# Coping

The concept of coping was derived from the researches of defense studies and psychoanalysis. The struggle of ego in response to the unpleasant ideas and feelings was called a defense by Sigmund Freud. Later on, Anna Freud supported the idea of defense mechanism and presented the idea that when an individual entangled within stressful conditions, he or she utilize preferred techniques. The Freud’s thinking of unconscious efforts to manage distress provided a base to researches conducted on coping (Parker & Enler, 1996).

The advancement in the coping studies lies on the researches conducted by R.S. Lazarus. We observe that life events vary in nature and extent. Chronic life stressors require an individual to deal with repeated demands of the consequences in routine life. In this struggle, some individuals deal with the situation and use effective coping mechanism while others become helpless and do not deal the heavy load of mundane events of life.

According to the Lazarus (1966) the process of coping involves five stages i.e. environmental event, event appraisal (primary appraisal in which a person feel that something is at risk), secondary appraisal in which a person decides to change the situation, resource appraisal (coping activities ) where a person either adopt emotion focused or problem focused coping and at the end the coping outcomes which may be either physiological (activation of the immunes system, results in illness) or psychological impact (positive or negative mental health). ­

Coping has been derived from two different theoretical approaches. The first approach was based on the learning theory developed by Ivan Pavlov and his research fellow, who theorized that personality had been shaped by observable responses to the environment. Learning was based on classical and operant conditioning. This classical conditioning suggested that a learned response was either strengthened or weakened by positive or negative reinforcement (Schriver, 2004).

The second approach was based on the freud’s theory of psychoanalysis. This process oriented approach defined coping as way of thinking and actions in response to handle the problematic situation. Then the research work of Folkman and Lazarus (1984) gave a new dimensions to coping as a process, viewing coping as a continuously responses to stress in various life events. They viewed that stress may be resulted from the environment and the individual response to the stress. According to Folkman and Lazarus(1988) this approach was based on four key concepts.

1. It involves a process.
2. It deals with the management rather than mastery.
3. It involves no a priori judgement while dealing with types of the coping process.
4. Coping does not based on automatic responses but focused on cognitive process.

In the broader sense, , coping is often conceptualized in two dimensions i.e. problem focused coping that directed towards direct dealing with the state of affairs and the other form of coping that deal with the management of negative effect of the prevailing condition is called emotion focused coping (Lazarus & Folkman, 1984). There may be different methods to mange in routine life coping. For instance, while coping emotionally, one person may ask for social support or he or she may apply denial and these may be categorized as adaptive or maladaptive ways in daily life (Carver, Scheier,& Weintraub,1989). These maladaptive strategies may initially helpful for a person to adjust a situation; but with the passage of time, the long term use of the strategy may not be so effective. For example, this expression of negative thoughts may be useful in the beginning stage, yet the continuous application of this strategy may divert attention from the real thing and it will create problems in effective coping (Carver et al., 1989).

Adaptive coping strategies facilitate the improvement in psychological well-being which results positive for medically ill populations. The application of strategies like acceptance, active coping and planning is beneficial to deal with the stressful conditions. Carles apply these coping in a sample of heart patients and found positive results (Carels, 2004; Carver et al., 1993). In another study it also concluded that acceptance and humor has positive relation with lowering stress while denial and disengagement revealed negative association with distress among cancer patients. These maladaptive coping strategies have relation with increased negative emotions, low quality of life, and mortality (Burker, Evon, Sedway, & Egan, 2004; Carver et al., 1993).

There is difference between the problem solving coping and emotion oriented coping, viewing that emotional coping regulates the emotional responses to a problem while the second one is directed at managing and changing the situation. When a person becomes hopeless and consider that there is no solution to problem, he or she adopted emotion oriented coping to lessen the distress. It involves the cognitive strategies i.e. distancing, avoidance, selective actions, reappraisal and self criticism. One form of emotion oriented coping is called reappraisal, in which the actual situation remain the same but only the thinking of a client is changed. In case of amenable situation a person adopted the problem solving coping. In this case a person, triggers his or her inner self, looks at the alternative actions, judge the situation either positive or negative, then take action (Lazarus & Folkman, 1984).

## Definitions of Coping

*Coping* can be defined as;

“Constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141).

“Coping styles are the specific ways individuals respond to stressful circumstances” (Murberg & Bru, 2001).

“Coping means contending with or attempting to overcome difficulties. Overtime , we develop various skills of thought and behavior i.e. coping skills, that we use to grapple with problems we encounter in everyday life” (Atchley & Barusch, 2004, p. 163).

## Coping and Aging

Aging is frequently linked with prominent traumatic life changes and challenges. Physical disabilities may deter older adults to participate in routine life activities, the need for care and the feeling of becoming dependent not only pose challenges but create a sense of being a burden within the family set up , and the erosion of social support network starts with the loss of family and friends. In spite of these barriers, many older adults adapt various coping mechanisms/strategies to face the changes in their lives.

When a person grows older, he or she suffered from the decline in physical, functional, economic and role. Literature supports that all these deteriorating changes with aging are considered as major stressors among elderly (Ensel, peek, Lin, & Lai, 1996; Peek et al., 1997; Everard, Lach, Fisher, & Baum, 2000). Physical decline and functional changes causes deterioration in older African American whose preexisting state is already overwhelmed due to the limited health services,(Smedley, 1999; Fiscella,Franks, Gold & Clancy, 2000) and low socioeconomic status(Ren, Amick, & willaim, 1999). These changes drift the tendency of elder persons towards the emotional focused coping rather than problem solving coping.

Moreover, loss of important roles of elderly triggered stress and effect mental health, causing depression which impedes coping (Cochran, brown, & McGregor, 1999). This situation also triggered by economic losses. In the studies of elderly African Americans, economic conditions not only effecting adversely to aging but also reduces the resources for coping (smith, 1997; Bowles et al., 2000).

The acknowledgement of the changes in the environment is normal behavior to apply the normal coping mechanism. It is clear that aging pose effective change in the personal performance of individuals and if a person denies acknowledging these changes, then this maladaptive behavior creates an unbalance situation. This maladaptive reaction to age changes which prevents an internal reconciliation with an external environment is call denial.

The elderly encounters various physical, psychological and social changes as they grow older; therefore they have to adopt certain coping strategies to live normal life. Sometime these coping are made in response of positive changes i.e. enjoying the freedom from the routine life and leading satisfactory retired life. But on the other hand due to increased physical, financial and social dependency, an older adult has to adopt various coping mechanisms as aging cause’s changes in relationships, life style, housing needs, income and other matters of life. Three general strategies elderly use in adapting to aging i.e. continuity, anticipation, and compensation (Atchley, 1989, 1999).

According to Atchley, (1999) continuity means "Recurring themes and persistent patterns in which details can change as long as basic patterns are maintained same". Continuity is an adoptive strategy which can be internal and external. Internal continuity deals with the persistence of ideas and thinking whereas the external refers to living with familiar people in the familiar environment. Continuity does not mean that there will be no change but it deals with new experiences of life with a solid background of familiar and persistent attributes and processes of self and the environment. The level of continuity varies from person to person as the greater weight of previous experiences and skill in life exerts pressures towards continuity. The more experienced a person more the pressure towards continuity.

Atchley, (1989, 1999) talked about the continuity, with the concept ‘fitting in’ that he or she tried to adjust in the new situation to fulfill their needs by keeping in view the past perceived experiences. According to Kaufman, a constant restructuring allowed a person to sustain a feeling of harmony about themselves and a feeling of relation with the parts of their pasts that they believe related to those who they were at the present (Kaufman 1986, p. 150).

Anticipation is the realization of situation before actual happening that can minimize or eliminate negative aspects and promote the positive aspects of change e.g. millions of people are going to use proper exercise to maintain the blood cholesterol level and financial planning to deal with social need with low income after retired life. Compensation involves taking measures to make up for a loss. People usually remain idle and accept the negative changes in life by considering that it’s the will of God or fate. It is the first step that often elderly take to compensate losses with aging. For instance, eye glasses and hearing aids are the compensation for physical age changes but the social losses are compensated by social support through family members and people with whom to socialize (Atchley & Barusch, 2004).

## Coping Strategies among Elderly

Atchley (1999) presented three major ways of elderly copings in daily routine life. They coped through relationships, positive attitudes and spirituality. These three coping mechanisms/strategies were estimated by 80 percent, 47 % and 25 % of the respondents respectively. He also presented others coping strategies i.e. situational factors (sound mind, good health) and having goals-keeping productively busy, services to others and having responsibilities and obligations. Koenig (1995a) also reported that 30 % of the elderly form the community setting were used to adopt religion as a coping strategy.

The major coping strategy in case of lack of financial sources is learning to make do with less income. Living within own means is the best strategy among elders to pass their lives happily. As one elderly female told, ‘i was raised and taught all my life, waste not want not’, we never buy anything on credit if i did not have money. In the same way, the adjustment to reduced income lies within cutting the extra luxuries, such as transportation and special clothing etc. (Day, 1991, p. 260).

In case of physical disability, the older adults have to face the socio-cultural stigmas that constraint social opportunities. In the western culture where concept of person- hood assumes a fully functioning body and mind. So the people who have low mental and physical capacities, required for full adult functioning are often treated as less than fully human. Disabled and chronic ill persons internalize these negative feelings of society which can cause lower self esteem. In the reaction of this negative assessment, they inclined towards the withdrawal reactions such as social isolation (luborsky, 1994). In coping with theses physical and mental disabilities, elders are caught in the middle of two contradictory cultural principles; autonomy and institutionalized care. In this way on one side person tried to solve his or her problems with personal efforts and on other hand professional services should be provided to solve their problems (Atchley & Barusch, 2004).

In case of increased dependency, the major task for the elderly is to learn how to accept help form others without losing one’s own self respect rather than only the provision of assistance. In this regard, Lieberman and Tobin (1983) suggested that individuals who are able to adjust well to increased dependency need two things. First, sufficient physical and mental resources to mobilize the energy used to adopt and secondly, tough mindedness about their own worth. Gerontologist emphasize on the loss of roles among the older adults. Havighurst (1963) and Rosow (1967) presented activity theory, in which they focused that unless the physical and social dependency in old age, elderly had the same social and psychological requirements as the middle aged persons. They theorized that participation of aged people decreased due to the withdrawal of society from aging people and most of them dislike this societal withdrawal and they wanted to continue their role and status in society. However this concept of activity theory was also supported by the research work of Cutler and Hendricks (1990) as the reduction with age in the number of roles are related to reduction in opportunity.

Elders who are engage in different activities and have lot of assignment to do, they do not need to find new roles and activities to substitute for those they lose. They feel relax and easily redistribute their remaining roles and activities. Atchley in his earlier work called this consolidation. In case of retirement, people used to adopt this coping strategy to compensate their role loss through consolidation.

Consolidating approach is not applicable for those elders who already have few activities and in case of loss of these few activities they undergo feelings of depression and loneliness. Thus these people are forces to disengage. Consolidation may also not a good solution if most important tasks are lost by a person. For instance in the Asian society, the important family matters (decision making and matrimonial matters) are solved and managed by the elders. If they lose this role, they become tensed and frustrated.

Streib and Schneider (1971) suggested the concept of differential disengagement in which people withdraw from some activities but engage in some other type of activities to balance and maintain their participation level. This differential approach is similar to the consolidation approach. This concept also supported by Troll, who discussed the role shifting of elders within the family set up. She reported that the older people compensate their loss of roles by increasing their involvement within the other family matters.

Martin and his research fellows (2001) conducted a study to review age, gender, education and ethnicity in precise modular coping behaviour. They found that support a positive association of education, religion and specific coping behaviour among elderly. It was investigated, the oldest old person in comparison with other old age groups used more religious coping, acceptance, and depended less on others. Gender differences were also noted in coping methods. As most of research studies revealed the women to be more religious than men (Levin, Taylor, chatter, 1994; Krause, 1995). Similarly the educated people used problem focused coping while the less educated were used to pray or religious coping. The education increased the ability to cope with the stress through problem solving coping (Lazarus & Folkman, 1984).

Robert and Elder (2008) conducted a study on elderly men and discussed the four aging aspects to confine the appreciable complication of adjustment, activity, and engagement in the later life. They reported that some respondents experience decline and tension in later life while the remaining considered as a new arrival and activity. It was concluded not a single factor or a few happening may contributed to built these patterns of life at the time of old age but it shaped by the complex experience in the physical, psychological and social world. These lifelong experiences influence aging style in their own right by capturing the nature of the individual pathways throughout life, not simply by establishing current circumstances.