

Resilience in the Face of Stress: Coping Strategies

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Abstract:

Stress Coping refers to mental and behavioral efforts that we use to deal with problems relating to stress, including its presumed cause and the unpleasant feelings and emotions it produces. These mechanisms are commonly called coping skills or coping strategies. All coping strategies have the adaptive goal of reducing or dealing with stress, but some strategies can actually be maladaptive (unhealthy) or merely ineffective. This paper will focus on the various Stress Coping Strategies, how they operate and will acquaint with the best strategies to be followed when one is subjected to stress.

Keywords—Stress, Stress-coping, Emotion

I. INTRODUCTION TO STRESS COPING

Stress as all of us know, if chronic, takes a toll on our bodies and can have enormously negative health implications. When we experience events in our lives that we appraise as stressful, it is essential that we use effective coping strategies to manage our stress. Coping refers to mental and behavioral efforts that we use to deal with problems relating to stress, including its presumed cause and the unpleasant feelings and emotions it produces. Coping is the process of spending conscious effort and energy to solve personal and interpersonal problems. In the case of stress, coping mechanisms seek to master, minimize, or tolerate stress and stressors that occur in everyday life. These mechanisms are commonly called *coping skills* or *coping strategies*. All coping strategies have the adaptive goal of reducing or dealing with stress, but some strategies can actually be maladaptive (unhealthy) or merely ineffective. Maladaptive behaviors are those that inhibit a person's ability to adjust to particular situations. This type of behavior is often used to reduce one's anxiety, but the result is dysfunctional and non-productive. The term "coping" usually refers to dealing with the stress that comes after a stressor is presented, but many people also use proactive coping strategies to eliminate or avoid stressors before they occur. Personal choice in coping strategies is determined by personality traits and type, social context, and the nature of the stressor involved.

II. STRESS COPING STRATEGIES

Stress arises when individuals perceive a discrepancy between the physical or psychological demands of a situation and the resources of his or her biological, psychological or social systems (*Sarafino, 2012*). There are many ways of coping with stress. While psychologists disagree on the specific classification of the hundreds of coping strategies available today, distinctions are often made among various contrasting strategies. The effectiveness of these strategies depends on the type of stressor, the particular individual, and the circumstances.

For example, if you think about the way your friends deal with stressors like exams, you will see a range of different coping responses. Some people will pace around or tell you how worried they are, others will revise, or pester their teachers for clues.

Lazarus and Folkman (1984) suggested there are two types of coping responses - **Emotion Focused** and **Problem Focused**. However, coping mechanisms can be categorized into three broad types:

- Emotion -focused Strategies
- Problem-focused Strategies and
- Appraisal –focused Strategies

III. EMOTION-FOCUSED COPING STRATEGIES

Emotion-focused coping strategies address the feelings associated with the stressor. People modify the emotions that accompany stress perception by releasing, distracting, or managing their mental

state. It is a type of stress management that attempts to reduce negative emotional responses associated with stress. Negative emotions such as embarrassment, fear, anxiety, depression, excitement and frustration are reduced or removed by the individual by various methods of coping. Emotion-focused techniques might be the only realistic option when the source of stress is outside the person's control.

Drug therapy can be seen as emotion focused coping as it focuses on the arousal caused by stress not the problem. Other emotion focused coping techniques include:

- Distraction, e.g. keeping yourself busy to take your mind off the issue.
- Emotional disclosure. This involves expressing strong emotions by talking or writing about negative events which precipitated those emotions (Pennebaker, 1995) This is an important part of Psychotherapy.
- Praying for guidance and strength.
- Meditation, e.g. mindfulness.
- Taking drugs.
- Alcohol.
- Eating more, e.g. comfort food.
- Journaling, e.g. writing a gratitude diary (Cheng, Tsui, & Lam, 2015).
- Suppressing (stopping/inhibition of) negative thoughts or emotions. Suppressing emotions over an extended period of time compromises immune competence and leads to poor physical health (Petrie, K. J., Booth, R. J., & Pennebaker, 1988).

Some of the main Emotion-focused coping strategies include:

(a) Meditation

Meditation can help you to separate yourself from your thoughts as you react to stress. So, you can stand back and choose a response rather than react out of panic or fear. Meditation also allows you to relax your body, which can reverse your stress response as well. Those who practice meditation tend to be less reactive to stress, too, so meditation is well worth the effort it takes to practice.

(b) Journaling

Journaling allows you to manage emotions in several ways. It can provide an emotional outlet for stressful feelings. It also can enable you to brainstorm solutions to problems you face. Journaling also helps you to cultivate more positive feelings, which can help you to feel less stressed. It also brings other benefits for wellness and stress management, making it a great emotion-focused coping technique.

(c) Reframing

Cognitive reframing allows you to shift the way you see a problem, which can actually make the difference between whether or not you feel stressed by facing it. Reframing techniques aren't about "tricking yourself out of being stressed," or pretending your stressors don't exist; reframing is more about seeing solutions, benefits, and new perspectives.

(d) Cognitive Distortions

Recognizing the way, the mind might naturally alter what we see, what we tell ourselves about what we are experiencing, and the ways in which we may unknowingly contribute to our own problems can allow us to change these patterns. Become aware of common cognitive distortions, and you'll be able to catch yourself when you do this, and will be able to recognize and understand when others may be doing it as well.

(e) Positive Thinking

Being an optimist involves specific ways of perceiving problems—ways that maximize your power in a situation, and keep you in touch with your options. Both of these things can reduce your experience of stress, and help you to feel empowered in situations that might otherwise overwhelm you

Not all problems can be solved. You can't change someone else's behaviour and you can't undo a health diagnosis. But, you can change how you feel about the problem. Experiment with different emotion-focused coping strategies to discover which ones reduce your distress and help you feel better.

CRITICAL EVALUATION OF EMOTION-FOCUSED COPING STRATEGIES

A meta-analysis revealed emotion-focused strategies are often less effective than using problem-focused methods in relation to health outcomes (*Penley, Tomaka, & Weibe, 2012*).

In general people who used emotion-focused strategies such as eating, drinking and taking drugs are reported poorer health outcomes. Such strategies are ineffective as they ignore the root cause of the stress. The type of stressor and whether the impact was on physical or psychological health explained the strategies between coping strategies and health outcomes.

Emotion-focused coping does not provide a long term solution and may have negative side effects as it delays the person dealing with the problem. However, they can be a good choice if the source of stress is outside the person's control. Gender differences have also been reported showing women tend to use more emotion-focused strategies than men (*Billings & Moos, 1981*).

IV. PROBLEM-FOCUSED COPING STRATEGIES

Problem-focused strategies aim to deal with the cause of the problem or stressor. People try to change or eliminate the source of stress by researching the problem and learning management skills to solve it. It targets the causes of stress in practical ways which tackles the problem or stressful situation that is causing stress, consequently directly reducing the stress.

Some examples include:

- **Analyze the situation**
e.g. Pay attention, avoid taking on more responsibility than you can manage.
- **Work harder**
e.g. Stay up all night to study for an exam.
- **Apply what you have already learned to your daily life.**
e.g. You lose your job for the second time – you now know the steps to apply for a new job.
- **Talk to a person** that has a direct impact on the situation
e.g. Talk directly to your boss to ask for an extension to the project that is due in one week.

Some Problem focused strategies that aim to remove or reduce the cause of the stressor, include:

(a) **Time Management:**

Many times, we find ourselves crunched for time, with too much to do. If having too much to do in too little time is a problem for you, improve your **time management** skills. That's one strategy of problem-focused coping to use. In time management, your time is organized and allotted to different tasks in a realistic way that can be followed. Time management won't work if you try to cram more tasks into your day than you can physically do. Start by making a list of all the things that need to be done and their due dates. Then you can create a calendar blocking off time for each task to organize your time and meet your deadlines. This will relieve the stress of having too much to do in too little time, since all time and tasks are accounted for.

(b) **Avoid the Problem:**

The best way to avoid a stressor like having too much to do is to avoid taking on too much work in the first place. Although we usually think of **avoidance** as a bad thing, sometimes refusing to take on a task we can't finish is beneficial. All people have a limit for how much they can accomplish. Pick the most important tasks and focus on doing them well. This will ensure your success, decreasing your stress levels.

(c) **Asking for support:**

If you feel like too much work, enlist some supports. You might be able to ask for an extension for certain projects, or if you struggle with a particular task, ask for help from someone who is more familiar with it. If organization is interfering with your productivity, ask a highly organized friend to help you get your physical or mental space together. If you have an assistant at work, delegate work to them. Delegating tasks may seem obvious, but often times we feel we can do the task better, faster, or don't want to lose control. This results in us having too much work and, consequently, being overly stressed.

CRITICAL EVALUATION OF PROBLEM-FOCUSED COPING STRATEGIES

In general problem-focused coping is best, as it removes the stressor, so deals with the root cause of the problem, providing a long term solution.

Problem-focused strategies are successful in dealing with stressors such as discrimination (*Pascoe & Richman, 2009*), HIV infections (*Moskowitz, Hult, Bussolari, & Acree, 2009*) and diabetes (*Duangdao & Roesch, 2008*). However, it is not always possible to use problem-focused strategies. For example, when someone dies, problem-focused strategies may not be very helpful for the bereaved. Dealing with the feeling of loss requires emotion-focused coping.

Problem focused approached will not work in any situation where it is beyond the individual's control to remove the source of stress. They work best when the person can control the source of stress (e.g. exams, work based stressors etc.).

It is not a productive method for all individuals. For example, not all people are able to take control of a situation, or perceived a situation as controllable. For example, optimistic people who tend to have positive expectations of the future are more likely to use problem-focused strategies, whereas pessimistic individual are more inclined to use emotion-focused strategies (*Nes & Segerstrom, 2006*).

V. APPRAISAL-FOCUSED STRATEGIES

Appraisal-focused strategies attempt to modify thought processes associated with stress. People alter the way they think about a problem by approaching it differently or altering their goals and values. Cognitive reappraisal is a form of cognitive change that involves construing a potentially emotion-eliciting situation in a way that changes its emotional impact (*Lazarus & Alfert, 1964*). *Lazarus and Folkman (1984)* consider it as one of the Problem Focused Coping Strategies. This may include

- Distancing yourself from the problem or challenge
- Altering goals and values, or
- Identifying the humour in the situation to bring a positive spin.

Typically, people use a mix of these three coping strategies to manage challenging circumstances. Skill or powers at employing these

strategies changes over time. Counsellors can also promote use of these strategies by framing questions to bring a clients' awareness to their emotional response to experiencing the challenge, the problem or specific challenge itself, or thoughts associated with the challenge is a great way to increase understanding. Possible questions might include:

- What is your experience of challenging circumstance XYZ?
- How would you like your experience of XYZ to improve?
- What could you do to reduce/remove this issue?
- How can you change your response to this issue?
- What runs through your mind in this situation?
- How else could you view this situation?
- What do you choose to feel/think/do instead?

Using questions like this to generating possibilities and alternative directions can be useful for coaching where a client is seeking increased clarity. There is an opportunity to bring attention to the emotion, energy, and tone, as well as the words the client uses to describe the situation, and ask questions related to Emotion-focused strategies and Appraisal-focused strategies. Not all coaching topics bring forth a specific challenge, but there are often opportunities to reflect back the ways in which a client chooses to directly interact with the environment that incorporate Problem-focused strategies too. For example, if a client has a goal to lose weight, what food options do they routinely have available that might have an impact on their weight loss experience?

These questions promote the client changing their experience to what they want by bringing clarity to which conditions are the most important and highlighting the contrast between want is wanted and unwanted. This leads to discovery of both the *internal* and *external* parameters that bring happiness and how they can be established.

VI. ADAPTIVE VERSUS MALADAPTIVE STRATEGIES

Coping strategies can also be positive (adaptive) or negative (maladaptive).

Positive coping strategies successfully diminish the amount of stress being experienced and provide constructive feedback for the user. Examples of adaptive coping include seeking social support from others (*social coping*) and attempting to learn from the stressful experience (*meaning-focused coping*). Maintaining good physical and mental health, practicing relaxation techniques, and employing humour in difficult situations are other types of positive coping strategies. Proactive coping is a specific type of adaptive strategy that attempts to anticipate a problem before it begins and prepare a person to cope with the coming challenge.

Negative coping strategies might be successful at managing or abating stress, but the result is dysfunctional and non-productive. They provide a quick fix that interferes with the person's ability to break apart the association between the stressor and the symptoms of anxiety. Therefore, while these strategies provide short-term relief, they actually serve to maintain disorder. Maladaptive strategies include dissociation, sensitization, numbing out, anxious avoidance of a problem, and escape.

VII. COPING ABILITIES

The capacity to tolerate or cope with stress varies among people. The brain is a vital element in the experience of stress, because the mind must both perceive an event as a stressor and judge the ability to deal with that stress. The root of stress is the cognitive appraisal of an event as stressful or stress-inducing. *Primary appraisal* is the extent to which a person perceives an event as threatening and harmful. *Secondary appraisal* is the estimation of whether a person has the resources or abilities necessary to deal with what has already been deemed stressful. An individual can effectively cope with stressors by appraising stressful situations and having confidence in their ability handle situations that are stressful.

VIII. VARIATIONS IN COPING ABILITIES

Coping ability and strategy selection vary depending on personality, gender, and culture. A person with a positive demeanor and outlook on life will perceive less stress and be better equipped to handle stress when it does arise. Those people who employ a static view of the world will perceive

more stress and be less adept at addressing the stressor in their lives. Men and women also assess stress differently but tend to cope with stress similarly. Evidence shows that men more often develop career- or work-related stress, while women are more prone to stress about interpersonal relationships. The small amount of variation in coping-strategy selection shows that women will engage in more emotion-focused coping while men tend to use problem-focused strategies.

Culture and surroundings also affect what coping strategies are practically available and socially acceptable. Some cultures promote a head-on approach to stress and provide comforting environments for managing stressful situations, while others encourage independence and self-sufficiency when it comes to coping with stress. A person's perception of stress and ability to cope with that stress are products of many different influences in life.

CONCLUSION

When faced with stress, people must attempt to manage or cope with it. In general, there are two basic forms of coping—problem-focused coping and emotion-focused coping. Those who use problem-focused coping strategies tend to cope better with stress because these strategies address the source of stress rather than the resulting symptoms. To a large extent, perceived control greatly impacts reaction to stressors and is associated with greater physical and mental well-being. Social support has been demonstrated to be a highly effective buffer against the adverse effects of stress. Extensive research has shown that social support has beneficial physiological effects for people, and it seems to influence immune functioning. However, the beneficial effects of social support may be related to its influence on promoting healthy behaviors. Forms of meditation, prayer, and contemplation can negate or abate present stress and provide resilience in the face of new stressors. Neuroscientists continue to study the effects of prayer and meditative states on the brain. A number of studies have demonstrated the positive effects of prayer, meditation, and contemplation on both mental and physical health. Decreasing levels of stress is one of the effects found across several studies. Through faith and spirituality, new levels of calm and happiness can

be achieved, cultivating happiness, health, and wellness.

REFERENCES

[1] Billings, A. G., & Moos, R. H. (1981). The role of coping responses and social resources in attenuating the stress of life events. *Journal of behavioral Medicine*, 4, 139-157.

[2] Cheng, S. T., Tsui, P. K., & Lam, J. H. (2015). Improving mental health in health care practitioners: Randomized controlled trial of a gratitude intervention. *Journal of consulting and clinical psychology*, 83(1), 177.

[3] Duangdao, K. M., & Roesch, S. C. (2008). Coping with diabetes in adulthood: a meta-analysis. *Journal of behavioral Medicine*, 31(4), 291-300.

[4] Epping-Jordan, J. A., Compas, B. E., & Howell, D. C. (1994). Predictors of cancer progression in young adult men and women: Avoidance, intrusive thoughts, and psychological symptoms. *Health Psychology*, 13: 539-547.

[5] Field, T., McCabe, P. M., & Schneiderman, N. (1985). *Stress and coping*. Hillsdale, NJ: Erlbaum. [Google Scholar](#).

[6] Lazarus, R. S. (1991). Progress on a cognitive-motivational-relational theory of emotion. *American psychologist*, 46(8), 819.

[7] Lazarus, R. S., & Alfert, E. (1964). Short-circuiting of threat by experimentally altering cognitive appraisal. *The Journal of Abnormal and Social Psychology*, 69(2), 195.

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

[9] Lazarus, R. S. (1999). *Stress and emotion: A new synthesis*. New York: Springer. [Google Scholar](#).

[10] Moos, R. H. (1986). *Coping with life crises: An integrated approach*. New York: Plenum Press. [Google Scholar](#).

[11] Moskowitz, J. T., Hult, J. R., Bussolari, C., & Acree, M. (2009). What works in coping with HIV? A meta-analysis with implications for coping with serious illness. *Psychological Bulletin*, 135(1), 121.

[12] Nes, L. S., & Segerstrom, S. C. (2006). Dispositional optimism and coping: A meta-analytic review. *Personality and social psychology review*, 10(3), 235-251.

[13] Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological bulletin*, 135(4), 531.

[14] Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of behavioral medicine*, 25(6), 551-603.

[15] Pennebaker, J. W. (1995). Emotion, disclosure, & health. *American Psychological Association*.

[16] Petrie, K. J., Booth, R. J., & Pennebaker, J. W. (1998). The immunological effects of thought suppression. *Journal of personality and social psychology*, 75(5), 1264.

[17] Sarafino, E. P. (2012). *Health Psychology: Biopsychosocial Interactions*. 7th Ed. Asia: Wiley.

[18] Zeidner, M., & Endler, N. S. (1996). *Handbook of coping: Theory, research, applications*. New York: Wiley. [Google Scholar](#).