to be seen as windows that open onto a landscape containing diverse expressions and effects of spirituality. Surely, the canvas on which we portray coping must be more faithful to the richness, variety, and complexity of human adaptive strivings.

Situational, State, and Trait Influences on Coping

To date, much evidence has accumulated in support of Lazarus and Folkman's (1984) view that coping is best understood in light of the spe-

cific situational demands individuals confront at any given point in time, and in relation to their cognitive appraisals and reappraisals of these exigencies and their own resources for handling them. However, this evidence does not mean that coping is entirely determined by the interaction between objective situational factors and the cognitive appraisals that are made. In fact, in a carefully documented theoretical paper, Caspi and Moffitt (1993) have shown that personality dictates the dominant response in situations marked by a high degree of novelty, uncertainty, and ambiguity — conditions that define contextual threat. Moreover, even in less stressful contexts, stable individual differences have been found to be relatively strong predictors of adaptive outcomes, both independently and through their interaction with particular modes of coping. For example, in Affleck and Tennen's (1996) exploration of the dispositional bases for the use of benefit-finding as a way of coping, they discovered that the personality factor of extroversion was strongly associated with benefit-finding, particularly with the tendency to report that relationships improved as a result of the adversity encountered. They also found that dispositional hope was associated with benefit-finding and argue that it is also likely that people characterized by cognitive complexity engage in more of this coping strategy due to their superior ability to pursue alternative goals.

Another example of the growing recognition that coping is shaped in part by more stable dispositional variables comes from Miller's (1987) work on the distinction between a monitoring and a blunting attentional style. When exposed to a stressful event, such as an invasive medical diagnostic or treatment procedure, monitors tend to selectively seek information about threatening aspects of the event and focus on negative potential outcomes, thus magnifying the threat both cognitively and emotionally. Blunters tend to avoid threatening information and they psychologically dull threat-arousing cues. These two styles can promote contrasting coping patterns; because the monitors tend to worry more and experience more negative intrusive thoughts, they tend to engage in more avoidant coping behaviours such as denial and withdrawal. In contrast, the blunters simply tend to keep threatening information out of consciousness, and therefore engage in more distraction as a way of coping.

Since it is highly unlikely that coping responses are newly devised in each stressful encounter, it stands to reason that there are certain central tendencies that stem from people's stable perceptual styles, personality characteristics, and other dispositional assets and liabilities. These trait-like properties may narrow the range of coping responses people employ, or they may shape the appraisals and reappraisals that

people make, or they may exercise both functions (Major, Richards, Cooper, Cozzarelli, & Zubek, 1998). To illustrate, self-esteem and perceived support, both relatively stable cognitions about the self and social environment respectively, may condition a less stressful primary appraisal of the stressor while also steering coping towards the use of more active problem-solving efforts and help-seeking behaviours (Holohan & Moos, 1987). In short, appraisals and coping behaviours are likely to mediate the relationship between stable dispositional variables and the outcomes of interest.

What is presently unknown, however, is the extent of correspondence among these variables, a question that is most fruitfully addressed by formulating hypotheses based on available theory. To use a relatively simple example, attachment theory predicts that people who are securely attached would differ from those insecurely attached (both ambivalent and avoidant types) by virtue of their propensity to trust and depend on others. Accordingly, securely attached people would tend to make less threatening primary appraisals of the stressor due to their sense of security about the reliability of the support they could gain, as gauged by measures of perceived support. In their coping, securely attached people would also tend to disclose their feelings and needs to others more and welcome the nurturing and guidance of others (Mikulincer, Florian, & Weller, 1993). Having benefited from the support they gained from their earliest caregiver, these securely attached people would tend to value and reinforce (through expressions of appreciation and reciprocation) the support received from their current close associates. The effect would be to prolong the receipt of support, a distinct advantage in chronically stressful contexts. This is only one example of a more general line of investigation that begins with a set of theoretical propositions about the pathways from personality and other psychological dispositions to the appraisals and coping responses that mediate the outcomes of the stress process.

The Socialization of Coping Over the Life Course

Although personality and other relatively stable individual differences play an important part in shaping the kinds of coping that people employ, the manner in which people deal with stressful events is also influenced by key members of their social networks. There are two main aspects of the social environment's influence on coping, one being the direct influence exerted by people who are in a position to constrain, sanction, or commend and shore up the individual's coping efforts as they unfold, and the other being the indirect influence that

arises from exposure to associates' coping behaviours and norms relevant to coping. Relatively little is known about both of these aspects of coping's socialization.

Direct social influences on coping go far beyond support-seeking and include social behaviours and messages that communicate disapproval or approval, solidarity or disengagement, and protectiveness or indifference. To take an extreme example, if observers see someone coping in a manner that they believe is injurious to the individual's physical health, they are likely to communicate this and perhaps even advise a safer way of coping. The same applies in a more subtle way to observations of others coping in ways that are deemed to be psychologically damaging; if an associate is perceived to be coping by denying the existence of a problem or by denying the emotional distress it has occasioned, then the observers are likely to either attempt to make the individual "face up to reality" or to withdraw as a way of registering their disapproval and dealing with their own discomfort. When two individuals are confronted with a common stressor, there are likely to be reciprocal attempts to influence one another's coping behaviours. For example, in a study of parents dealing with their child's serious chronic illness, Gottlieb and Wagner (1991) recorded numerous ways in which the partners pressured one another to cope in particular ways, their principal goal being to privilege and safeguard their own ways of handling the threat they faced. Ultimately, the parents found themselves battling over the question of who employed the superior coping efforts, with the husbands championing the superiority of stoicism and the wives being forced to adopt that way of coping in order to appease their husbands and keep them involved. Whether dyadic coping takes a collaborative, complementary, or adversarial trajectory, the degree of synchrony between the parties has a substantial impact on their emotional lives and the strength of their relationship.

The indirect influences of the social network on the process and outcomes of coping are also dimly understood. A handful of studies have examined the ways in which parents socialize their children's coping, mainly concentrating on the parents' coaching strategies. But children may learn as much or more about coping by observing how their parents resolve conflicts and deal with stressful life events (Kliewer, Sandler, & Wolchik, 1994). If a child is repeatedly exposed to one parent who typically vents his emotions and blames others when stymied by stressful events, and if the child sees the other parent responding sympathetically to these coping behaviours, then the child is likely to conclude that this is an acceptable and even effective way of emotion regulation, and is more likely to emulate it in similar stressful

contexts. To an extent that is yet unknown, the intergenerational transfer of maladaptive coping, including the transmission of interpersonal violence, is based on children's observations and interpretations of parental coping patterns, as well as their perceived costs and benefits. Moreover, when parents themselves suffer from impairments in their coping skills, due to substance abuse or mental illness, the children are likely to be at increased risk of learning maladaptive styles of problem-solving and emotion regulation (Chassin, Barrera, & Montgomery, 1997; Hammen, 1997).

The socialization of coping does not, however, occur exclusively within the confines of the family, in the context of the home, or during childhood. As children come into contact with peers in the classroom, on the playing fields, and in their neighbourhoods, they are exposed to a variety of models of coping. Imitative learning may be hastened by the motive to gain peer acceptance and approval, and if this is the case for children it is likely to hold for adults who enter new social systems and are eager to learn the rules of conduct and the definitions of misconduct. The process of adjusting to a new work setting requires learning about the norms that govern interactions among co-workers, between subordinates and supervisors, and between employees and their customers, clients, or patients. The socialization process also entails learning about how problems at work are addressed. Is it acceptable to disclose problems originating at home to one's manager and workmates? Can job-related difficulties be handled by calling on the resources of co-workers, or does the organization place a premium on autonomous problem-solving? Does the organization's unwritten performance evaluation grid reserve its greatest rewards for those who have the cognitive flexibility to minimize and positively reframe setbacks, or does it award its trophies to the tough realists who force recognition of the bumps and potholes in the road? Anyone who has worked in different organizations, or even in different units of the same organization, will acknowledge that there are vast differences in the norms and social climates for coping. Indeed, people take decisive action to change their jobs when they realize that they can no longer function effectively in a setting that either constrains or prohibits them from drawing on the personal and social resources they value. Employees also gravitate towards organizations that offer them a broader range of resources and greater flexibility for managing personal and job demands. Witness the evidence showing that people are willing to forego higher financial compensation and promotions in favour of greater flexibility in their schedules and access to a range of family-friendly services and benefits (Gottlieb, Kelloway, & Barham, 1998).

Conclusion

The topic of coping covers a vast landscape, but to date it has been investigated like a tourist who has time only for a helicopter excursion and therefore never gets a close-up look at the fauna and flora. Coping researchers have barely penetrated the diverse ways in which people come to terms with the alarms, transitions, and setbacks of life. This is partly owing to the fact that coping has been ill-defined, its measurement has preceded its understanding, and the contingencies affecting the forms it takes are poorly comprehended. In the future, depth should take priority over breadth, and a more dynamic process orientation should replace fruitless study of the relations between isolated bits of coping and the outcomes of interest. Instead of searching for evidence that certain strands of coping have adaptive value, we need to ask how clusters and sequences of coping foster progress towards the goals people strive to attain. To address this question, measurement will need to probe behaviours and cognitions far more deeply than can be revealed by the blunt checklist tools that have been employed to date. Measurement should also be capable of discerning how differences in the duration and intensity of coping sequences are related to the outcomes of interest, and at what cost. Although some progress has recently been made in developing more valid and ecologically sound records of daily coping and mood (e.g., Stone et al., 1998), analyses of the resulting data have not yet shifted from a single-stranded to a clustered, sequential focus.

Finally, this paper has been silent about matters related to coping interventions. This is not because there is a paucity of research on that topic but because there is such a vast distance between the descriptive literature and the information needs of clinical and community practitioners. Coping researchers rarely ask practitioners what they have learned from their observations of clients and patients, much less what practitioners need to know in order to serve their clients better. Even more disconcerting, coping researchers are rarely involved in dissecting the process through which clinical and community interventions designed by practitioners achieve their intended effects or fail to do so. This is highly regrettable, because programs that aim to improve people's problem-solving skills, augment or specialize the social support they receive, or modify their cognitions about themselves or their stressful situation offer golden opportunities for learning about the mechanisms and contingencies that govern changes in the coping process. Working alliances between those seeking to research coping

and those seeking to optimize its expression and utility are likely to be mutually instructive.

References

Affleck, G., & Tennen, H. (1996). Construing benefits from adversity: Adaptational significance and dispositional underpinnings. *Journal of Personality, 64,* 899–922.

Affleck, G., Tennen, H., Croog, S., & Levine, S. (1987). Causal attribution, perceived benefits, and morbidity following a heart attack: An eight-year study. *Journal of Consulting and Clinical Psychology, 55,* 29–35.

Buunk, B. P., Collins, R. L., Taylor, S. E., Van Yperen, N., & Dakof, G. (1990). The affective consequences of social comparison: Either direction has its ups and downs. *Journal of Personality and Social Psychology, 59,* 1238–1249.

Caspi, A., & Moffitt, T. E. (1993). When do individual differences matter? A paradoxical theory of personality coherence. *Psychological Inquiry, 4,* 247–271.

Chassin, L., Barrera, M., & Montgomery, H. (1997). In S. A. Wolchik & I. A. Sandler (Eds.), *Handbook of children's coping* (pp. 101–130). New York: Plenum.

Coyne, J. C. (1997). Improving coping research: Raze the slum before any more building! *Journal of Health Psychology, 2,* 153–155.

Coyne, J. C., & Gottlieb, B. H. (1996). The mismeasure of coping by checklist. *Journal of Personality, 64,* 959–991.

Coyne, J. C., & Smith, D. (1994). Couples coping with myocardial infarction: Contextual perspective on patient self-efficacy. *Journal of Family Psychology, 8,* 43–54.

Coyne, J. C., Wortman, C. B., & Lehman, D. R. (1988). The other side of support: Emotional overinvolvement and miscarried helping. In B. H. Gottlieb (Ed.), *Marshaling social support: Formats, processes, and effects* (pp. 305–330). Newbury Park, CA: Sage.

Fauerbach, J. A., Heinberg, L. J., Lawrence, J. W., Bryant, A. G., Richter, L., & Spence, R. J. (2002). Coping with body image changes following a disfiguring burn injury. *Health Psychology, 21,* 115–121.

Gottlieb, B. H. (2000). Selecting and planning support interventions. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention* (pp. 195–220). New York: Oxford University Press.

Gottlieb, B. H., Kelloway, E. K., & Barham, E. (1998). *Flexible work arrangements: Managing the work-family boundary.* Chichester: John Wiley.

Gottlieb, B. H., & Wagner, F. (1991). Stress and support processes in close relationships. In J. Eckenrode (Ed.), *The social context of coping* (pp. 165–188). New York: Plenum.

Gottlieb, B. H., & Wolfe, J. (in press). Coping with family caregiving to persons with dementia: A critical review. *Aging and Mental Health.*

Hammen, C. (1997). Children of depressed parents: The stress context. In S. A. Wolchik & I. A. Sandler (Eds.), *Handbook of children's coping* (pp. 131–158). New York: Plenum.

Holohan, C. J., & Moos, R. H. (1987). Personal and contextual determinants of coping strategies. *Journal of Personality and Social Psychology, 52,* 946–955.

Kliewer, W., Sandler, I., & Wolchik, S. (1994). Family socialization of threat appraisal and coping: Coaching, modeling, and family context. In F. Nestmann & K. Hurrelmann (Eds.), *Social networks and social support in childhood and adolescence* (pp. 271–292). Berlin: de Gruyter.

Koenig, H. G., George, L. K., & Peterson, B. L. (1998). Religiosity and remission from depression in medically ill older patients. *American Journal of Psychiatry, 155,* 536–542.

Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist, 55,* 665–673.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal and coping. New York: Springer.

Major, B., Richards, C., Cooper, M. L., Cozzarelli, C., & Zubek, J. (1998). Personal resilience, cognitive appraisals, and coping: An integrative model of adjustment to abortion. *Journal of Personality and Social Psychology, 74,* 735–752.

Mikulincer, M., Florian, V., & Weller, A. (1993). Attachment styles, coping strategies, and posttraumatic psychological distress: The impact of the Gulf War in Israel. *Journal of Personality and Social Psychology, 64,* 817–826.

Miller, S. M. (1987). Monitoring and blunting: Validation of a questionnaire to assess styles of information seeking under threat. *Journal of Personality and Social Psychology, 52,* 345–353.

Pearlin, L. I., Mullan, J. T., Semple, S. J., & Skaff, M. M. (1990). Caregiving and the stress process: An overview of concepts and their measures. *Gerontologist, 30,* 583–594.

Repetti, R. (1992). Social withdrawal as a short-term coping response to daily stressors. In H. S. Friedman (Ed.), *Hostility, coping and health* (pp. 151–166). Washington: American Psychological Association.

Somerfield, M. R., & McCrae, R. R. (2000). Stress and coping research: Methodological challenges, theoretical advances, and clinical applications. *American Psychologist, 55,* 620–625.

Stone, A. A., Greenberg, M. A., Kennedy-Moore, E., & Newman, M. G. (1991). Self-report, situation-specific coping questionnaires: What are they measuring? *Journal of Personality and Social Psychology, 61,* 648–658.

Stone, A. A., Schwartz, J. E., Neale, J. M., Shiffman, S., Marco, C. A., Hickox, M., Paty, J., Porter, L. S., & Cruise, L. J. (1998). A comparison of coping assessed by ecological momentary assessment and retrospective recall. *Journal of Personality and Social Psychology, 74,* 1670–1680.

Taylor, S. E., Buunk, B., & Aspinwall, L. G. (1990). Social comparison, stress, and coping. *Personality and Social Psychology Bulletin, 16,* 74–89.

Taylor, S. E., & Lobell, M. (1989). Social comparison activity under threat: Downward evaluation and upward contacts. *Psychological Review, 96,* 569–575.

Tennen, H., Affleck, G., Armeli, S., & Carney, M. A. (2000). A daily process approach to coping: Linking theory, research, and practice. *American Psychologist, 55,* 626–636.

Wegner, D. M. (1994). Ironic processes of mental control. *Psychological Review, 101,* 34–52.