Coping with Stress and Negative Emotions

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Abstract

The twentieth century has been called the age of anxiety and stress. There is alarming increase m health problems related to tension and anxiety. Some 75 per cent of diseases are said to be stress related. For e.g., hypertension, heart disease, gastric ulcers, migraine, ulcerative colitis etc. Stress related mental diseases are seen regularly. People are spending lots of money to get tranquilizers prescription to relieve tension. Lots of relaxation centers have come up to give respite to the stressed. Younger generation is experiencing more stress as they are constantly in competition with others, but others are also not spared as the stress factor changes, but stress persists. Today job related stress is commonest of all, as it involves high expectations, result oriented jobs, constant monitoring, rewards and punishment linked with performance. This research paper deals with the concept of coping as well as various coping styles.

Keywords: coping, cognitive, distress, emotion, situations and strategies

1. Introduction

Coping in simple terms can be described as ways in which an individual tries to deal with stress experienced by him/ her. And in this context, the individual may be able to deal effectively with stress if he/ she adopts effective coping skills and he/ she may not be able to deal effectively with stress if the coping skills adopted by him/ her are ineffective. Coping refers to "the individual's response to a psychological stressor which is often related to a negative event" (Roncaglia, 2014, pg. 137).

Coping can also be described as deliberate efforts that are directed towards decreasing the negative effects, that could be psychological, physical or even social, of the stressful situation.

Coping has been defined by Lazarus and Folkman in 1980 as efforts, both cognitive and behavioural, that are directed towards overcoming, decreasing or enduring the internal and external demands. Thus, there is an effort to deal with the demands that are created on the resources of an individual as a result of stress. Coping in this context could be instrumental or palliative.

Instrumental coping is denoted by results of cognitive appraisal or conflicts related to emotions. Palliative coping, on the other hand, is denoted by regulation of emotions as a result of cognitive reappraisal of the stressful event or situation. Thus, either the problem is altered or the emotional regulation is carried out during the coping process (Ghosh, 2015).

Matheny et al. (1986) defined coping as

conscious or unconscious, healthy or unhealthy effort that is directed towards either prevention or elimination of stressor or to weaken it or be able to endure its effects in a manner that is least harmful.

Haan (1993) explained coping as an effort directed towards using the resources to overcome the difficulties as the obstacles are encountered.

As described by Bartram and Gardner (2008, pg. 228) "Coping is the process of thoughts and behaviours that people use to manage the internal and external demands of situations they appraise as being stressful or exceeding their own resources. Coping efforts seek to manage, master, tolerate, reduce or minimise the demands of a stressful environment".

From the above definitions it is clear that coping is an effort to deal with a stressor. The coping may aim at dealing with the problem that is the cause of any distress in the individual or to deal with the negative emotions experienced by him/ her. Though coping could either be adaptive or maladaptive.

An adaptive coping not only reduces stress but has long term positive effects. Whereas, maladaptive coping may provide respite from stress for a short period of time but it could have negative impact on physical and psychological health of the individual. Some of the maladaptive coping strategies are consumption of alcohol or drugs, smoking, risky behaviours, isolating oneself, being overcritical of oneself and so on.

Individual differences exist in the way individuals cope with stressful situations. Variations could exist based on personality of an individual, his/ her tolerance level for stimulation, psychological hardiness, the style of attribution, learned helplessness and his/ her sense of coherence. Difference may also exist due to gender (Ghosh, 2015).

Personality not only determines how stress is perceived by an individual but also how he/ she reacts and copes with stress. Individuals having varied personalities will display different coping styles and strategies. Similarly, people with high or low need for stimulation will also vary in their coping strategies. Persons with low need for stimulation are not able to cope with

stress as do people with high need for stimulation (Ghosh, 2015).

Hardiness and resilience also play a role in determining the coping ability of the individuals. Psychological hardiness can be described as an individual's ability to deal with stressful situations with resilience (Bartone, 1999; Kobasa, 1979). Hardiness can be related with three main aspects, namely, commitment, control and challenge and these can determine the response to stress or coping strategy employed by the individual (Ghosh, 2015).

With reference to the style of attribution, individuals could be optimistic or pessimistic and this can also determine the coping strategy employed by the individuals. Optimistic individuals are likely to cope better with stressful situations when compared with individuals who are pessimistic.

The term learned helplessness was introduced by Seligman. The term is used to "describe the interference with adaptive responding produced by inescapable shock and also as a shorthand to describe the process which we believe underlies the behavior" (Seligman, 1972, pg. 408). The coping process that an individual goes through may differ based on learned helplessness.

Anttonovosky, 1987 (as cited in Ghosh, 2015, pg. 169) described sense of coherence as "enduring through dynamic, feeling of confidence that:

(1) The stimuli deriving from ones internal and external environments in the course of living are structured, predictable and explicable,

(2) The resources are available to one to meet the demands posed by these stimuli, and these demands are challenges worthy of investment and engagement".

Men and women also differ in the way they cope with stress. Women are more likely to employ coping strategies like positive self-talk, seeking support from others, continuously worrying about the stressful event and so on, though they are also more prone to develop learned helplessness. Men on the other hand could engage in maladaptive coping strategies like consumption of alcohol and drugs (Ghosh, 2015). Further, women are more prone to using the coping strategies that target at bringing about change in their emotional reactions to a situation that is stressful and men are more likely to focus on the problem (Endler & Parker, 1990; Matud, 2004; Ptacek et al., 1994). Further, women also experience more psychological distress as well as display symptoms of depression and anxiety when compared with men and this can also be

attributed to the coping strategies that are emotion focused that are more frequently used by women when compared with men (Kelly et al, 2008). Coping can also differ or may depend on various external aspects including social support received by the individual.

2. Goals of Coping

As we now have a clear idea about the meaning and definition of coping, let us now discuss the goals of coping. As was explained earlier, the main goal of coping is dealing with the stressor so that its impact on the individual is minimal. Further, individual differences exist in the coping styles adopted by the persons. Also, different coping strategies may be effective in different situations. Thus, during the coping process either internal resources or external resources are utilized by the individuals (Ghosh, 2015). Some of the major goals of coping are as follows (Ghosh, 2015):

• To enhance the possibility of recovery by decreasing the negative environmental conditions.

• To be able to adjust to the negative situation.

• To maintain a self-image that is positive and maintain emotional balance.

• To ensure positive interpersonal relationship.

Coping is termed as effective when it leads to recovery and when the individual is able to adapt to the stressful situation by means of maintaining a positive image about one's self, emotional balance and has effective interpersonal relationships. Whether a coping has been effective or not can be assessed based on the results of the coping. For instance, physiological and biochemical changes and functioning can be assessed in order ascertain whether the coping has been adaptive or not. An adaptive coping will lead to regulation of various physiological indicators. Besides the physiological measures, if there is decrease in psychological distress displayed by the individual, then the coping strategy can be termed as adaptive. The duration of time taken by individuals to achieve the same state of functioning before they experienced a negative event (for instance, divorce, job loss and so on) or display of an improved state of functioning than before the negative event was experienced can also be an indicator of successful coping.

3. Coping Styles

Coping styles can be categorized as proactive coping, avoidant coping, emotion focused coping and problem focused coping. Proactive coping and avoidant coping are based on the method of coping and the emotion focused coping and problem focused coping are based on the focus of the coping.

3.1 Different Coping Styles

3.1.1 Proactive Coping and Avoidant Coping

In proactive coping the individual will directly confront the stressful situation or event. An individual adopting this type of coping will take direct action by developing a better idea about the stress creating situation.

There are various stages of proactive coping (Ghosh, 2015):

Stage 1 Accumulation of resources: In order to be able to deal with the stressful situation, the individual will make attempts to accumulate resources, this could also be in terms of gathering information so as to understand the stressful situation in better manner.

Stage 2 Identifying or anticipating the potential stressor: A potential stressor is anticipated or identified by the individual. For instance, if it is expected that one's superior may ask for a certain report, the employee will anticipate the stressor and start working on the report before hand.

Stage 3 Initial appraisal: Initial appraisal of the stress creating situation is carried out.

Stage 4 Preliminary efforts to cope with the stressful situation: Based on the initial appraisal, preliminary efforts to cope with the stressful situation are carried out. In case these efforts do not show any positive results then, some other action is taken in order to deal with the situation.

Stage 5 Seeking feedback and using the same: Based on the stages three and four, feedback is sought and used so that modifications and changes can be carried out.

In avoidant coping, as the name suggests, the individual will try to avoid the stress creating situation or may give less importance to the stressful event. Thus, the behaviour that is displayed by the individual is directed towards avoiding certain thoughts or feelings that could arise due to the stressful situation. Avoidance coping can result in individuals experiencing not only stress and anxiety but it can have an impact on self-confidence of the individual as

well (Boyes, 2013). As stated by Holahan et al. (2005) "Avoidance coping involves cognitive and behavioral efforts oriented toward denying, minimising, or otherwise avoiding, dealing directly with stressful demands and is closely linked to distress and depression. In avoidant coping certain behaviours that may stir up negative memories are avoided". Situations that may stir up negative feelings are also avoided. Individuals who use avoidant coping may not continue pursuing their goal if they experience thoughts that create anxiety (Boyes, 2013).

3.1.2 Emotion Focused Coping and Problem Focused Coping

Emotion focused coping can be differentiated from problem focused coping as its purpose is to manage emotions that are related with the stressful situation rather than modifying the situation.

Emotion focused coping involves management of the emotional reactions towards the events causing stress. "Emotion-focused coping strategies aim to reduce and manage the intensity of the negative and distressing emotions that a stressful situation has caused rather than solving the problematic situation itself" (Galor, 2012). Thus, this coping is directed towards decreasing any unpleasantness that the person experiences as a result of facing the stressful situation. The avoidant coping style that we discussed earlier could be related with this coping style as it involves avoidance of a situation. Though, this coping style also involves positive reappraisal, where, positive aspects of the situation are focused on keeping in mind one's own **Coping with Stress** benefits and growth. Emotion focused coping are often used when change in the stressful situation is not possible and it is also more likely to be used by women than men (Ghosh, 2015). Using emotion focused coping can help in decreasing the negative effects of the stressor on the individual and will help the individual accept the situation and will thus lead to decrease in the experience of chronic stress. It also helps individuals to think with a clear mind and seek a solution to the problem. It may also lead to contentment in life and bring about positivity. This in turn can lead to enhancement of one's ability to focus on aspects that can be modified or changed. Some of the strategies of emotion focused coping include, listening to music, maintaining a diary, meditation, exercise and so on.

Some of the drawbacks of this coping are that it may not be as effective, as the source of the stress is not dealt with, and, as such no long term solution is sought.

Problem focused coping involves identifying the source of the problem so as to either deal with it or modify it. The proactive coping that we discussed earlier can be closely related with this type of coping. Further, problem focused coping also involves taking control of the stressful situation, seeking information about it and evaluation of positive and negative aspects in a situation (Roncaglia, 2014). In problem focused coping the first step involved is identification of the problem so that the source of stress is clear. And this is important as this coping style can be effective only when there is clarity with regard to the problem. For instance, problem focused coping works well while coping with examinations, interviews, making presentations and so on where one knows what the source of stress is and also stress caused due to such situations can be controlled by the individual. Though, if the source of stress is based on emotions then it is better to use emotion focused coping rather than problem focused coping. For instance, while dealing with loss of a loved one, divorce or breakup and so on. Further, in this style, the obstacles that may arise in the process of dealing with the stressful situation need to be avoided and the focus should be on problem. For instance, if a person has an interview, but could not prepare for it due to paucity of time, he/ she has no other choice but face the interview and do his/ her best. In this case the paucity of time could be termed as a roadblock that need not be focused on as time has already passed and nothing can be done about it. The main limitations of this coping style are that it may not be effective in every stressful situation and as such may not be suitable for all the individuals. Though it is often effective in dealing with stressors and useful in long run.

Various strategies involved in problem solving coping include, management of time, seeking support, seeking help from others, planning and so on.

Yet another coping style was proposed by Carver and Connor-Smith in 2010. It is called appraisal- focused coping. In this coping style, the assumptions of an individual with regard to his/ her perceptions of the stressor are challenged by the means of a cognitive reappraisal (Roncaglia, 2014).

Coping can also be categorized as combative coping and preventive coping as stated by Folkman et al. (Ghosh, 2015). In combative coping, in order to deal with the stressor, the individual makes an attempt to remove the stressor by overcoming it. Combative coping involves monitoring of stress, resource accumulation, dealing with the stressor by attacking it directly, tolerance of stress, and decreasing arousal (Ghosh, 2015).

In preventive coping, cognitive restructuring takes place so that the stressor is not threatening any more. Further, one's own potential for resistance is also strengthened so that the stressor can be prevented from occurring. Preventive coping includes adjustments so that the stressors can be avoided. Also demand levels are adjusted, behaviour patterns that lead to stress are modified and coping resources (physiological, psychological, financial and so on) are developed (Ghosh, 2015).

4. Conclusion

Coping can also be described as deliberate efforts that are directed towards decreasing the negative effects, that could be psychological, physical or even social, of the stressful situation. Coping could either be adaptive or maladaptive. An adaptive coping style not only reduces stress but has long term effects. Whereas, maladaptive coping may provide respite from stress for a short period of time but it could have negative impacts on physical and psychological health of the individual. Individual differences exist in the way individuals cope with stressful situations. Variations could exist based on personality of individuals, his/ her tolerance level for stimulation, psychological hardiness, the style of attribution, learned helplessness and his/ her sense of coherence. Difference may also exist due to gender. Coping is termed as effective when it leads to recovery and when the individual is able to adapt to the stressful situation by means of maintaining a positive image about one's self, emotional balance and has effective interpersonal relationship.

Coping styles can be categories as proactive coping, avoidant coping, emotion focused coping and problem focused coping. Proactive coping and avoidant coping are based on the method of coping and the emotion focused coping and problem focused coping are based on the focus of the coping. In proactive coping the individual will directly confront the stressful situation or event. An individual adopting this type of coping will take direct action by developing a better idea about the stress creating situation. In avoidant coping style, the individual will try to avoid the stress creating situation or may give less importance to the stressful event. Emotion focused coping involves management of the emotional reactions towards the events causing stress and problem focused coping style involves identifying the source of the problem so as to either deal with it or modify it. Emotion focused coping can be differentiated from the problem focused coping as its purpose is to manage emotions that are related with the stressful situation rather than modifying the situation.

References

Bartone, P. T. (1999). Hardiness protects against war-related stress in army reserve forces. *Consulting Psychology Journal, 51*, pp. 72-82.

Bartram, D., & Gardner, D. (2008). Coping with Stress. *In Practice, 30*(4), 228-231.

Endler, N. S., Parker, J. D. A. (1990). Multidimensional assessment of coping: A theoretical analysis. *Journal of Personality and Social Psychology, 58*, 844-854.

Ghosh, M. (2015). *Health psychology: Concepts in Health and Wellbeing.* New Delhi: Dorling Kindersley (India) Pvt. Ltd.

Haan, N. (1993). The assessment of coping, defence, and stress. In L. Goldberger & S. Breznitz (Eds.), *Handbook of Stress: Theoretical and Clinical Aspects* (pp. 258-273). New York, NY, US: Free Press.

Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology, 37*, 1-11.

Kobasa, S. C., Maddi, S. R., Puccetti, M., & Zola, M. A. (1986). Relative effectiveness of hardiness, exercise, and social support as resources against illness. *Journal of Psychosomatic Research, 29*, 525-533.

Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Van Nostrand.

Mangal, S. (1984). *Abnormal Psychology.* New Delhi, India: Sterling Publishers.

Marks, D. F., Murray, M., Evans, Brian., Willig, C., Woodall, C & Sykes, C. M. (2008). *Health Psychology: Theory, Research and Practice.*

New Delhi: Sage Publications.

Matheny, K. B., Aycock, D. W., Pugh, J. L., Curlette, W. L., & Silva Cannella, K. A., (1986). Stress coping: A qualitative and quantitative synthesis with implications for treatment. *The Counseling Psychologist, 14*, 499-549.

Matud, M. P. (2004). Gender differences in stress and coping styles. *Personality and Individual Differences, 37*,1401-1415.