

Coping with Stress**Dr.APARNA DWIVEDI****Deen Dayal Upadhyay Gorakhpur University, Gorakhpur****Prof.P S N TIWARI****Head of Department****Department of Psychology,****Deen Dayal Upadhyay Gorakhpur University,
Gorakhpur****ABSTRACT**

Coping is considered as an important resource that may help individuals to maintain psychosocial adaptation during a stressful episode. Coping has been used to denote the way of dealing with stress or the effort to 'master' conditions of harm, threat, or challenge when a routine or automatic response is not readily available. Coping is categorized into four basic sections: cognitive approach, behavioral approach, cognitive avoidance, and behavioral avoidance. The dimensions of appraisal and coping have been organized into three categories, Appraisal-Focused Coping, Problem-Focused coping and Emotion Focused Coping. Five main coping tasks are (1) to reduce harmful environmental conditions and enhance prospects of recovery, (2) to tolerate or adjust to negative events and realities, (3) to maintain a positive self-image, (4) to maintain emotional equilibrium and (5) to continue satisfying relationships with others. People that are able to keep their cool during a crisis have what psychologists call resilience, or an ability to cope with problems or stress. Many of these skills can be developed and strengthened, which can improve the ability to deal with life's setbacks. Coping with a stress can have costs or negative adaptive consequences by interfering with a person's capacity resources, ability or motivation (incentive) to cope with subsequent stressors. Such effects are found in the form of stereotypic coping, behavioral constraints, residual arousal and fatigue, resource depletion, helplessness and reappraisals. The concept of 'inoculation is often applied to explain such resiliency. Children, who develop into healthy, high – functioning and well-adjusted adults despite their exposure to multiple risk factors, often share the characteristics of having successfully negotiated aversive environmental stimuli early in life.

Keywords: psychological adaptation, dimensions and categories of coping, costs and benefits.

Introduction

The impact of any stressful event is substantially influenced by how a person appraises it. According to Lazarus's view of stress, any new event or change in the environment prompts the individual to make primary appraisals of the significance of the vent. An event may be judged to be positive, neutral, on negative in its implications for the self. If an event is judged to be negative, it will be further judged in terms of the harm or loss that has already been done, the future threat associated with the event, and the potential challenge of the event that is, the perception that gain, growth, or mastery may result from dealing with the event. After this primary appraisal, the individual makes a secondary appraisal, which is the evaluation of one's coping resources and options to determine whether they will be sufficient to overcome the harm and threat that the event represents.

Coping is considered as an important resource that may help individuals to maintain psychosocial adaptation during a stressful episode. Review of literature on coping, suggests that it

has to different connotations. Coping has been used to denote the way of dealing with stress or the effort to 'master' conditions of harm, threat, or challenge when a routine or automatic response is not readily available. Psychologists have discussed coping in different terms. McGrath (1970) has viewed coping as the covert and overt behavior by which the organism actively prevents, removes or circumvents stress inducing circumstances.

Schregerdus (1976) proposed two major styles of coping namely Repression and sensitization. He also found that patterns of defensive style are related to the perception and experiences of stress and to subsequent patterns of coping and adjustment. Whereas, Kohan et.al. (1964) reported four types of coping strategies viz., work addiction, cynicism idealization of other's and dependent behaviour and contrived conflict.

Lazarus and Folkman (1984) define as; coping is a person's constantly changing cognitive and behavioral effort to manage specific external and/or internal demands that is appraised as taxing or exceeding the resources of the person. This definition indicates that coping is a process involving thoughts and behaviors in a specific context. Also, coping is a functioning of continuous appraisals and reappraisals of the shifting person-environment relationship.

According to Silver and Wortman (1980), coping refers to any and all responses made by an individual who encounters a potentially harmful situation. However, most theorists restrict the term coping to efforts made by an individual in problem solving in order to master, control or overcome threatening situations.

A close perusal of these definitions reveals that conceptualization of coping can be made under three distinct approaches, viz., (1) trait or dispositional approach (2) contextual approach and (3) transactional approach.

Coping is a stabilizing factor which can help individuals in maintaining, psychosocial adaptation during stressful periods, it encompasses cognitive and behavioral efforts to reduce or eliminate stressful conditions and related emotional distress (Moos & Schaefer, 1993 Lazarus & Folkman, 1984). At a general level, conceptualizations of coping may be grouped according to their assumptions about the primary determinants of coping responses. Dispositional approaches assume that relatively stable person-based factors underlie the selection of coping behaviors; contextual approaches assume that more transitory situation-based factors shape people's choices of coping responses. Contemporary psychologists, however, view that dispositional as well as contextual approaches are contingent to each other and thus, are complementary to each other in defining coping process. Transactional approach, behavior (response) is considered important to explain coping process.

Types of Coping:

Historically, coping has been viewed as fulfilling two basic functions and thus termed as problem-focused coping and emotion focused coping (Lazarus & Folkman, 1982). Problem focused coping strategies refer to efforts directed at doing something constructive about the conditions that cause stress. Emotion-focused coping refers to efforts directed at regulating the emotion itself. The two modes of coping have differential effect on mental health of the focal person. The researchers evinced that most people use both modes of coping in daily stressful encounters. However, it has

not been proved that responses made in order to cope with stresses form several factors rather than just two (Scheier et. al., 1986 & Folkman & Lazarus, 1985). These factors, often, are found to some extent inversely correlated. Another form of coping has been proposed by Moos and Schaller (1993). They classify it into two approaches.

The First Approach, emphasizes the “focus of coping” a person’s orientation and activity in response to a stressor. An individual can approach the problem and make active efforts to resolve it or try to avoid the problem and focus mainly on managing the emotions associated with it.

The Second approach emphasizes the method of coping people apply, that is, whether a response entails primarily cognitive or behavioral efforts.

Combining these two approaches more integrated conceptualization of coping has been presented, in which, coping is distinguished into approach and avoidance domains. In addition, each of these two domains is divided into categories that reflect, cognitive and behavioral coping. Accordingly, coping is categorized into four basic sections: cognitive approach, behavioral approach, cognitive avoidance, and behavioral avoidance. Moos (1993) listed eight coping subtypes from the coping response inventory, (Moos, 1993) that measures these four basic categories of coping strategies.

Although there are many ways to classify the coping responses (Moos & Billings, 1982) most approaches distinguish between strategies that are active in nature and oriented toward confronting the problem, and strategies that entail an effort to reduce tension by avoiding dealing with the problem. Moos and Billings (1982) have organized the dimensions of appraisal and coping into three categories.

1. Appraisal-Focused Coping: It involves attempts to define the meaning of a situation and includes such strategies as logical analysis and cognitive redefinition.
2. Problem-Focused coping: This seeks to modify or eliminate the source of stress to deal with the tangible consequences of a problem or actively change the self and develop a more satisfying situation.
3. Emotion Focused Coping: This includes responses whose primary function is to manage the emotions aroused by stressors and thereby maintain effective equilibrium.

These categories, however, are not mutually exclusive, their primary focus is on appraising and reappraising a situation, dealing with the reality of the situation, and handling the emotions aroused by the situation. Maddi and Mobasa (1984) talked about two forms of coping: (a) transformational, and (b) regressive. Transformational coping involves altering the events so they are less stressful. To do this, one has to interact with the events and by thinking about them optimistically and acting towards them decisively, change them in a less stressful direction. Regressive approach, on the other hand, includes a strategy wherein one thinks about the events pessimistically and acts evasively to avoid contact with them.

Mobasa (1979), points out there are certain resistance resources that increase the likelihood of meeting stressful events with transformational rather than regressive coping.

Maddi and Mobasa (1984) found that constitutional strength, personality, hardness, social support and exercises, are useful in protecting the health of executives. Lazarus (1975) presented

two major categories of coping processes namely, direct actions and palliative modes. Direct action includes behaviors or actions, . Performed by the organisms in face of a stressful situation is expected to bring about a change in stress causing environment. The Palliative mode of coping refers to those thoughts or actions whose purpose is to relieve the organisms of any emotional impact of stress.

Approach or effective strategies of coping include efforts to increase physical and mental preparedness for coping (through physical exercises, yoga and meditation, diet management), creative diversions for emotional enrichment (music, art, theatre, etc.) and strategies of dealing with the basic problems, Carver, Weintrab and Scheiver (1989) have developed a multi-dimensional coping inventory, which include fifteen coping strategies, such as active coping, planning, suppression of competing activities, restraint coping, seeking social support (instrumental), seeking social support (emotional), positive reframing, acceptance, turning to religion, focus on and venting of emotions, denial, behavioral disengagement, mental disengagement, alcohol and drug abuse.

Pareek (1983), indicated that coping may either take the form of avoiding the situation (reactive strategy), i.e. dysfunctional style, or confronting and approaching the problem (proactive strategy) i.e., functional style. One category consists of persons who decide to suffer from, accept, or deny the experienced stress, or put the blame on someone (self or others) or something for being in that stressful situation. These are passive or avoidance strategies and are termed as 'dysfunctional' style of coping with stress situations. The other category consists of persons facing the realities of stress consciously, and taking some action to solve the problems themselves or with the help of other people. These are active approaches and are termed as "functional" styles of dealing with stressful situations and are more approved by psychologists.

The above classification is not intended to suggest that people use one kind of coping process or another exclusively. Rather, it is common knowledge that different persons employ varied combinations of different strategies to deal with the same kind of stress.

Contextual Approaches:

Trait Approach:

Trait or dispositional approach assumes that coping is mainly a property of the person and variation in stressful situations is of not much significance. The ego-pay-psychoanalytic model is paradigmatic of the dispositional approach to conceptualizing coping. Investigators assume that people have relatively stable preferences for particular defense and coping styles for dealing with conflict and that these styles vary in their maturity (Bond, Gardner, Christian & Sigel, 1983; Vaillant, 1977). Coping style implies a broader, more encompassing disposition. Trait and style or to a characteristic way of handling situations, they are stable tendencies on the basis of which inferences are drawn about how an individual will cope in some or all types of stressful situations. A person's coping style or disposition is typically assessed by personality tests, not by actual observation of what the person says or does in a particular stress situation.

Process oriented approach suggests that coping can be considered as response to the psychological and environmental demands of specific stressful encounters. This approach is concerned with the appraisal-based model of Lazarus and his associates (Folkman, 1992; Lazarus & Folkman, 1984 & Lazarus, 1981). Lazarus conceptualizes coping as a response to specific stressful

situations rather than as a stable features of personality. Active and conscious cognitive appraisals of potential threat function as a mediating link between stressors and the individual's coping responses. Coping is regarded as a dynamic process that changes over time in response to changing demands and changing appraisals of the situation. Psychologists have identified two major ways in which people cope with stress. In the first approach, a person may decide to suffer or deny the experienced stress: this is the passive approach. Or, a person may decide to face the realities of experienced stress and clarify the problem through negotiations with other members. This is the active approach (Pareek, 1983b).

Several other investigators also have proposed contextually oriented conceptualizations of coping. The measurement of coping is made by indexing the thoughts and actions individuals' report they actually used to cope in specific stressful situations (Stone et.al.1991).

Feifel and Strack (1989) assessed coping responses across five conflict situation, i.e., decision-making, defeat in a competitive circumstances, frustration, authority conflict, and peer disagreement. Carver et.al; (1989) also has developed "Cope Scale" to assess coping styles and strategies.

An Integrative Approach:

After analyzing the pros and cons of both approaches in varying perspectives, contemporary theorists generally recognize that the dispositional and contextual approaches have complementary strengths in describing the coping process. Dispositional approaches tap generalizable, preferred coping styles that transcend particular situational influences (Epstein & Meier, 1989). Contextual approaches reflect how a person copes with a particular type of stressful event and is responsive to changes in coping efforts during a stressful episode (Folkman 1992 & Carver et.al., 1989). A comprehensive approach based on transactional frame work which provides are integrative conceptual framework of coping has been proposed by researcher

(Folkman 1992 & Carver et al.,1989). This framework emphasizes that both enduring personal and more changeable situational factors shape coping efforts.

The environmental system is composed of ongoing life stressors, like chronic physical illness, as well as social coping resources, such as support from family members. The personal system includes an individual's socio-demographic characteristics and personal coping resources, such as self confidence. These relatively stable environmental and personal factors influence the life crisis and transitions individuals' face, which reflect significant changes in life circumstances. In turn, these combined influences, shape health and well-being both directly and indirectly through cognitive appraisal and coping responses. The framework emphasizes the central mediating role of cognitive appraisal and coping responses in the stress process. Moreover, the bidirectional paths in the framework indicate that reciprocal feedback can occur at each stage.

Muhanic (1974) has cited three functions of effective coping; i.e., dealing with social and environmental demands, having the motivation to meet with such demands, and maintaining a state of psychological equilibrium in order to direct energy and skill toward meeting external demands. Similarly, Pearlin and Schooler (1978) identified three functions of coping, viz., changing the situation out of which stressful experience arises, controlling the meaning of such experiences before they

become stressful, and controlling stress itself after it has been generated. Furthermore, Cohen and Lazarus (1979) suggested five main coping tasks; (1) to reduce harmful environmental conditions and enhance prospects of recovery, (2) to tolerate or adjust to negative events and realities, (3) to maintain a positive self-image, (4) to maintain emotional equilibrium and (5) to continue satisfying relationships with other, whereas, Irving (1977) presents a descriptive

Typology of distinctive patterns of coping that included vigilance, hyper vigilance and defensive avoidance. Robbins (1978) has identified seven patterns of coping, viz., seeking social support, dysfunctional behavior, narcotizing anxiety, problem solving, reliance on professionals, bearing with discomfort and escape. In recent years, attention has been given to coping with stressful events of day-to-day life. Broadly, three major approaches to measurement of coping can be identified i.e. coping in terms of ego processes (Hann, 1977; Valliant, 1977) coping as a trait and coping as situation specific response.

The controversy regarding treatment of coping as a trait or situation specific effort is yet unresolved. The complexity of coping can not be captured through unidimensional measure. Lazarus and Folkman (1984) reported that coping is a shifting process where a person must at certain stages and certain times rely more on one form of coping (e.g.; defensive strategies) and at other occasion on another form of coping (e.g. problem solving) in accordance with the changing status of the situations. Contrary to this, trait measures assume that people are behaviorally and cognitively consistent in their coping behavior across situations.

Cohen and Lazarus (1973) assert that trait measures are poor Predictors of coping, on the other hand situation-oriented researchers focus on how people endeavor to cope with specific stressful situations (Weisman & Worden 1976 & Visotsky et al. 1961).

The psychological processes aimed at diminishing or terminating stress are called "coping" processes. A working definition of coping might be "the things people do to avoid being harmed by life-strains". Complex factors, such as personality, attitudinal, cognitive, and expectancy elements, are involved. Coping is generally assumed to be a learned behavior; however, genetic factors also play a role.

Coping Mechanisms:

Adaptive mechanisms: That offer positive help. Attack mechanisms: That pushes discomfort onto others. Avoidance mechanisms: That avoids the issue. Behavioral mechanisms: That change what we do. Cognitive mechanisms: That change what we think. Conversion mechanisms: That changes one thing into another. Defense mechanisms: Freud's original set. Self-harm mechanisms: That hurt our selves.

Here is a full list of coping mechanisms: -Acting out: not coping - giving in to the pressure to misbehave. Aim inhibition: lowering sights to what seems more achievable. Altruism: Helping others to help self. Attack: trying to beat down that which is threatening you. Avoidance: mentally or physically avoiding something that causes distress. Compartmentalization: separating conflicting thoughts into separated compartments. Compensation: making up for a weakness in one area by gain strength in another. Conversion: subconscious conversion of stress into physical symptoms. Denial: refusing to acknowledge that an event has occurred. Displacement: shifting of intended action to a safer target. Dissociation: separating oneself from parts of your life. Emotionality:

Outbursts and extreme emotion. Fantasy: escaping reality into a world of possibility. Help-rejecting complaining: Ask for help then reject it. Idealization: playing up the good points and ignoring limitations of things desired. Identification: copying others to take on their characteristics. Intellectualization: avoiding emotion by focusing on facts and logic. Introjection: Bringing things from the outer world into the inner world. Passive aggression: avoiding refusal by passive avoidance. Performing rituals: are Patterns that delay. Projection: seeing your own unwanted feelings in other people. Provocation: Get others to act so you can retaliate. Rationalization: creating logical reasons for bad behavior. Reaction Formation: avoiding something by taking a polar opposite position. Regression: returning to a child state to avoid problems. Repression: subconsciously hiding uncomfortable thoughts. Self-harming: physically damaging the body. Somatization: psychological problems turned into physical symptoms. Sublimation: channeling psychic energy into acceptable activities. Substitution: Replacing one thing with another. Suppression: consciously holding back unwanted urges. Symbolization: turning unwanted thoughts into metaphoric symbols. Trivializing: Making small, what is really something big. Undoing: actions that psychologically 'undo' wrongdoings for the wrongdoer. To help people cope, find ways to let them safely let go of the stress that they experience or gain a greater understanding of the situation.

Coping actions are usually symptoms of deeper problems and addressing them directly can be ineffective or even counter-productive. The best approach is to discover the deeper cause and address this, which will hopefully then result in the coping mechanism disappearing. Be aware of your own coping mechanisms and move to more functional means of managing stress. If you are using deliberate theatrical methods during persuasion, feigning a coping mechanism makes it harder for the other person to broach an apparently stressful situation for you.

Pareek(1983), has constructed Role PICS (projective instrument for measuring coping styles) which involves a semi-projective technique to obtain profiles of coping styles adopted by a person while dealing with role stress situations. The instrument depicts 24 situations, three each for eight types of role stress (Pareek, 1983) in which one person narrates the role stress he is experiencing in that situation to another person, who is supposed to respond to the formers problem. The various responses thus obtained on this instrument are scored in eight styles, which can be broadly grouped as "approach" and "avoidance" modes of coping. The scores on avoidance and approach modes are bipolar-increase in avoidance score leads to a decrease in approach score and vice versa.

Kendler et al. studied female twins and used the 14-item "Ways of Coping Checklist." They identified three scales, turning toward others, problem solving, and denial. Their heritability estimates were 30% for turning toward others and problem solving; however, they could find no significant shared environmental influence on these two coping styles. On the other hand, the influence of shared environment for denial was significant at 20%, but no genetic effect was found. Kendler et al. also showed that the equal environment assumption was valid for the coping behaviors measured. Neither the number of social contacts between the twins nor environmental similarities in childhood influenced the test scores. These results agree with those from a study in children aged 9 to 16 years. Mellins et al. assessed coping with a structured interview and questionnaire. Four of seven coping scales exhibited genetic influences in their study, two were influenced by shared environmental factors, and one was influenced by both. Another twin study examining genetic influences on coping styles was performed in the context of life situation and self-reported health in Sweden. Although heritability was not estimated, the intraclass correlations for MZ and DZ twins in that study allow a rough estimate. The questionnaire used gives a single result for the "sense of coherence," with MZ correlations more than twice those of same-sex DZ correlations. This result indicates heritability due to nonadditive genetic influences.

Additional indirect evidence can be drawn from studies relating coping to personality. There are well-established relationships between major personality traits, like neuroticism or extroversion, and different coping styles, with about 20% of coping variance being explained by personality. Because personality itself is partially heritable, such influences may indirectly affect coping as well. However, neither coping nor personality is static. Thus, the correlation between the two is not necessarily unidirectional; coping might influence personality development in adulthood as well as in childhood. To gain insight into the genetic influences on coping, a study in adult male and female MZ and DZ twins to test the hypothesis that coping styles are influenced by genetic variability was performed. The hypothesis that different coping styles share some genetic influences and also have other unique, unshared genetic components was tested.

Neale MC, Cardon showed that the four coping factors, defense, emotional coping, substitution, and active coping, showed evidence of genetic variance. These factors were derived from a 19-scale coping style questionnaire; 17 of the 19 coping styles showed evidence of heritability. It was demonstrated that there is no single genetic factor shared by all different coping styles but rather that there are both specific and shared genetic influences for different coping factors. In terms of these secondary factors, there was no evidence of influences of shared environment on coping. However, this finding does not allow the conclusion that shared environmental influences on coping are negligible. Shared environment could exert effects on a different level, such as on more specific coping strategies. To allow generation of more specific hypotheses on genetic and environmental influences, we performed structural equation modeling for all 19 scales of the coping questionnaire. We understand that the comparison of so many phenotypes with a moderate sample size raises problems of multiple testing and can only illustrate the issue without allowing for statistical testing of hypotheses regarding differences between coping scales.

We are complex animals living complex lives in which we are not always able to cope with the difficulties that we face. As a result, we are subject to feelings of tension and stress, for example the cognitive dissonance and potential shame of doing something outside our values. To handle this discomfort we use various coping methods.

Costs and Benefits of Coping:

Coping responses have certain costs as well as benefits in stress-illness relationship.

Costs of Coping:

The notion that behavioral and psychological coping responses can also have negative consequence has been assessed (Cohen, Evans, Stokols & Krantz 1986; Cohen, 1980; Glass & Singer, 1972 & Dubos; 1965). These theorists propose that adaptive costs are associated with coping process is used to remove stressors or to ameliorate their negative biological, emotional and psychological effects. Specifically, coping with a stressor can have negative adaptive consequences by interfering with a person's capacity resources, ability or motivation (incentive) to cope with subsequent stressors. Such effects are found in the form of stereotypic coping, behavioral constraints, residual arousal and fatigue, resource depletion, helplessness and reappraisals. In brief, these effects are discussed below:

Stereotypic Coping refers to the indiscriminate application of a coping response or resource to diverse stressors. Furthermore, mismatch between demands of stressors and coping response may amplify the negative effects of stressors. In Behavioral Constraints, Coping response to one stressor is incompatible with coping response to another stressor. More specifically, inability

to cope with competing demands because of coping response incompatibilities, may lead to frustration and helplessness and amplify the negative effects of stressors. Residual Arousal and Fatigue indicates coping with one stressor alters a person's physiological and psychological state by increasing arousal or fatigue before the onset of another stressor. It reveals that residual arousal or fatigue resulting from coping with one stressor can reduce capacity to respond to other stressors, thereby increasing the negative effects of other stressors.

Resource Depletion points out the loss of social, material and psychological coping resources as a result of coping with a stressor. Furthermore, depletion of resource during coping with one stressor could increase the negative effects of another stressor that could have been alleviated by the depleted resources.

Helplessness- Coping with a stressor can lead individuals to have generalized expectancies of a lack control over environmental demands. Helplessness, resulting from coping with one stressor can lead to passive and emotion-focused coping with stressors that are resolve best by using active or instrumental coping responses.

On reappraisals, perceived threat of a stressor is increased or Perceived coping capacity is decreased when the stressor co-occur with another stressor. Furthermore, exaggerated appraisals of threat and underestimation of coping capacity could diminish incentive to cope with the negative effects of stressors. Apart from the cost of coping, several benefits of coping have been identified.

Coping Benefits:

Numerous research findings indicate that some stressor combinations produce detrimental effects with regard to some outcomes, but also beneficial effects with regard to other outcomes.

In this section, several ways in which coping with one stressor might enhance or facilitate coping with another stressor have been discussed. Nevertheless, it is intriguing to consider the conditions under which coping with multiple stressors might have some beneficial effects.

Resiliency is the tendency of some people to thrive despite experiencing personal atrocities and being exposed to extremely stressful physical and social environments. Numerous studies on resiliency, attempt to identify personal, environmental, and social resources that help people flourish when they are by most objective indicators at risk for developing favors pathologies. The concept of 'inoculation is often applied to explain such resiliency. Children, who develop into healthy, high – functioning and well-adjusted adults despite their exposure to multiple risk factors, often share the characteristics of having successfully negotiated aversive environmental stimuli early in life (Garmezy, 1983).

The notion that mastery over stressors contributes to resiliency, seems to be consistent with some of the details of Dienstbier's(1989) toughening hypothesis. Organisms that have early, repeated exposure to stressors seem to become physiologically toughened or inoculated by the experience. A review of literature suggests that intermittent rather than continuous stressor exposure is associated with toughening. The data also seems to suggest that sufficient time for recovery during inter stressor intervals is necessary for toughening to occur. Dienstbier has suggested that there are psychological correlates of toughening as well. He has argued that because

the toughened organism is responsive rather than helpless in the face of stressors, its appraisals of coping abilities are positive (e.g. confidence), it may view demands as challenges rather than threats and it will have a more positive mood. In contrast, the untoughened organism will be helpless in the face of stressors, see demands as threats, and have a negative mood.

Resource Mobilisation- A sense of personal competence, growing out of experiences of successful coping with a stressor, may generate greater self-confidence and lower perceived threat in the face of subsequent environmental demands. This could happen because of a heightened sense of control or the feeling that no problem is too tough to tackle. There is an abundant literature on the benefits of perceived control in coping with stressor's (Pandey, et.al.1999. Evans 1993, Jain, 1987). There is some evidence that a heightened sense of perceived control in the face of stressor might increase a person's coping flexibility. If prior experience has provided people with an opportunity to apply a successful coping response, mobilization of an effective coping response should be enhanced during subsequent exposures. There are several other ways that coping with one stressor might increase psychological and social resources for coping with another stressor. One potential mechanism is improved self concept that might accompany successful adaptation to or eradication of a stressor. Individuals, who experience a sense of mastery of increased self-esteem as a result of effectively coping with a stressor, might be more confident and less threatened by another stressor as a result of improvements in their self concept. High self-esteem should reduce vulnerability to a stressor because people who possess it, tend not to internalize stressful events, or blame themselves for negative outcomes (Cronkite & Moss, 1984).

Resources also might be enhanced for individuals coping with multiple stressors through "Social Support mobilization". Support mobilization refers to those situations, in which support providers supply the help that a person needs. Support providers might recognize needs for support in a person, who has just confronted a major stressor, who has solicited help, or who appears distressed (Eckenrode & Wethington, 1990).

The appraisal of a stressor plays a central role in its consequences (Lazarus & Folkman, 1984). Experience with prior stressors can influence the appraisal process in ways that might lead to non-additive negative interactions between multiple stressors. As noted previously, some stressful events can potentially reduce or eliminate several environmental demands (Wheaton, 1990). There is another way in which reappraisal can function to attenuate the effects of multiple stressors. Caspi et.al., (1987) have argued that the perceived threat or magnitude of one stressor can be more intensely paled by comparison to a more severe or major stressor. This effect has been shown in studies of people judging stressors.

Srivastava (1999) indicated that coping can have three kinds of outcomes associated with psychological, social and physiological perspectives.

(1) From a psychological perspective; coping can have an effect on the person's moral, emotional reaction, e.g. level of depression or anxiety, or the balance between positive and negative feelings (Brodburn, 1969, the incidence of psychiatric disorders and even performance. (2) From a social perspective; coping can have impact on functional effectiveness, such as employability. Community involvement and sociability the effectiveness of interpersonal relationships, or the

degree to which useful social roles are fulfilled, and (3) from a physiological perspective; outcome includes short term consequences, such as the development and progression of a particular disease.

Coping and Adaptation: In general, people, who rely more on problem-focused coping, tend to adapt better to life stressors and experience fewer psychological symptoms.

Approach coping strategies, such as problem solving and seeking information, can moderate the potential adverse influence of both negative life change and enduring role stressors on psychological functioning (Billings & Moos, 1981; Pearlin & Schooler, 1978). A higher proportion of problem-focused coping relative to total coping efforts also has been associated with reduced depression (Mitchell, Cronkite & Moos, 1983). Similarly, active coping strategies, involving negotiation and optimistic comparisons, have been linked to reductions in concurrent distress and to fewer future role problems (Menaghan, 1982).

In contrast, avoidance coping, such as denial and withdrawal, generally is found to be associated with psychological distress, particularly when adjustment is assessed beyond the initial crisis period (Holmes & Stevenson, 1990; Suls & Fletcher, 1985). Since, emotionally focused coping often entails avoidant oriented fantasy and self-blame, it also often correlates with more depression (Endler & Parker, 1990). Menaghan (1982), explained that efforts to manage unpleasant feelings by resignation and withdrawal, may increase distress and thus amplify future problems.

Mobasa (1982), pointed out that lawyers, who used more avoidance coping strategies in response to life stressors, showed more symptoms of psychological and physical strain (Kobasa, 1982). In addition, older adults, who relied on ineffective escapism-evident, helpless and reckless coping behaviors, experienced more current and future emotional distress (Rohde, Lewinsohn, Tilsons & Selay, 1990). Similarly, the use of avoidance coping, such as wishful thinking and self-blame, in dealing with negative life events, predicted subsequent psychological disturbance among elderly persons. (Smith, Pattedrson & Grant 1990).

A higher proportion of problem-focused coping relative to total coping efforts also has been associated with reduced depression (Mitchell, Cronkite & Moos, 1983).

An issue that can be raised while discussing the effectiveness of various coping styles is whether some ways of coping with stress are more effective than others. Any answer to this problem would depend upon the particular situation, the points of time (short or long-run) in which stress is being felt, i.e. what may be considered an optimal or a beneficial response in one situation at a particular point of time may be damaging (or ineffective) in some other situation or at a different point of time.

REFERENCES

- Cohen, E., & Lazarus, R.S. (1973). Active coping processes, coping disposition, and recovery from surgery. *Psychosomatic Medicine*, 35, 375 – 389.
- Folkman, S. & Lazarus, R.S. (1985). “If it changes it must be a process: A study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, 48, 150-170.
- Folkman, S. & Lazarus, R.S. (1980). An analysis of coping in a middle – aged community sample. *Journal of Health and Social Behavior*, 21: 219 – 230.
- Lazarus, R.C., & Launier, R. (1978). Stress related transactions between people and environment. In L.A.Pervin & M. Lewis (Eds.), *perspectives in Interactional Psychology* (pp.287-327, New York, Plenum)
- Lazarus, R.S. (1966). *Psychological stress & coping process*. New York: Mc Graw-Hill.
- Lazarus, R.S., & folkman, S. (1984). Coping and adaptation. In W.D. Gentry (Ed.). *The Handbook of Behavioral medicine*. New York : Guilford.
- Schregardus, D.J. (1976). A study of defensive style and its interaction with perception and experience of stress. *Dissertation Abstracts International*, 400.
- Folkman, S., (1984). Personal control, stress and coping processes: A theoretical analysis. *Journal of Personality and Social Psychology*, 46, 839-852.
- Silver, R.L., & Wortman, C.B. (1980). Coping with undesirable life events. In J. Garbes M.E.I. Seligman (Eds.). *Human Helplessness*. New York:Academic Press.
- Moos, R.H., & Schaefer, J.A. (1993). Coping resources and processes: Current concepts and measures. In L. Goldberger & S. Breznit (Eds.). *Handbook of Stress: Theoretical and clinical aspects* (PP. 234-257). New York Free Press.
- Moos, R.H. & Billings, A.G. (1982). Conceptualizing and measuring coping resources and processes. In L. Goldberger & S.Breznitz (Eds.). *Handbook of Stress: Theoretical and clinical aspects*. (PP.212-230). New York:Free Press.
- Cronkite, R.C., & Moos, R.Y. (1984). The role of predisposing and moderating factors in the stress – illness relationship. *Journal of Health and Social Behavior*, 25, 372-393.
- Carver, C.S., & Scheier, M.F. (1993). Vigilant and avoidant coping in two patient samples. In H.W. Krohne (Ed.), *Attention and avoidance. Strategies in coping with aversiveness* (PP.295-320). Seattle: Hogrefe & Huber.
- Kobasa, C.S., Maddi, S.R., & Carrington.S.(1881). Personality and constitution as mediators in the stress – illness relationship. *Journal of Personality and Social Psychology*, 37, 1-11.
- Carver, C.S., & Scheiver, M.F.(1990a). Principles of Self regulations. Action and emotion. In E.T. Higgins R.M. Sorrentino (Eds). *Handbook of motivation and cognition: Foundations of social behavior* (Vol. 2, PP. 3 – 52). New York: Guilford Press.
- Carver, C.S., Scheiver, M.F., & Weintraub, J.G. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267 – 283.
- Carver, C.S., & Scheiver, M.F. (1990b). Origin and functions of positive and negative effect: A control – Process View, *Psychological Review*, 197, 19-35.
- Pareek, U. (1981). Coping with stress: *Organisational Pies Manual*. Ahmedabad : Navin Publicaitons.

-
- Pareek, U. (1981). Role stress scale (*ORS Scale booklet, answer sheet and manual*) Ahmedabad:Naveen Publications.
 - Prabhu, G.G. (1980). Deviance and pathology: In V.Pareek (Ed), A survey of research in psychology Bombay: Popular Prakashan. Quick, J.C. & Quick, J.D. (1984). *Organisational Stress and preventive management*. New York: Mc. Graw-Hill.
 - Stone, A.A., & Neale, J.M. (1984). New measure of daily coping: Development and preliminary results. *Journal of personality and Social Psychology, 46*, 892-906.
 - Feifel, H., & Strack, S. (1987). Old is Old. *Psychology and Aging, 2*, 409-412.
 - Feifel, H., & Strac, S. (1989). Coping with conflict situations: Middle – aged and elderly men. *Psychology and Aging, 4*, 26-33.
 - Epstein, S., & Meier, P. (1989). Constructive thinking: A broad coping variable with specific components, *Journal of Personality and social Psychology, 57*, 332-350.
 - Epstein, S., & Roupelian, A.(1970). Heart rate and skin conductance during experimentally induced anxiety: The effect of uncertainty about receiving a noxious stimulus. *Journal of Personality and social psychology, 16*, 20-28.
 - Epstein. Y. (1981). Crowding Stress and human behavior. *Journal of Social Issues, 37*, 126-143.
 - Cohen. S., & Williamson, G.M. (1991/1988). Stress and infectious disease in humans. *Psychological Bulletin. 109*, 5-24.
 - Kelly KW, Scher HI, Mazumdar M, Pfister D, Curley T, Leibertz C, Cohen L, Vlamis V, Dnistrian A, Schwartz M **Suramin and hydrocortisone: Determining drug efficacy in androgen-independent prostate cancer.** *Clin Oncol 1995, 13*:2214-2222.
 - Hann, N. (1977). Coping and defending: *Processes of self environmental organization*, New York: Academic Press.
 - Visotsky, H.M.,Hamburg, D.A.,Gross. M.E., & Lebovits,B.Z.,(1961).
 - Evans, G.W., Palsane, M.N., Carrer, S., (1987). Type a behavior and occupational stress:Across – Cultureal Study of Blue – Collar Workers. *Journal of Personality and Social Psychology, 52*, 1002-1007.
 - Stokols, D. (1978). Environmental Psychology. *Annual Review of Psychology, 29*, 253-295.
 - Krantz, S.E. (1983). Cognitive appraisals and problem – directed coping: A prospective study of stress. *Journal of Personality and Social Psychology, 44*, 638-643.
 - Glass, D., & Singer, J.E.(1972). Urban Stress. New York: *Academic Press*.
 - Baum. A., Fleming, R.E., & Singer, J.E.(1983)., Coping with technological disaster, *Journal of Social Issues, 39*, 117/138.
 - Singer; J.L. (1990). Preface: A fresh look at repression, dissociation, and the defenses as mechanisms and as personality styles. In J.I. Singer (Ed.), *Repression and dissociation; Implications for personality theory, psychopathology, health* (PP.xi-xxi). Chicago: University of Chicago Press.
 - Pandey,N.&Naidu, R.K.(1986). Effort and outcome orientations as inoderators of stress relationship;. *Psychological studies, 31*, 207-214.
 - Pandey,S. & Srivastava S.(2002). Coping with work stress: The role of job category, Family Type and Job Tenure. *Paper presented at National Seminar on at culture and life style*.
-

- Pandey, S. & Srivastva, S.(2000). Coping with work stress in career oriented females. Published Paper in *Journal of Community Guidance and Research*. Vol. 17. No.3. PP.313-323.
- Singh, A.K. & Pandey, J. (1985). Dimensions of coping with socio-economic problems. *Social Change*, 15, 51-54.
- Jain, U. (1987). *The Psychological Consequences of Crowding*. New Delhi:Sage Publications.
- Caspi, A., Bolger, N., & Eckerdode, J. (1987). Linking person and context in the daily stress process. *Journal of personality and social Psychology*, 52, 184 – 195.
- Srivastava, A.(1984). An investigation of certain determinants of impulse control. *Unpublished doctoral dissertation*, University of Allahabad.
- Srivastava, O.P. (1981). Stress and coping mechanisms of physically handicapped children. *Unpublished doctoral dissertation*, University of Allahabad.
- Pearlin, L.T., & Schooler, .C. (1978). The structure of coping, *Journal of Health and Social Behavior*, 19, 2-21.
- Menaghan, E.(1982). Measuring coping effectiveness: A panel analysis of Merital problems and coping efforts. *Journal of Health and Social Behavior*. 23, 220-234.
- Suls, J., & Eletcher, B. (1986). The relative efficacy of avoidant and nonavoidant coping strategies: A meta-analysis, *Health Psychology*, 4, 249-288.
- Endler,N.S.&Parker,J.D.A. (1991). *Coping Inventory for stressful situations*: Manual, Toronto, and Canada Multi-Health Systems.
- Endler, N.S. & Parker, J.D.A. (1990). Multidimensional assessment of coping: A critical evaluation. *Journal of Personality and social psychology*, 58, 844-854.
- Endler, N.S. Parker J.D.A., & Summerfeldt. L.J. (1992). *Coping with health problems: Developing a reliable and valid multidimensional measure* (Department of psychology Rep.No.204). Toronto, Canada: York University.
- Kobasa, S.C. (1982). Commitment and coping in stress resistance among lawyers. *Journal of Personality and Social Psycholgy*, 42, 168-177.
- Rohde, P., Lewinsohn; P.M., Tilson, m., & Seeley, J.P. (1990) Dimensionality of coping and its relation to depression. *Journal of Personality and social Psychology*, 58, 499-511.
- Cooper, C.L., & Smith, M.J. (1985). *Job Stress and Blue Collar Work* New York: John Wiley.
- Sanders, A.F. (1981). *Stress and human performance of a working model and some application*. In *Machine pacing and Occupational Stress*, edited by G.Salvenday and M.J.Smith (London Taylorand Erancis).
- Smith, L.W., Patterson, T.L. & Grant. I.(1990). Avoidant coping predicts psychological disturbance in the elderly. *Journal of Nervou and Mental Disease*, 178, 525-530.
- Patterson, J.M.&Grant (1987),Adolescent coping style and behaviors : Conceptualisation and measurement. *Journal of Adolescence*, 10, 163-186.