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Stress DefinitionStress occurs when an individual perceives that the demands of a personally important situation tax or exceed his or her capabilities and resources. The situation can be a major event such as the death of a loved one, an interaction with another person such as a disagreement with a coworker, or even an internal event such as a realization that one is aging but has not accomplished important life goals. Stress, especially if experienced chronically, can have serious negative physical and psychological consequences. Coping consists of the individuals thoughts and behaviors aimed at eliminating the source of the stress, reducing the negative emotions associated with the stress, or increasing positive emotion in the context of stress. The study of coping is important because adaptive coping can be taught, which can help short-circuit the potentially harmful effects of stress on mental and physical health.Stress History and BackgroundStress is a ubiquitous term that is commonly used to describe a wide range of situations, experiences, and states of being. Practically everyone has had personal, often daily, experience with stress, and the idea that stress is harmful to mental and physical well being is well ensconced in popular culture. Empirical studies of stress began early in the 20th century with research focused on the biological aspects of the stress response. In 1932, Walter Cannon outlined the fight-or-flight response in which the organism reacts to a threat by releasing catecholamines that ready the organism physically to respond to the stressor. Increased heart rate, blood pressure, blood sugar, and respiration are among the physiological results of catecholamine release. The fight-or-flight response is adaptive in the sense that it provides the necessary physical resources for the organism to react to acute stress. When the fight-or-flight response is repeatedly or chronically triggered, there are likely to be harmful physical consequences. Hans Selye discovered that a variety of stressors such as extreme cold or fatigue caused enlarged adrenal glands, shrinking of the thymus, and bleeding ulcers in rats. Selye outlined a three-stage process called the General Adaptation Syndrome in which prolonged stress leads to a breakdown of bodily resistance leaving the organism vulnerable to what he called diseases of adaptation such as cardiovascular disease, kidney disease, or arthritis.Early biological theories of stress led researchers to investigate the types of occurrences or events that resulted in biological changes. A natural outgrowth of the research of Cannon and Selye was stressful life events research. Researchers in this tradition were interested in quantifying the impact of various life events by their effects on psychological and physical well-being. Initially, the idea was that those individuals who experienced life events that required some sort of adjustment (such as marriage, death of a close family member, pregnancy, or changing to a different line of work) would be more likely to experience distress, depression, and physical illness than would those who experienced fewer life events. Results of these studies indicated that although there is a significant association between life events and well-being, the link is not particularly strong. Even among those individuals who are categorized as high risk for deleterious effects based on the number of stressful life events they experience, a substantial number do not show increased illness. Thus, the research focus in stressful life events turned from an emphasis on the stressful events per se to the study of other factors that play a role in the association between stressful events and physical or psychological well-being. Coping is one such factor. Two people who experience the same objectively stressful event can have very different psychological and physical outcomes depending on how they cope with the event.The concept of coping was born out of the psychodynamic work on defenses. The theory developed by Sigmund Freud in the late 1800s and early 1900s was that each form of psychopathology stemmed from unconscious reliance on a particular defense mechanism in response to uncomfortable thoughts or feelings. For example, paranoia was thought to stem from the defense mechanism of projectionattributing ones own unacceptable thoughts and feelings to someone else. Subsequent theorists classified defense mechanisms into adaptive (mature) and maladaptive (immature) with responses such as humor, suppression, and sublimation considered mature and responses such as projection and passive aggression considered immature.One of the hallmarks of defense mechanisms is that they are relatively unconscious and trait-like. Although research on defenses continues, in the 1960s, researchers set a new course for the study of stress and coping by conceptualizing coping as a context-dependent, conscious process of thoughts and behaviors that ordinary people use in response to the events in their lives that they perceive as stressful.Stress and Coping TheoryThe stress and coping theory developed by Richard Lazarus and Susan Folkman has served as the foundation for decades of coping research in several different samples experiencing a vast variety of types of stress. The key components of the theory are appraisal and coping, along with emotion, which is central to both components.AppraisalAppraisal is the evaluation of an event in terms of its significance for well-being. Whether the individual appraises the event as stressful depends on characteristics of the individual (such as personality, goals, and beliefs) as well as characteristics of the event. Appraisal is an assessment that focuses on the meaning of an event or situation for the individual and occurs on a continuous basis. Humans naturally appraise or evaluate their surroundings and experiences constantly in relation to their own well-being. Primary appraisal addresses the question of whether anything is at stake for the individual in the context of the event. Secondary appraisal indicates what, if anything, can be done in response to the event and involves the assessment of available coping resources (e.g., money, time, social support, self-esteem) and options for coping and whether these are likely to be effective in the particular situation. For example, imagine you have an exam coming up in your most difficult class and you must do well on it to pass the class and graduate. If graduation is something you value, your primary appraisal is likely to be one of threatthere is a lot at stake in the situation for you. As part of the secondary appraisal process you inventory the resources at your disposal for addressing the stressor/upcoming exam. Your coping resources may include textbooks and other reading materials on the test topic, notes taken by other students in the class, the willingness of the teaching assistant to spend time helping you prepare for the exam, and perhaps your own confidence in your test-taking ability. Upon reflection on your coping resources, you may reappraise the upcoming test as more of a challenge than a threat. Together, primary and secondary appraisal determine the extent to which the event is perceived as stressful.Appraisals are associated with emotional responses. Those stressful events appraised as threatening are usually associated with negative emotions such as anxiety. Events appraised as harmful are associated with negative emotions such as sadness or anger. A challenge appraisalthe evaluation of a situation as having the potential for gainis usually associated with both positive and negative emotions. Whereas an appraisal of challenge is likely to prompt feelings such as excitement and enthusiasm, there is also the potential for anxiety and fear because the outcome is uncertain.Early stress and coping research focused almost exclusively on negative emotions. However, several studies have now documented that positive emotion can occur with relative high frequency, even in the most dire stressful context, even during periods when depression and distress are significantly elevated. Positive emotion in the stress process is thought to sustain coping, restore depleted resources, and provide a respite from negative emotions, particularly under conditions of chronic stress. Furthermore, positive and negative emotions are associated with different types of coping. Therefore, it is important to consider the role of positive as well as negative emotion in the coping process.CopingThe appraisal of the event as a harm, threat, or challenge prompts a coping response. This coping response may influence the event itself, the individuals appraisal of the event, or the emotions associated with the event. In the context of a given stressful event, appraisal produces emotion and prompts coping, which, in turn, influences emotion and subsequent reappraisal of the situation. This appraisal-emotion-coping-emotion-reappraisal process continues until the situation is resolved or the appraisals are such that the event is no longer viewed as stressful.Although there are potentially an infinite number of ways of coping (e.g., making a plan of action, fantasizing about an ideal outcome, reminding oneself of the good that will come out of the situation, pretending the stressful event didnt happen), on a theoretical level, there are two major functions of coping. Problem-focused coping involves taking steps to deal with the problem directly, whereas emotion-focused coping is aimed at reducing the negative emotions associated with the problem. Some examples of problem-focused coping are making a plan of action or concentrating on the next step. Some examples of emotion-focused forms of coping are engaging in distracting activities or using alcohol or drugs. Getting drunk doesnt really solve the problem, but people often think it will help them feel better.The theoretical distinction between problem- and emotion-focused types of coping is useful for classifying and discussing the many types of coping, and it is used extensively in the coping literature. In practice, however, the distinction between coping aimed at addressing the problem and coping aimed at addressing the emotion isnt always clear. Problem-focused coping can also serve an emotion-focused function because by addressing the problem itself, the individual is also addressing the source of his or her negative emotions. Thus, if the problem-focused efforts are successful, the negative emotions associated with the problem will also be reduced. For example, a problem-focused response to having a car that repeatedly breaks down would be to buy a new car. Buying a new car effectively eliminates the negative emotions associated with the repeated breakdowns of the old car. Thus, the problem-focused coping response has also served an emotion-focused function. Sometimes, emotion-focused types of coping can ultimately serve a problem-focused function. Studying in response to an upcoming exam is a form of problem-focused coping. However, high levels of anxiety may prohibit effective studying. Therefore, doing something to reduce the anxiety such as going to the gym or getting a massage may facilitate subsequent problem-focused coping. People rarely rely on just problem-focused or just emotion-focused types of coping. Usually, in response to a given stressful event, they employ a mix of problem- and emotion-focused responses.Although many stressful events are short-lived and require only an abbreviated coping response, many types of life stress are ongoing. These chronically stressful situations call for repeated and continued coping efforts over a long period. Examples of such ongoing stressors include ones own or a loved ones chronic illness, a dysfunctional work environment, or living in the aftermath of traumatic life events such as a major natural disaster. Because it calls for sustained coping efforts over a long period, chronic stress can deplete an individuals coping resources. In this context, meaning-focused coping becomes important. Meaning-focused coping responses draw on deeply held values, goals, and beliefs and help motivate and sustain coping efforts and bolster coping resources over the long term. These responses are linked to positive emotion, which reinforces their motivational and sustaining qualities. Meaning-focused coping, for example, includes identifying realistic coping outcomes that are valued by the person. For example, a husband providing care to his wife in the terminal stages of cancer who ensures that his wife is cleaned up and dressed every day because that helps her retain a sense of normalcy even though she is unable to leave the house is engaging in meaning-based coping. The pursuit of these outcomes creates a sense of control, which produces positive emotion, which, in turn, helps reinforce coping effort. Meaning-focused coping is used when a person reorders priorities so that they are in alignment with his or her underlying values, goals, and beliefs. The reordering helps the person allocate attention, resources, and efforts according to what matters. Benefit-reminding, a form of positive reappraisal in which the individual appraises benefit in a stressful situation (e.g., improved personal relationships, appreciation of the little things in life, greater sense of self-worth), is also considered a form of meaning-focused coping.What Is Effective Coping?A central tenet of stress and coping theory is that coping is not inherently adaptive or maladaptive. Instead, coping effectiveness must be judged in the context of the stressful situation. A given form of coping may be effective in one situation but not in another. For example, in a situation in which the individual has some control, problem-focused forms of coping are likely to be beneficial. But in situations that are completely out of the individuals control, problem-focused coping is less likely to be effective. Furthermore, the effectiveness of a given coping strategy will depend on the outcome of interest. A given coping response can be beneficial in terms of one outcome but detrimental in terms of another. For example, increasing the amount of time you spend on a project at work may be effective for your career success but damaging to your relationship with your spouse. Another consideration in judging coping effectiveness is proximity of the outcome. A particular coping strategy may be beneficial in the short run (e.g., confronting the person responsible for the problem may make you feel better) but detrimental in the long run (damage the potential for working with the person you confronted in the future). Thus, in judging coping effectiveness, it is important to identify the outcome, the time point (proximal vs. distal), and the context.Can Coping Be Changed?Part of the appeal of studying coping is that because it is a conscious response, it is potentially amenable to change. A growing body of evidence indicates that coping can be changed and people can be taught to cope more effectively with a variety of stressors. One approach to improving coping effectiveness is to help individuals identify whether a situation is changeable or not and then to match the form of coping to the situation (problem-focused types of coping for changeable situations, emotion-focused types of coping for unchangeable situations, meaning-focused coping in chronic situations). Another type of coping intervention targets the individuals appraisals of the stress and works to enhance confidence in his or her coping skills. Traditional stress management interventions can be viewed as training in emotion-focused coping, and problem-solving interventions can be thought of as training in problem-focused coping. In addition, coping training can take the form of enhancing coping resources such as social support.References:Cannon, W. B. (1939). The wisdom of the body (Rev. ed.). New York: W. W. Norton.Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. Annual Review of Psychology, 55, 745-774.Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. Review of General Psychology, 1, 115-144.Selye, H. (1956). The stress of life. New York: McGraw-Hill. Zeidner, M., & Endler, N. S. (1996). Handbook of coping. New York: Wiley. In the fast-paced rhythm of modern life, stress has become a ubiquitous companion, often leading us to the crossroads of challenge and opportunity. The intricate dance between stress and our response to it is a subject of profound importance, shaping not just our daily experiences but also our long-term well-being. This article delves into the heart of stress and coping theory, unraveling the psychological tapestry that dictates how we perceive stressors and marshal our internal and external resources to face them. From the pioneering work of Lazarus and Folkman to contemporary applications, we explore the dynamic interplay of cognitive appraisals and coping strategies that empower us to navigate lifes tumultuous waters with resilience and poise. Join us as we embark on a journey through the landscape of the human psyche, examining the mechanisms that help us not just survive, but thrive in the face of adversity.The stress and coping theory, developed by Richard Lazarus and Susan Folkman, suggests that individuals experience stress when they perceive a discrepancy between the demands of a situation and their perceived ability to cope with those demands. This theory emphasizes the cognitive and emotional processes involved in stress and the ways individuals attempt to cope with it. According to this theory, individuals engage in primary appraisal (assessing the significance of the stressor) and secondary appraisal (evaluating their resources for coping with the stressor).The basic concepts of stress and coping theory revolve around how individuals perceive and respond to stressors in their environment. Over the last 75 years, research has uncovered a link between stress and health. When we experience excessive stress, it physically damages our bodies, leading to illness and disease. Stress plays a prominent role in the reuniting mind and body.Susan Folkman wrote, the research literature on psychological stress, coping, and health is impressive in its breadth, depth, and complexity. Scientists are exploring the causes and manifestations of stress at every level of analysis, from the micro levels of the genome and cell to the macro levels of culture and society. She continues to explain that the research focuses on two themes:the wear and tear of stress on mental and physical health and well-being and resilience in the face of stress.One of the significant theories to forward our understanding of stress is the stress and coping theory proposed by Richard lazarus and Susan Folkman.History of Stress and Coping TheoryThe development of stress and coping theory is a fascinating journey through the evolution of psychological thought, marked by significant contributions from various researchers and theorists. The history of this theory can be traced back to the early to mid-20th century when initial concepts of stress began to form.The term stress, borrowed from physics, was first used in the psychological context by endocrinologist Hans Selye in the 1930s.Selye observed that patients suffering from different diseases often exhibited identical signs of distress, leading him to the concept of a general adaptation syndrome, which described the bodys short-term and long-term reactions to stress (Selye, 1951). Selyes theory emphasizes an important element for wellness, excessive stress occurs when the demands made on an organism exceed that organisms reasonable capacities to fulfill them (Mat, 2011, Kindle location: 575).See General Adaptation Syndrome for more on this conceptThe most influential framework for understanding stress and coping was developed by psychologist Richard Lazarus and his collaborator Susan Folkman in the 1960s and 1980s.They introduced thetransactional model of stress and coping, which posits that stress is a result of a transaction between an individual and their environment, involving stressors, the individuals appraisal of these stressors, and their subsequent coping responses (Lazarus & Folkman, 1984).Lazaruss book Psychological Stress and the Coping Process published in 1966, laid the groundwork for this theory, describing stress as a dynamic process involving a series of transactions between the person and their environment. This model was revolutionary because it shifted the focus from viewing stress as merely a physiological response to considering the psychological processes involved.Over the years, the theory has undergone refinements and expansions.Susan Folkman and Judith Moskowitz, for instance, later emphasized the role of positive emotions in the coping process, acknowledging that individuals can experience positive feelings even in the context of stress, which can influence their coping strategies (Folkman & Moskowitz, 2000).Today, the field of stress and coping continues to be vibrant, with research expanding into areas such as resilience, well-being, and the role of technology in measuring and managing stress (Biggs, Brough, & Drummond, 2017). The theory remains a cornerstone in understanding how individuals perceive and manage stress and has paved the way for numerous therapeutic approaches and interventions.The history of stress and coping theory reflects the broader trends in psychology and medicine, from the initial focus on physiological responses to a more nuanced understanding of the psychological and social dimensions of stress. Its a testament to the complexity of human behavior and the adaptive nature of our responses to the challenges we face.Stressis often defined as a condition where environmental demands exceed the adaptive capacity of an individual, leading to psychological and physiological changes that may affect well-being. Other researchers define stress as a pattern of physiological and/or psychological reactions exhibited by a person who is under pressure from a disturbing or dysfunctional environment (Cushway, 1995).Stress and coping theory relies on a transactional model of stress. Lazarus wrote, Emotion arises from certain kinds of adaptive transactions or commerce a person is having with his environment (Lazarus, 1974). Basically, the transaction is between a person and their environment. the transaction involves three key components. First the present of a stressor. Second the individual appraisal of the stressor. And finally the reaction to the stressor. Lets take a closer look at these three elements.In the context of stress and coping theory, stressors refer to the external events or situations that place demands on an individual and have the potential to trigger a stress response. Stressors can be physical, emotional, environmental, or psychological in nature. They can vary in intensity and duration, ranging from minor everyday hassles to major life events. Lazarus particular refers to stressors that are not the major life changing events that most of us think of when we contemplate stress.Lazarus and Anita DeLongis explain that the stress and coping theory is concerned with the daily hassles. They define daily hassles as the irritating, frustrating, distressing demands and troubled relationships that plague us day in and day out. Lazarus and DeLongis go on to explain that some of these hassles are transient, others are repeated or even chronic (Lazarus & DeLongis, 1983).There are two main types of stressors:Acute Stressors: These are sudden and short-term stress-inducing events such as getting into an argument with someone or experiencing a near-miss accident.Chronic Stressors: These are ongoing stress-inducing situations that persist over a longer period of time, such as work-related pressures, financial difficulties, or chronic health issues.Stressors can come from various sources including work, relationships, family responsibilities, health problems, and societal influences. How individuals perceive and respond to these stressors plays a crucial role in determining their overall level of stress.According to the transactional model of stress proposed by Lazarus and Folkman (1984), individuals engage in a process of cognitive appraisal when confronted with a potential stressor. Folkman wrote, the coping process is initiated in response to a cognitive appraisal of a situation as stressful, which means it is personally significant and it taxes or exceeds the persons resources for coping (Folkman, 2011, p. 454).This involves evaluating the situation to determine whether it is threatening (harm/loss), challenging (potential gain/growth), or irrelevant. The appraisal process influences how individuals cope with the stressor either by using problem-focused coping strategies aimed at changing the stressful situation itself or emotion-focused coping strategies aimed at managing emotions related to the stressful event.In the context of stress and coping theory, distress refers to the negative emotional, psychological, and physiological reactions that occur when individuals perceive a situation as overwhelming, threatening, or beyond their ability to cope effectively. Distress is often associated with feelings of anxiety, frustration, sadness, anger, or helplessness.Distress can be triggered by various stressors such as work pressures, relationship conflicts, financial difficulties, health problems, or traumatic events. When individuals experience distress, it can impact their mental health and well-being in significant ways.According to Lazarus and Folkmans transactional model of stress and coping (1984), distress arises from an individuals appraisal of a situation as harmful or threatening. This appraisal process involves evaluating the potential stressor in relation to ones personal goals and resources. If the perceived demands exceed ones perceived ability to cope with them effectively, distress may result.Distress can manifest itself through various symptoms including:Physical symptoms: such as headaches, muscle tension, fatigueEmotional symptoms: such as irritability, mood swingsCognitive symptoms: such as difficulty concentrating or making decisionsBehavioral symptoms: such as changes in eating or sleeping patternsWe would love to relegate damaging distress to major life events. However, daily life stressors accumulate and we experience distress. Lazarus and Folkman explain, to equate environmental stress stimuli with major catastrophe or change is, in our view, to accept a very limited definition of stress. Our daily lives are filled with far less dramatic stressful experiences that arise from our roles in living. They continue, in our research we have referred to these as daily hassles, the little things that can irritate and distress people, such as ones dog getting sick on the living room rug, dealing with an inconsiderate smoker, having too many responsibilities, feeling lonely, having an argument with a spouse, and so on (Lazarus & Folkman, 1984).The point is Life is Stressful. We routinely encounter events that cause us to pause for a moment, process the unexpected, and then recalibrate to move forward. Basically, we constantly experience stress, cope, and survive. Coping, on the other hand, refers to the cognitive and behavioral efforts made to manage the internal and external demands that are appraised as taxing or exceeding ones resources. However, coping strategies can be both positive and negative, depending on their effects on mental well-being.They are highly individualized and depend on personality patterns and perceptual experiences.Coping strategies are not static; they are dynamic and can change over time as the individual reassesses the situation and their coping resources. Lazarus and Folkman emphasized two main styles of coping. They refer to these as problem-focused coping and emotion-focused coping.Problem-focused coping involves strategies aimed at addressing the root cause of stress to reduce or eliminate it. Here are some examples:Identifying Sources of Stress: Making a list of specific events that create stress to take the next step and devise a solution.Studying to Reduce Test Anxiety: Committing to studying a certain amount each day before an exam to be better prepared.Changing Careers: Deciding on a career change if the job is a major source of stress, which may involve additional training or education.Changing Social Circles: Choosing to spend time with positive people to avoid the stress of negativity.Hiring a Public Speaking Coach: Working with a coach to develop techniques to improve presentation skills.Changing Unhealthy Eating Habits: Eating healthy food to make the body feel good and reduce stress.Not Working on the Weekends: Taking time off to rest and recharge instead of feeling stressed 7 days a week.These strategies are proactive and solution-oriented, focusing on altering the situation to manage stress effectively.Emotion-focused coping strategies are techniques aimed at helping individuals manage and improve their emotional response to stressors. Here are some common strategies:Meditation: Focusing the mind to achieve a state of calm and well-being.Journaling: Writing about thoughts, feelings, and experiences to process emotions.Reframing Thoughts: Changing the way one thinks about a stressful situation to alter its emotional impact.Seeking Social Support: Turning to friends, family, or support groups for emotional comfort and understanding.Practicing Forgiveness: Letting go of anger and resentment towards others or oneself to reduce emotional stress.These strategies can be particularly effective when dealing with situations that are out of ones control, where problem-focused coping might not be possible.They help by changing the emotional experience of the stressor, rather than the stressor itselfEmily, a talented software engineer, found herself facing a significant stressor: she was asked to present her project at a major tech conference. The thought of speaking in front of hundreds of industry professionals sent waves of anxiety through her. She recognized this as a stressor and decided to apply the concepts of stress and coping theory to manage her situation.Initially, Emilys appraisal of the situation was that it was a high-threat challenge. She worried about being judged and making mistakes. However, she reframed her thinking to view the presentation as an opportunity to showcase her work and gain recognition.Emily took several proactive steps:Sheoutlined her presentationmeticulously, ensuring she understood the material inside out.Shepracticed daily, first in front of a mirror, then to a small group of friends, gradually increasing her audience size.Shesought feedbackto refine her delivery and content.Emily alsohired a public speaking coachto help her develop strategies to manage her nerves and improve her performance.To manage her emotional response, Emily employed several strategies:Shemeditatedevery morning to calm her mind and reduce anxiety.Shevisualized success, imagining the audience engaging positively with her presentation.Emilyexercised regularlyto reduce stress hormones and improve her mood.Shetalked about her fearswith a mentor who provided emotional support and reassurance.When the day of the conference arrived, Emily felt a natural surge of nervousness, but she was prepared. Her problem-focused coping strategies had equipped her with a strong presentation, and her emotion-focused coping strategies had kept her anxiety at manageable levels. She delivered her talk with confidence and clarity. The audience responded with enthusiastic applause, and Emily felt a profound sense of accomplishment. She had not only coped with her stress but had turned it into a personal triumph.This narrative illustrates how the integration of both problem-focused and emotion-focused coping strategies can empower an individual to manage stress effectively and even transform it into a growth experience.Stress and coping theory is intricately connected to various psychological concepts that span across different areas of psychology. Here are some related concepts:General Adaptation Syndrome: This is the early theory presented by Hans Selye on the bodies response to stress.Lazarus Cognitive Processing Theory: This theory posits that emotions arise not directly from external stimuli, but from our interpretations and evaluations of those stimuli. This appraisal process involves two key stages: primary appraisal (assessing the significance of the eventis it irrelevant, positive, or stressful?) and secondary appraisal (evaluating our ability to cope with the event).Resilience: The ability to bounce back from negative experiences with competent functioning; resilience is a dynamic process rather than a trait.Emotion Regulation: The process by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions.Social Support: The perception or reality that one is cared for by a social network, which plays a significant role in how people cope with stress.Health Psychology: This field often utilizes stress and coping theory to understand the psychological factors contributing to health and illness.Biopsychosocial Model: This model refers to the interrelated impact of biology, psychology, and social environments on an individuals health.Trauma and Post-Traumatic Stress Disorder (PTSD): Coping strategies are crucial in the context of trauma and recovery from PTSD.These concepts highlight the multifaceted nature of stress and coping, showing how it intersects with various domains of psychological research and practice. Understanding these connections can provide a more comprehensive view of how individuals manage stress and the factors that can influence their coping strategies.As we conclude our exploration of stress and coping theory, we are reminded of the profound adaptability and resilience inherent in the human spirit. The strategies and insights gleaned from this field of study offer more than just academic knowledgethey provide a blueprint for navigating the complexities of life with grace and strength. Whether through problem-focused tactics that confront challenges head-on or emotion-focused approaches that soothe and reframe our experiences, we possess an incredible capacity to manage stress. It is our hope that readers will emerge from this article not only informed but also inspired to apply these theories to their own lives, transforming potential strife into opportunities for growth and self-discovery. In the end, it is not the absence of stress that defines our journey, but the way we choose to respond to it that truly shapes our path forward.Last Update: July 6, 2024Weekly updates of newly published articles Biggs, A., Brough, P., & Drummond, S. (2017). Lazarus and Folkmans psychological stress and coping theory. In C. L. Cooper & J. C. Quick (Eds.),The handbook of stress and health: A guide to research and practice(pp. 351364). Wiley Blackwell.DOI: 10.1002/9781118993811.ch21Cushway, Delia (1995). Understanding stress and coping. British Journal of Therapy and Rehabilitation, 2(11), 615-620. DOI: 10.12968/bjtr.1995.2.11.615Folkman, Susan (2011). The Oxford Handbook of Stress, Health, and Coping. Oxford University Press.Folkman, Susan & Moskowitz, Judith (2000). Positive Affect and the Other Side of Coping. American Psychologist, 55(6), 647-654. DOI: 10.1037%2F0003-066X.55.6.647Lazarus, Richard S.; Folkman, Susan (1984). Stress, Appraisal, and Coping. Springer Publishing Company; 1st edition.Lazarus, Richard (1974). Psychological Stress and Coping in Adaptation and Illness. The International Journal of Psychiatry in Medicine, 5(4), 321-333. DOI: 10.2190/T43T-84P3-QDUR-7RTPLazarus, Richard & DeLongis, Anita (1983). Psychological stress and coping in aging. American Psychologist, 38(3), 245-254. DOI: 10.1037/0003-066X.38.3.245Gabor Mat (2011).When the Body Says No: Understanding the Stress-Disease Connection.Wiley; 1st editionSelye, Hans (1951). The General-Adaptation-Syndrome. Annual Review of Medicine, 2(1), 327-342.Somerfield, Mark & McCrae, Robert (2000). Stress and Coping Research. American Psychologist, 55(6), 620-625. DOI: 10.1037/0003-066X.55.6.620Many of the quotes from books come books I have read cover to cover. I created an extensive library of notes from these books. I make reference to these books when using them to support or add to an article topic. Most of these books I read on a kindle reader. The Kindle location references seen through Psychology Fanatic is how kindle notes saves my highlights.Please note that some of the links in this article are affiliate links. If you purchase a product through one of these links, I may receive a small commission at no additional cost to you. This helps support the creation of high-quality content and allows me to continue providing valuable information. The peer reviewed article references mostly come from Deepdyve. This is the periodical database that I have subscribe to for nearly a decade. Over the last couple of years, I have added a DOI reference to cited articles for the readers convenience and reference.Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56, 267283. Google Scholar Christensen, A. J., Martin, R., & Smyth, J. M. (Eds.). (2004). Encyclopedia of health psychology. New York: Kluwer Academic. Google Scholar Endler, N. S., & Parker, J. D. A. (1994). Assessment of multidimensional coping: Task, emotion, and avoidance strategies. Psychological Assessment, 6, 5060.Article Google Scholar Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. Journal of Health and Social Behavior, 21, 219239. PubMed Google Scholar Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. Journal of Personality and Social Psychology, 48, 150170. Google Scholar Lazarus, R. S. (1966). Psychological stress and the coping process. New York: McGraw-Hill. Google Scholar Lazarus, R. S. (1999). Stress and emotion: A new synthesis. New York: Springer. Google Scholar Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal and coping. New York: Springer. Google Scholar Lazarus, R. S., & Folkman, S. (1987). Transactional theory and research on emotions and coping. European Journal of Personality, 1, 141169. Google Scholar Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. Psychological Bulletin, 129, 216269. PubMed Google Scholar The social stress perspective primarily focuses on the origins of stressful life experiences (Aneshensel, 1992; Pearlin, 2009). According to the social stress perspective, the experience of stressors is structurally constrained (Wheaton, 1999; Pearlin, 2009). Exposure to external demands is not random, but rather embedded in an individuals position in society, social structure, social organizations, roles, and other social constructs (Aneshensel, 1992; Wheaton, 1999). Two central themes have emerged from the social stress perspective: (a) the differentiation of categories of stressor types and (b) the ways that social structures link to individuals experiences of stressors.Stressors are commonly divided into five categories: life events, chronic stressors, daily stressors, trauma, and nonevents (Wheaton, 1994, 1999; Wheaton & Montazer, 2010).Life events, also known as life change events or event stressors, are discrete, observable stressor events that have a clear onset and offset (Wheaton & Montazer, 2010). Some examples of life event stressors are the death of a spouse, divorce, and job loss. The modern study of social stress started with the analysis of life events, partly because the easily verifiable nature of these events make it possible to operationalize the concept of stress itself (Wheaton, 1994; Wheaton & Montazer, 2010). One challenge of this research is identifying a pool of all possible life events that an individual might experience (Aneshensel, 1992). For example, items in the stressful life event scales often mix life events with traumas and daily stressors (Aldwin & Yancura, 2011).Life event representation is an important issue for aging researchers. For example, an early study found an inverse association between age and exposure to life events, with older individuals showing fewer life events than their younger counterparts (Rabkin & Struening, 1976). Such a result runs counter to the general assumption that late life is associated with higher stressors due to the development of chronic illnesses and higher levels of bereavement (Aldwin & Yancura, 2011). However, further analysis showed that the Social Readjustment Rating Scale (Holmes & Rahe, 1967) that was used by Rabkin and Struening in their study consisted of items that included life events pertaining to younger individuals, such as marriage, birth, divorce, graduation, and job loss (Aldwin & Yancura, 2011). Analysis of life events using items designed for older individuals showed that there was no association between age and exposure to life events (Aldwin, 1990). Another study of life events showed that different sociohistorical experiences (e.g., wars, terrorist attacks, and economic downturn) influenced different levels of reported life events, indicating significant period effects (Chukwourji, Nwoke, & Ebere, 2017; Elder & Shananhan, 2006; Pruchno, Heid, & Wilson-Genderson, 2017). More longitudinal studies are needed to disentangle the influence of age and sociohistorical experiences on the reporting of stressful life events.The concept of chronic stressors, from a social stress perspective, originated from a study of chronic role strain by Pearlin and Schooler (1978) that articulated the importance of chronic disruptions in important social roles (e.g., marriage, work, and parenting) for health and well-being. Additional work by Wheaton and Montazer (2010) refined these ideas by providing three defining characteristics of chronic stressors that set them apart from event stressors:1. Chronic stressors develop slowly and insidiously as continuous problems related to social roles and the social environment. In addition, chronic stressors may or may not start out as events.2. The duration of the stressors from onset to offset is usually longer than the duration of life events.3. Chronic stressors include both regular problems and issues related to daily roles and more specific problems, making them less self-limiting than life events.Although chronic stressors are often tied to social roles, they also can include ambient stressors, which are not role bound, such as time pressure, financial problems, or living in a noisy place (Kershaw et al., 2015; Henderson, Child, Moore, Moore, & Kaczynski, 2016; Wheaton & Montazer, 2010). Table 1 provides a description of seven types of problems that are considered chronic stressors (Wheaton, 1997).Most studies of stress involving older adults focused on chronic stressors (Aldwin & Yancura, 2011; Grzywacz, Almeida, Neupert, & Ettner, 2004). However, more research is needed to investigate age differences across adulthood in the prevalence and duration of chronic stressors (Aldwin & Yancura, 2011). Different age groups might have different sources of chronic stressors, which might lead to a similar rate of prevalence and duration of chronic stress (e.g., chronic diseases among older adults, as opposed to economic hardships among younger individuals).Daily stressors, or daily hassles, are often mistaken as chronic stressors (Kanner, Coyne, Schaefer, & Lazarus, 1981). The defining characteristics of daily stressors, which separate them from chronic stressors, are their duration and magnitude of severity. DeLongis, Folkman, and Lazarus (1988) characterized a daily stressor or daily hassle as a short-duration experience of a stressor, such as having an argument with a partner or getting caught in a traffic jam. In addition, Almeida (2005) defined daily stressors as relatively minor events experienced in day-to-day living. Table 2 provides example questions from the Daily Inventory of Stressful Events (DISE), used by researchers to ascertain information about the frequency of peoples daily stressors.Compared to life events, daily stressors tend to have a more proximal effect on well-being (Almeida, 2005; Almeida et al., 2011). Daily stressors produce spikes in psychological distress during a particular day, while life events create prolonged bouts of distress (Almeida, 2005; Almeida et al., 2011). Daily stress also may have prolonged health effects when piled up across days, which in turn creates persistent irritations, frustrations, and overloads, including chronic physical and psychological distress, chronic conditions and functional impairment, and mortality (Chiang, Turiano, Mroczek, & Miller, 2018; Lazarus, 1999; Leger, Charles, Ayanian, & Almeida, 2015; Pearlin, Menaghan, Lieberman, & Mullan, 1981; Piazza, Charles, Sliwinski, Mogle, & Almeida, 2013; Zautra, 2003).Such a pileup of stressors (i.e., accumulation of stressor exposure or total number of stressors that an individual experiences) is more problematic if the stressors experienced are less diverse (i.e., low evenness of the type of daily stressors that an individual experiences). Higher levels of stressor exposure that are accompanied by lower levels of stressor diversity indicate a depletion of specific types of resources and may indicate the chronicity of the stressors (see Koffer, Ram, Conroy, Pincus, & Almeida, 2016, for an extensive discussion of stressor diversity).The experience of daily stress differs across adulthood. Based on Midlife in the United States (MIDUS) data, a national longitudinal study of health and well-being ( ), adults in the United States report at least one stressor on 40% of study days, and multiple stressors on 10% of study days (Almeida, Wethington, & Kessler, 2002). In general, studies show that the type and frequency of daily stressors differ by age (Aldwin, Sutton, Chiara, & Spiro, 1996; Almeida & Horn, 2004; Chiriboga, 1997). Mroczek and Almeida (2004) found that older adults reported fewer daily stressors, measured using DISE (see Table 2), and less stressor-related daily negative affect than younger individuals; however, older participants reported a higher level of severity in the reported stressors. Finally, Stawski, Sliwinski, Almeida, and Smyth (2008) found that there were no age differences in daily stressor-related negative affect.Stressors sometimes can be categorized as traumatic. Trauma is defined by the Diagnostic and Statistical Manual of Mental Disorders (4th edition) as events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others . . . the persons response [to the events] involved intense fear, helplessness, or horror (APA, 1994, pp. 427428). However, according to Wheaton and Montazer (2010), not all traumas happen as events. Physical abuse that happens one time during childhood might fit the definition of a traumatic event. On the other hand, repeated and regular experiences of physical abuse might be better categorized as a chronic traumatic experience. Another important defining characteristic of trauma is its greater severity compared to other types of stressors. As a consequence, traumas might have a greater impact on long-term health and well-being.Note: A Yes answer to each stem question is followed up with questions, including (a) a series of open-ended probe questions that ascertain a description of the stressful event, (b) a question regarding the perceived severity of the stressor, and (c) a list of structured primary appraisal questions inquiring about goals and values that were at risk because of the event (Almeida et al., 2002).Source: Almeida et al. (2002)According to Ozer, Best, Lipsey, and Weiss (2003), most people experience at least one violent or life-threatening situation during their lives. Among older adults, car accidents are the most common source of trauma (Weintraub & Ruskin, 1999). In addition, a study by Wheaton, Roszell, and Hall (1997) indicated that being sent away from home in childhood is the least common trauma (prevalence rate = 3.5%) and the death of a spouse, child, or other loved one is the most common traumatic experience (prevalence rate = 50%). Using the Traumatic Life Events Questionnaire (TLEQ) shown in Table 3, Ogle, Rubin, Berntsen, and Siegler (2013) found that nondisclosed childhood physical abuse is the least common trauma, and unexpected death, illness, or accident involving a loved one is the most common trauma.Note: n = 3,208.Sources: Kubany et al. (2000); Ogle et al. (2013).The last category of stressors are nonevents, defined as anticipated events or experiences that do not happen in reality (Gersten, Langer, Eisenberg, & Orzeck, 1974; Neugarten, Moore, & Lowe, 1965). Normative expectations play an important role in the stressfulness of nonevents such as not getting married by a certain age or not getting an anticipated promotion at a certain career stage (Frost & LeBlanc, 2014). Schuth, Posselt, and Breckwoldt (1992) studied miscarriage in the first trimester as a nonevent stressor. According to Wheaton and Montazer (2010), nonevents that have no tie to normative timing are more similar to chronic stressors, such as expecting a loan for low-income housing, but not receiving one.There are two hypotheses that researchers draw on to explain how social structures link to stressors and health outcomes: the exposure hypothesis and the vulnerability hypothesis (Aneshensel, 1992; Turner, Wheaton, & Lloyd, 1995). These competing hypotheses focus on disentangling whether exposure or vulnerability to stressors leads to disease risk. Stressor exposure is the likelihood that a person will be exposed to stressors given her or his social location, such as socioeconomic status (SES) or gender, and individual characteristics, such as personality (Alme