ISSUES IN COPING RESEARCH

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Study of the patterning of human behaviour in interaction with the environment has been identified as a major theme for nursing research (Donaldson & Crowley, 1978). The processes of coping with the stresses of everyday living form an important part of this patterning yet to date little research has been conducted in this area. The need for careful study of the nature and substance of people's coping repertoires in everyday life situations and the relative effectiveness of different ways of coping has been repeatedly cited (Folkman & Lazarus, 1980; Kanner, Coyne, Schaefer, & Lazarus, 1981; Mechanic, 1974; Pearlin & Schooler, 1978). Such investigations are needed to provide information about effective strategies for avoiding or reducing stress in order to assist people to attain or maintain high levels of wellness. Although coping with illness is also an important area of nursing study it will not be addressed in this paper.

During the planning of an investigation of the coping strategies used by mothers of preschool children in stressful events in their daily lives, many difficult research issues related to the study of coping efficacy became apparent. This paper will consider three research issues in relation specifically to studying effectiveness of coping strategies used in everyday life situations. Firstly, in order to study effectiveness of coping, we must be able to obtain an accurate picture of how people actually do cope with stressful events or situations in their daily lives. Four methods of data-collection will be described and weaknesses of each noted. Secondly, in order to determine effectiveness of coping, researchers and theorists must be able to delineate clearly the functions of coping. We cannot determine whether strategies are effective or not unless we are able to state the goals or purposes of coping efforts. Finally, once we have a clear idea of the functions of coping and valid data regarding coping strategies usually used, researchers must decide on ways to measure the efficacy of strategies used in fulfilling the stated functions. Each of these issues will be addressed in turn.

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COLLECTING DATA ABOUT COPING STRATEGIES USED

At least four different methods of collecting data about coping behaviours of healthy individuals with the stressful events of everyday life have been utilized by researchers in recent years. Each method has some drawbacks. One method is direct observation by the researcher of the subject while he is coping with "normal" events. Murphy and her colleagues (Murphy & Moriarty, 1976) conducted an 18-year longitudinal study of children's coping behaviours in actual stressful situations. Such a method yields very rich data but is expensive and time consuming and thus is infrequently used. The presence of an observer may also alter the situation and responses.

A second method of data collection is obtaining subject responses to vignettes of stressful situations or episodes. In 1969, Sidle, Moos, Adams and Cady developed an easily scorable scale with which to assess general coping strategies of everyday life. The questionnaire included three problem situations for each of which the subject was to rate ten listed coping strategies on a seven-point scale in terms of how likely he would use it in that situation. Subjects were also asked for open-ended, free responses regarding the coping strategies they would use in each situation. The investigators concluded that a pencil and paper measure is capable of eliciting information about even less socially approved ways of coping.

Other investigators have also used the vignette method in studying the coping strategies used by intensive care nurses (Jacobson, 1983; Oskins, 1979) and mothers of toddlers (Rourke, 1982). The drawback to this method is that even with careful validation of the appropriateness of the vignettes, the episodes may not represent situations realistic for or considered stressful by the respondents.

The third method for collecting data about coping behaviour is to ask respondents how they *usually* cope with *general* sources of stress in their lives. Investigators have used this method to carry out a major study of the ordinary stresses people encounter in everyday life and the ways they cope with these stresses (Pearlin & Schooler, 1978); to compare the coping methods used by psychiatric patients and persons with no history of psychiatric illness (Bell, 1977); to compare the coping behaviours of emergency room patients and newly diagnosed hypertensive patients (Jaloweic & Powers, 1981); and to investigate the coping behaviours reported by college students as used in response to stresses of undergraduate student life (Tanck & Robbins, 1979; Ziemer, 1982). The studies by Bell, Jaloweic and Powers, and Tanck and Robbins all used a list of coping responses or strategies on which

the respondent rated himself on a scale of one to five (never to always) as to his likelihood of using each strategy when feeling stress or tension. The weakness inherent in asking respondents how they usually cope with general sources of stress in their daily lives is that there may be a poor relationship between what people say they usually do and what they actually do in specific instances (Folkman & Lazarus, 1980).

Only one study was found which used a fourth method of study, asking respondents to identify specific stressful events which occurred recently in their own daily lives and to report on coping strategies used in relation to those specific events. Folkman and Lazarus (1980) analyzed the ways 100 community-residing men and women aged 45 to 64 coped with specific stressful events of daily living during a one-year period. Information about recently experienced stressful encounters was elicited through monthly interviews. At the end of each interview, the participants indicated on a 68-item checklist those coping thoughts and actions used in each specific stressful encounter.

This method has the very great advantage of using real events regarding which the respondent can state what he actually did or thought. Selective distortion of self-report has been found to be substantially reduced when people are asked what they did in a specific instance rather than how they generally perform (Nelson & Craighead, 1977).

The method could be used with either a cross-sectional or longitudinal research design. The longitudinal design enables the researcher to study the same individuals across situations and over time, thus identifying patterns of coping strategies used. Three disadvantages of this method have been identified. Sometimes respondents have difficulty isolating one specific stressful event or encounter from a build-up of a myriad or small irritants. Secondly, the practice of presenting subjects with a prepared checklist of coping strategies may provide "cues" which influence responses (Ziemer, 1982). Thirdly, in the longitudinal design, the repeated measures of stressful events and coping efforts create a problem of dependency in the data which may lead to inflation of relationships (Folkman & Lazarus, 1980). In spite of these difficulties, it is believed that this fourth method has the greatest advantages in obtaining accurate data about stressful events experienced and coping strategies actually used by the respondents.

FUNCTIONS OF COPING

Which coping strategies are effective? In order to answer this question one must of course ask, effective for what? In turning to con-

sider the functions of coping one finds great disagreement among theorists and researchers.

Lazarus and Launier (1978) write that coping strategies serve two main functions: alteration of the stressful person-environment relationship (often referred to as problem-focused coping) and control of the emotional reaction arising from that relationship (often referred to as emotion-focused coping). These two functions are sometimes also referred to as instrumental and palliative functions, respectively. Lazarus considers both these functions as important in coping (Lazarus & Launier, 1978). As well as lessening the person's distress, the emotion-focused strategies may improve the individual's ability to subsequently handle the problem or stressor itself in a constructive way.

Pearlin and associates (1978, 1981) delineate three major types of coping that are distinguished from one another by the nature of their functions. These are: 1) responses that change the situation out of which strainful experience arises; 2) responses that control the meaning of the stressful experience after it occurs but before the emergence of stress; and 3) responses that function more for the control of emotional distress itself after it has emerged. Pearlin and Schooler (1978) refer to coping efforts serving the second function as by far the most common type of individual coping and give as examples: making positive comparisons with the experience of others; selective ignoring; and hierarchical ordering of areas of one's life by which one downplays difficult areas. Thus, by cognitively neutralizing the threats that we experience in life situations, it is possible to avoid stresses that might otherwise result.

Others disagree with Lazarus and Pearlin on the importance of the palliative function of coping. They differentiate between coping and defending. According to Weisman & Worden (1976-77) coping involves the individual's taking active measures to resolve the problem confronting him. If the problem is resolved, then the individual will have coped effectively with it. In contrast, the function of defending is the relief of the individual's distress through avoidance or denial of the problem, not its resolution (Weisman & Worden, 1976-77). In White's (1974) view defence mechanisms are strategies of adaptation and work effectively in the short range by making anxiety bearable, but he argues that in the long run they are not adaptive as they prevent the individual from learning about the situation and achieving some mastery over it.

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In rebuttal, Roskies and Lazarus (1980) point out that there has been a tendency to downgrade intrapsychic and palliative modes of coping because of their traditional association with pathology and self-deception. Yet they emphasize that as the cognitive behaviour therapists have so vividly demonstrated in the past few years, changing how a person thinks and feels in a situation can be extremely effective in helping to cope with the situation. With such divergence of opinion on the functions of coping, evaluation of effectiveness of coping behaviours must be based on the particular viewpoint of the functions of coping that one assumes.

MEASUREMENT OF COPING EFFICACY

The study of coping in everyday life situations would not be complete without measurement of the efficacy of the coping efforts. Information is needed about effective coping strategies in order to intervene with clients in prevention, treatment or education regarding coping with stress. As previously discussed, measurement of coping effectiveness must be guided by the designated functions of coping but other difficult questions arise as well. Roskies and Lazarus (1980) believe that neither clinicians nor researchers have seriously addressed themselves to the issue of evaluation of coping efforts.

One important question relates to the time chosen for judging efficacy of coping efforts. Menaghan (1982) points out that conclusions about effectiveness may depend entirely on the time frame used for evaluation. Strategies that are effective in the short-term may not be effective for well-being if they are continued for a period of years.

Another important question to be addressed is the unit of evaluation: individual coping strategies or patterns of strategies used in sequence. Pearlin and Schooler (1978) argue that perhaps effective coping depends not only on what we do, but also on how much we do. "The single coping response, regardless of its efficacy, may be less effective than bringing to bear a range of responses to life strains" (p. 13). Monat and Lazarus (1977) also agree that combinations of strategies may be important.

A third question related to measuring the effectiveness of coping is: who should make the judgment? Some investigators have asked respondents what coping strategies worked best for them (Berman & Turk, 1981; McCubbin, Dahl, Lester, Benson, & Robertson, 1976). Other researchers (Menaghan, 1982) are critical of reliance on respondents' claims that a strategy or approach was helpful to them in

some way, preferring more objective measures of effectiveness. Surely if each person is viewed as a unique individual who is striving toward an increasingly higher level of well-being and self-actualization, coping efforts should be subjectively defined and evaluation necessarily at least partly subjective.

The major question related to evaluation of coping efficacy however relates to the criteria which should be used. Some investigators use theoretical criteria to identify appropriate, adequate or mature coping efforts. For example, Haan (1977) conceptualizes coping in terms of ego processes, ranking ego processes as fragmentation, defence or coping according to their adherence to an objective reality. Antonovsky (1979) proposes the criteria of flexibility, farsightedness and rationality for evaluating the overall maturity of coping styles. Bell (1977) categorized coping strategies used as short-term or long-term implying the superior value of the long-term strategies. Coping methods were divided into long and short-term methods based on the investigator's view of the "reality-oriented, constructive effect each would have in dealing with stress for a long duration of time" (p. 319). Thus value judgments have been tied to the evaluation of coping efforts. These theoretical notions need to be empirically tested to determine actual effectiveness.

Other theorists and researchers have stressed the importance of outcome measures of coping effectiveness. Hamburg and Adams (1967) highlight the following four far-reaching standards in judging effectiveness of coping efforts: 1) how well the personal distress is relieved; 2) how well the sense of personal worth is maintained; 3) whether the coping strategy allows for rewarding continuity of interpersonal relationships; and 4) how well the requirements of the stressful tasks are met.

Pearlin and Schooler (1978) agree that the effectiveness of coping behaviour should be judged on outcome criteria. They state that effectiveness cannot be judged solely on how well the coping strategies purge problems and hardships from our lives, but also how well the coping efforts prevent these hardships from resulting in emotional distress. In their research (Pearlin & Schooler, 1978) they have used a single criterion for weighing coping efficacy: "simply the extent to which a coping response attenuates the relationship between the life strains (stressors) people experience and the emotional stress they feel" (p. 8).

Lazarus and associates (Roskies & Lazarus, 1980) state that coping behaviour can be evaluated along two dimensions: a) the effectiveness

with which a task is accomplished and (b) the cost of this effectiveness to the individual. The cost to the individual is further separated into two components: a) the physiological cost of harmful disturbance in body homeostasis and b) the psychic cost of violation of value integrity. Thus coping behaviour may be said to be effective when a task is accomplished according to standards tolerable to the individual and the group in which he lives.

Lazarus (1981) believes then that coping effectiveness can only be judged by the outcome in morale, social functioning and somatic health. He and his colleagues have concern though about the prematurity of attempts to assess outcomes of coping until there is a workable approach to the measurement of coping and at least a "preliminary understanding of the consistency of the coping process across stressors and some of the determinants of coping" (Folkman & Lazarus, 1980, p. 220). Lazarus points out that answers regarding effectiveness may vary with the kind of person and the context of the situation, and depend on the respondent's personal values. "Optimal functioning might mean that all three categories of adaptational outcome, namely, social functioning, morale and somatic health, be in harmony in the ideal case. The trouble is that some coping strategies may work well for one value, say, morale, but poorly in generating effective instrumental actions" (Lazarus, 1981, p. 210). For example, yelling at a child or spanking a child who 'misbehaves' may relieve the mother's tension but may not help the mother and child to devise comfortable ways of co-existing in the home or to promote the child's optimal development.

It may be impossible to make a global judgment of effectiveness. If coping has more than one function, it may be impossible to consider all functions simultaneously, but it may be necessary to make several measurements of aspects of effectiveness: perhaps measuring reduction in individual's subjective distress when faced with problems plus reduction of the problem or stressor itself. The latter would have to be measured over time. In addition it may be important to focus on the effectiveness of coping patterns or constellations of coping strategies used as well as individual coping strategies. Finally, it may be important to include outcome measurement of the individual's morale, social functioning and somatic health.

CONCLUSION

Both the study and teaching of coping are necessarily based on ability to distinguish effective from ineffective coping. This paper has raised some of the issues that need to be addressed regarding the

measurement, functions and evaluation of coping responses to the events of everyday life. It is only through the discussion of and research into such issues that a body of knowledge will be developed which can be used to facilitate people's coping with stressful events of life in order to achieve a high level of wellness and self-actualization. Once the effectiveness of particular coping behaviours is established, we can then move on to identify how these behaviours can be promoted in individuals who encounter stress.

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RÉSUMÉ

Recherches sur les façons de composer

On a établi la nécessité d'étudier soigneusement les façons dont les individus composent avec les problèmes de santé dans les situations quotidiennes de la vie ainsi que l'efficacité de ces différentes façons. Cet article aborde trois grandes questions de recherche ayant trait à ce type d'étude: les méthodes de cueillette de données pour se faire une idée précise de la façon dont les individus composent avec les situations; la délimitation des fonctions des modes d'adaptation; et la mesure de l'efficacité des stratégies utilisées.