



Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults

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Coping Literature Review

Coping is defined as the process of managing external and/or internal demands that tax or exceed the resources of the person. It is a complex and multidimensional process that is sensitive to both the environment and the personality of the individual.

Types of coping:¹

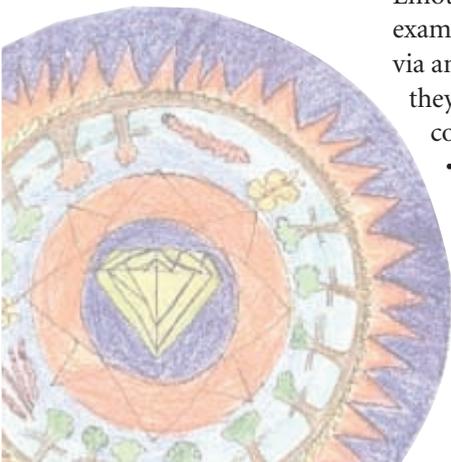
- **Positive appraisal** is the reframing a situation to see it in a positive light. Positive reappraisal has been significantly and independently associated with increases in positive affect.
- **Problem-focused or approach coping** happens when efforts are directed at solving or managing the problem that is causing distress. It includes strategies for gathering information, making decisions, planning, and resolving conflicts. This type of coping effort is usually directed at acquiring resources to help deal with the underlying problem and includes instrumental, situation-specific, and task-oriented actions.
- **Emotion-focused or avoidant coping** is coping that is directed at managing or reducing emotional distress, which includes cognitive strategies such as looking on the bright side, or behavioral strategies such as seeking emotional support, having a drink, or using drugs.
- **Meaning-focused coping** involves searching for meaning in adversity and drawing on values, beliefs, and goals to modify the meaning given to and personal response to a stressful situation.

Research on coping converges on the following points:²

- Coping has multiple functions, including but not limited to, the regulation of distress and the management of problems causing the distress.
- Coping is influenced by the appraised characteristics of the stressful context, including its controllability.
- Coping is influenced by personality dispositions including optimism, neuroticism, and extraversion.
- Coping is influenced by social resources.

Research has also shown that:

- Emotion and problem-focused coping approaches can either facilitate or impede each other. For example, they may facilitate each other in that a person may need to learn to control his/her anger via an emotion-focused approach before he/she can take a problem-focused approach. One way they may impede each other is that reducing the significance of an event via emotion-focused coping could inhibit future problem-focused activity.
 - In adolescents, the problem-focused coping mode has been shown to be more functional (seeking information or advice, accepting social support, making efforts to solve the problem), whereas the emotion-focused or avoidant coping method is dysfunctional and can lead to withdrawal, fatalistic attitudes, and avoidance of the problem.



- Coping with stress is a shifting process and a person may find that it works best to rely more heavily on one form of coping in one situation and another in a different situation. (See *example one*.)
- During any stressful period of time, focusing on positive emotions may provide a psychological break or respite, support continued coping efforts, and replenish resources that have been depleted by stress. Positive emotions may help to build social, intellectual and psychical resources that can become depleted under chronically stressful conditions. They may also buffer against adverse physiological consequences of stress. (See *example two*.)
- Most adolescents show a flexible and dynamic approach to coping with stress, changing their coping style to fit the situation.
- In general, those who consistently use a **problem-focused** or **approach** coping style reported fewer symptoms of depression while those who used a more avoidant or emotion-focused style reported more symptoms.

EXAMPLE ONE: Consider the case of a college student who faces multiple final examinations. She knows she must get top grades in order to have a chance at acceptance to graduate school and is very stressed out by the situation. She could organize a study group or get right to work on studying systematically (problem-focused coping). Or she could decide that she needs to relax and give herself a short break in which to decompress (emotion-focused coping) before she can come up with a study plan (problem-focused coping). For one person, the break may be necessary to avoid getting overwhelmed, and for another or in another situation that may not be the case.

EXAMPLE TWO: Positive reappraisal (reframing a situation to see it in a positive light) has been shown to increase positive affect. In a study of care-giving and bereavement, caregivers commented on how their efforts showed their love for and preserved the dignity of their sick loved one. This view helped the care-givers to see the stressful and painful experience of caring for a sick loved one as worthwhile and important.

- Young people who are **less** adept at generating and using problem-focused coping experienced more adjustment problems.
- **Sense of control** directly reduces psychological disturbance and buffers the effects of stress exposure on physical and mental health.

IN ORDER TO INCREASE PERSONAL SENSE OF CONTROL one could try something like using a planner to map out daily events and appointments, or implementing organizational tools to minimize surprise or chaos. Feeling like you have control over smaller aspects of life could lead to a greater sense of overall control.

¹ Folkman, S. & Moskowitz, J.T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology*, 55, 745-774.

² Folkman, S. & Moskowitz, J.T. (2000). Positive affect and the other side of coping. *American Psychologist*, 647-654.

³ Folkman, S. & Moskowitz, J.T. (2000). Positive affect and the other side of coping. *American Psychologist*, 647-654

⁴ Seiffge-Krenke, I. (1995). *Stress, Coping, and Relationships in Adolescence*. Erlbaum, Hillsdale, New Jersey.

⁵ Folkman, S. & Moskowitz, J.T. (2000). Positive affect and the other side of coping. *American Psychologist*, 647-654

⁶ Folkman, S. & Moskowitz, J.T. (2000). Positive affect and the other side of coping. *American Psychologist*, 647-654

⁷ Moskowitz, J.T., Folkman, S., Collette, L., Vittinghoff, E. (1996). Coping and mood during AIDS-related caregiving and bereavement. *Ann. Behav. Med.*, 18(1), 49-57.

⁸ Herman-Stahl, M.A., Stemmiar, M. & Petersen, A.C. (1995). Approach and avoidant coping: Implications for adolescent mental health. *Journal of Youth and Adolescence*, 24(6), 649.

⁹ Herman-Stahl, M.A., Stemmiar, M. & Petersen, A.C. (1995). Approach and avoidant coping: Implications for adolescent mental health. *Journal of Youth and Adolescence*, 24(6), 649.

¹⁰ Compas, B.E., Malcarne, V.L, & Fondacaro, K.M. (1988). Coping with stressful events in older children and young adolescents. *Journal of Consulting and Clinical Psychology*, 56 (3), 405-411.

¹¹ Thoits, P.A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, 35, 53-79.