Coping across the Lifespan

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Abstract

Coping, a basic process integral to adaptation and survival, depicts how people detect, appraise, deal with, and learn from stressful encounters. Decades of research in the social and medical sciences have examined coping in many domains across the life span. Mainstream research, focusing on measurement of individual differences and correlates of coping, suggests that coping can buffer or exacerbate the effects of stress on mental and physical health and functioning, as well as directly shape the development of psychopathology and resilience. New directions include construction of developmental theories, measurement schemes that augment self-report questionnaires, and designs that capture coping processes.

Introduction

Coping is an adaptive process, integral to functioning and development. At its core, coping depicts how people detect, appraise, deal with, and learn from actual and anticipated stressful encounters. The processes used to accomplish these tasks arise from many levels, and so coping is an organizational construct that includes a tightly integrated system of neurophysiological, attentional, emotional, motivational, behavioral, cognitive, social, and interpersonal processes. Because coping refers to how individuals deal with actual stressors on the ground in real time, a major focus of the area has been the identification of different ‘ways of coping’. A wide variety of potentially adaptive ways have been studied, including instrumental action, problem-solving, support-seeking, reappraisal, accommodation, information-seeking, emotion expression and regulation, and negotiation; an even greater number of potentially maladaptive ways have also been identified, including avoidance, escape, rumination, denial, helplessness, passivity, confusion, concealment, isolation, self-pity, dependency, anxiety amplification, self-blame, other-blame, confrontation, venting, and aggression.

Considering the building blocks of the area, individual differences in these ways of coping have been the target of tens of thousands of studies, examining their links to physical and mental functioning, health, and psychopathology across the life span and in a wide variety of domains, including work, family, parenting, medicine, school, peers, bereavement, unemployment, aging, as well as nonnormative life events, like accidents, crime victimization, cultural upheaval, economic downturns, war, and relocation. Because these kinds of stressful life events comprise a host of changing challenges, threats, and losses, people typically employ many different coping strategies to deal with them, as both events and coping transactions unfold over time. People’s coping strategies are shaped by their appraisals of the stressful situation, their personal resources (such as intelligence or optimism), and the social resources they can access (such as instrumental help or emotional support). Although findings are not always clear or conclusive, in general, research suggests that the ways that people cope make a material difference to how stressful encounters are resolved and their short- and long-term consequences. For this reason, coping has been the target of intervention efforts across a wide spectrum of life stresses and events. This work suggests that coping is malleable and responsive to direct instruction, reappraisal of events, promotion of personal resources, and the provision of social supports.

Mainstream research, focusing largely on the measurement and correlates of coping, has been criticized for lack of consensus about core ways of coping, for overreliance on self-reports, and for use of cross-sectional designs. Developmental conceptualizations that link coping to regulation as well as process-oriented research in both naturalistic and lab settings, using a variety of assessments (interviews, narratives, daily reports, observations) and examining intraindividual relations and change over time, promises to reinvigorate the area.

Definitions

Given the current prominence of transactional views, coping is often defined as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus and Folkman, 1984: 141). Coping incorporates processes from many levels. It reflects evolution; humans come prepared to recognize and react to environmental demands in ways that promote survival. Coping has a tightly integrated physiological, psychological, and social basis. Many features of psychological functioning, such as emotions, motivation, attention, volition, cognition, and communication, are organized in ways that allow them to contribute to coping. For example, emotions signal and organize interactions of adaptive significance. Many aspects of social relationships and cultural systems also contribute to coping. For example, attachment relationships provide a safe haven of protection during times of distress.

Coping has both normative and individual difference features. Normatively, humans are prepared to cope adaptively. In fact, stress is likely necessary for the kinds of sustained constructive engagement that facilitate development. However, human responsiveness to stress can also represent
a vulnerability; too much stress can overwhelm and damage people. In addition, there are enormous differences in how physiological, psychological, social, and cultural resources for coping are distributed across individuals and sociocultural groups.

Finally, coping is a process that unfolds over time. Coping takes real time; any specific stressful transaction involves sequences of moment-to-moment interactions. Coping also takes place over episodic time; dealing with demands encompasses a protracted series of specific real-time transactions. As noted by White, “Described not inappropriately in military metaphors, adaptation often calls for delay, strategic retreat, regrouping of forces, abandoning of untenable positions, seeking fresh intelligence, and deploying new weapons” (White, 1974: 50). Coping also changes over developmental time: the means of coping as well as the personal and resources brought to bear during coping efforts show radical changes and qualitative shifts from birth and across the life span (Aldwin, 2007; Skinner and Zimmer-Gembeck, 2007).

Given its complexity and centrality to adaptation, it is not surprising that coping has been approached from a wide range of theoretical perspectives. It has been defined as a specific person-context transaction, personality in action under stress, a repertoire of strategies, a hierarchically organized set of ego processes, an indicator of competence, a function of emotion, an outcome of temperament, an expression of stress physiology, and a quality of action regulation. Although it has been suggested that coping is primarily a manifestation of other phenomena, most researchers vigorously argue that coping processes have an independent causal status. More specifically, they maintain that coping makes a material difference to how stressful interactions are resolved and is a key factor influencing long-term mental and physical health, well-being, and development in the face of adversity.

**Historical Contexts**

Coping did not appear as a term in Psychological Abstracts until 1967. Since that time, research has been voluminous. A search of PsycINFO on ‘coping’ from 1967 to 2013 yields about 61 000 entries, marking it as a topic of significant interest to psychologists. Historically, work on coping started well before the 1960s. It has early forerunners in psychoanalytic work on defenses and has been heavily influenced by the study of stress. Work with children and the elderly incorporates a focus on development. Theories have been informed by a host of interventions designed to help people of all ages cope more adaptively with trauma and stressful life events. (For historical overviews, see Lazarus, 1993; Lazarus and Folkman, 1984; Murphy, 1974; Parker and Endler, 1996; Snyder, 1999.)

**Coping and Defense**

The concept of defense, as it first appeared in psychology in the early writings of Freud (1894–1962), referred to psychological mechanisms (such as repression or projection) used to protect the psyche from disturbing thoughts and emotions, mainly by distorting reality or removing the distressing material from conscious awareness. These ideas were expanded by Anna Freud (1936/1946) who argued that individuals have particular styles of defense, which are linked to specific forms of psychopathology. This formulation influenced several generations of ego-psychologists (e.g., Haan, 1977; Valliant, 1986; see Cramer, 1998). These theorists argued explicitly for a hierarchical model of ego processes, in which some defenses are more mature than others. For example, Haan (1977) posited a three-tiered taxonomy of ego processes: coping, considered more forward-looking, flexible, largely conscious, and attunitive to reality; defense, considered to be inherently organized around issues from the past, rigid in operation, unconscious, and distorting of reality; and ego failure or ‘fragmentation.’

Many notions from this approach appear in current theorizing. They include the idea that coping occurs in response not only to environmental demands, but also to intrapsychic pressures; that some ways of coping are inherently superior; and that people consistently show characteristic styles of coping with threat that reflect personality or ego development. Moreover, this work introduced several themes that are resurfacing in current discussions of coping, including the idea that some modes of adaptation are unconscious and unintentional, that distortions of reality can be adaptive, and that the self (or ego) and its regulatory functions are central to processes of coping.

**Stress and Coping**

A second strand of work emerged from research on stress, a concept prominent in the social and health sciences since the 1930s (Selye, 1950). Systematic attempts to link stress exposure to specific psychological or somatic outcomes revealed marked individual differences in the effects of stress. Explicit recognition that living organisms ‘fight back,’ as captured in terms like ‘host resistance,’ galvanized interest in the social and individual factors that determine vulnerability or resistance to the effects of stress. An important branch of this work contributed to the study of coping (Coelho et al., 1974; Lazarus and Folkman, 1984; Moos and Billings, 1982; Pearlin and Schooley, 1978).

The transactional perspective, as articulated by Lazarus and his colleagues, held that the experience of stress is shaped by interpretations or appraisals of the meaning of environmental demands. Because these conceptualizations arose partly as a reaction to definitions of coping as an outcome of personality processes ordered along a hierarchy of ego maturity, transactional perspectives emphasize the importance of the actual demands a person is facing, and the impossibility of judging a priori which coping strategies are adaptive, without knowing the context and the social and personal resources available. They focus especially on the individual’s appraisal of the significance and meaning of the stressful encounter. Coping itself is seen as a transactional process, iterating with (re) appraisals and environmental changes, and as having two primary functions: to deal directly with the environmental stressor (referred to as problem-focused coping) and to deal with the emotional consequences of the stressful transaction (emotion-focused coping).

The basic tenets of a transactional perspective, reflected in much of the current writing on coping, include the notion that coping does not directly reflect personality but varies in accordance with the situations in which it occurs; that no ways...
of coping are inherently better; that any stressful event (such as illness or job loss) gives rise to a complex host of specific and changing demands; and that, in order to cope with these, any individual can and does use a wide variety of strategies. Perhaps most critical is the emphasis on coping as a process that unfolds over time.

Several methodological shifts in research accompanied this new approach. The measurement of coping shifted from clinical assessment to self-report and efforts were made to uncover measures of coping from assessment of outcomes. In addition to a focus on coping with traumatic events (e.g., life-threatening illness or victimization), research also came to include the study of chronic stressful conditions and relatively minor everyday stressors or ‘daily hassles.’ Moreover, research became more specialized by type of stressor (e.g., health problems, work stress, or bereavement). Even within domains, research has become more finely differentiated. For example, different medical conditions are often studied separately.

**Coping during Childhood, Adolescence, and Aging**

Child psychologists have had a long-standing interest in the impact of adversity on children and, since the early part of the twentieth century, have attempted to document the effects, for example, of maternal deprivation, serious illness, hospitalization, and wartime conditions, as well as more recent attention to the effects of parental mental or physical illness, unemployment, poverty, and divorce. The first formal study of children’s coping is often traced to Lois Murphy and her colleagues at the Menninger Clinic, who used intensive observations and interviews to conduct an 18-year longitudinal study of the ways in which normal children cope (Murphy and Moriarity, 1976). The 1980s witnessed an explosion of quantitative work on children and adolescents, sparked by the publication of two seminal works on stress, coping, and development (Compas, 1987; Garmezy and Rutter, 1983). Although the current wave of research on children and youth closely resembles work on adults (Compas et al., 2001), it nevertheless highlights several important themes. It makes evident that coping is inherently shaped by social partners, close relationships, families, and communities (Hetherington and Blechman, 1996; McCubbin et al., 1996), and that many cognitive coping strategies, so prominent in adults, are not commonly used by children until late childhood (Zimmer-Gembeck and Skinner, 2011). Research on children also encourages a renewed consideration of the neurophysiological (Compas, 2006; Gunnar and Quevedo, 2007; Taylor and Stanton, 2007) and temperamental (Derryberry et al., 2003) underpinnings of coping, as well as attention to coping with normative developmental demands and tasks (Wolchik and Sandler, 1997).

Finally, a shift in focus to development across the life span spurred interest in how adults successfully deal with life transitions, social changes, and the challenges of aging (Aldwin, 2007; Baltes and Baltes, 1990; Brandstätter and Rothermund, 2002; Brandstätter et al., 1999). Research on successful aging, in documenting that most people maintain a high level of psychological functioning despite objective biological declines and social losses, focuses attention on positive coping strategies, like selection, compensation, planning, and proactive coping. It also highlights the importance of ‘accommodative’ modes of coping, which allow people to acknowledge limitations, accept constraints, relinquish goals, withdraw from goal pursuit, and focus on gratitude and joy in current conditions.

**Interventions to Improve Coping**

A relatively distinct strand of work involves psychological and behavioral medicine interventions, which have succeeded in helping people deal adaptively with traumatic events and their associated ongoing stressors. In contrast to traditional therapy, these interventions focus on provision of information and social support, and on helping people build coping resources and skills for dealing more effectively with particular stressors, such as illness, chronic pain, divorce, or bereavement (Coyne and Racioppo, 2000; Sandler et al., 1997; Taylor and Stanton, 2007).

**Transactional Perspectives on Coping**

Transactional perspectives, which view coping as an interactive process that unfolds in several recursive steps, have guided much of the research on coping over the last 30 years (Folkman and Moskowitz, 2004; Lazarus and Folkman, 1984). According to this perspective, as pictured in Figure 1, coping transactions are initiated by encounters with stress, defined as internal and external events that individuals appraise as important to their well-being and as taxing or exceeding their resources (Lazarus and Folkman, 1984). Cognitive appraisals, focusing on the extent to which the stressor is personally relevant and amenable to personal control, result in views of the encounter as constituting a threat (i.e., impending harm), a loss (i.e., irreversible harm that has already been incurred), or a challenge (i.e., a stressor the individual is confident about mastering).

These appraisals trigger bouts of coping, defined as “cognitive and behavioral efforts to master, tolerate, or reduce external and internal demands and conflicts among them” (Folkman and Lazarus, 1980:223), which utilize personal and social resources to solve the stressful problem or manage the individual’s negative emotional reactions to it. These efforts produce coping outcomes, which, by feeding back to both the stressful event and individuals’ reappraisal processes, can terminate or prolong the stressful transaction. According to this perspective, coping can be seen as a process that involves a wide variety of ways of reacting to and dealing with stressors that are organized sequentially, forming an interconnected action sequence or coping episode (Folkman and Lazarus, 1985).

**Transactional Coping Research**

Since the advent of the transactional approach, mainstream research has focused on individual differences in each of the links in the coping process. Typical studies examine a single population at a single time, and assess self-reported ways of coping (e.g., problem-solving, help-seeking, avoidance) with either a variety of unidentified stressors or a prespecified narrow class of stressors. Studies examine how these different ways of
Figure 1 A transactional model of coping as an episodic process and a transactional process.

coping are connected to a variety of outcomes, usually indicators of mental or somatic functioning (such as emotional adjustment or physical symptoms) in an attempt to identify adaptive and maladaptive coping strategies. Complementary studies examine the associations of different ways of coping with self-reports of proposed personal and social antecedents, focusing both on individual characteristics (such as self-efficacy, optimism, or perceptions of the availability of social support) and on characteristics of the social context (such as provision of instrumental aid or emotional comfort).

Much has been learned from these decades of research on individual differences and correlates of coping. Certain ways of coping seem to be ‘adaptive’ in that they are linked with indicators of mental health and functioning, particularly (1) problem-focused coping and the set of control-related factors that support it; (2) constructive thinking and the factors that support it (e.g., optimism); and (3) perceptions of support from trusted others. In contrast, certain ways of dealing with stress, such as escape, avoidance, rumination, or venting, seem to be maladaptive in that they are associated with mental distress and disorder. The status of other ways of coping, such as help-seeking, support-seeking, secondary control, and emotion-focused coping, is less clear because they are inconsistent in their connections to antecedents and outcomes. A number of individual and social resources for coping have also been identified, chief among them intelligence, optimism, mastery, self-esteem, sociability, perceived control, and social support (Taylor and Stanton, 2007).

As a body, however, this work has come under attack on both conceptual and methodological grounds. Studies have been criticized for being light on theory, for inconsistent use of coping categories, for relying heavily on self-report questionnaires, for using designs that cannot examine change, and for including only a narrow range of short-term outcomes. As noted by Sommerfield and McCrae, “The seemingly boundless enthusiasm for coping research seen in the 1980s has been replaced by widespread disaffection, intense scrutiny, and corresponding calls for change” (2000: 620). Cutting-edge research has already moved away from this empirical format and reflects the use of several innovative approaches.

Coping as a Process

Despite consensus that coping unfolds over time, research methodologies able to capture processes have just begun to (re)appear during the last decade. These include case studies, ethnographic narratives, interviews, and observations, which were popular decades ago (Block and Block, 1980; Folkman, 1997; Murphy and Moriarity, 1976; Valliant, 1986), as well as more recent quantitative methods, such as intrapersonal time series analysis (Tennen et al., 2000). Designs are longitudinal, repeating measures over short times (e.g., daily) or over several years, often including markers of the progress of stressful events (e.g., diagnosis and surgery, or caretaking, deterioration, and death of a partner).

For microgenetic approaches, patterns of intrapersonal relations among variables (e.g., problem- and emotion-focused coping) across time are determined. Then individual difference variables (e.g., depression or optimism) are used to form groups that are compared on their patterns of intrapersonal relationships (Tennen et al., 2000). Observations of coping interactions with social partners (e.g., mothers and their children) can also be used to examine the sequential effects of individual coping and partner reactions over time (Skinner and Edge, 2002). Narratives and interviews capture a wider range of experiences and can track their progress over longer intervals (Folkman, 1997). The yield from this labor-intensive research seems promising. For example, such studies already suggest that both generation of and focus on positive experiences are critical in dealing constructively with chronic stress; that depression influences day-to-day reactions to chronic pain; and that maternal interpretations of negative events shape children’s subsequent appraisals and coping. Many consider the study of coping as a process to be the most important goal of the next generation of coping researchers (Lazarus, 1993).
Two productive empirical strategies for capturing coping processes have been (1) to make particular categories of coping, such as accommodation or rumination, the focus of detailed programs of laboratory and naturalistic research (e.g., Nolen-Hoeksema et al., 2008) and (2) to study in fine-grained detail how children and adults deal with certain classes of environmental demands, such as noncontingency, failure, unpredictability, separation, loss, interpersonal conflict, competition, and coercion (e.g., Maier and Watkins, 2005). Relevant studies come from areas as diverse as learned helplessness, self-efficacy, perceived control, reactance, self-determination, compliance, attachment, interpersonal problem-solving, attributional biases, Type-A personality, and self-regulated learning.

These programs of research have produced relatively well-accepted conclusions about positive ways of coping, such as mastery-oriented thinking, disclosure and discussion, constructive thinking, proximity-seeking, accommodation, and optimism, and about the generally maladaptive consequences of rumination, helplessness, blaming others, catastrophizing, and social isolation. Programs of research on other ways of coping, such as help- or support-seeking, positive illusions, avoidance, denial, and relinquishing control, have produced less conclusive results, including evidence that their effects depend on characteristics of the situations in which they are employed. It should be noted that almost every activity that is considered a way of coping also has its own well-developed body of research. Most of these areas of research are largely independent of work on coping, although some examine the functioning of these processes under stress, and future research could combine them into a profile or repertoire of coping responses.

Developmental Perspectives on Coping

‘Stress’ is not inherently damaging to people, and the primary function of coping is not simply to shield people from stressful experiences. Coping is a process intrinsic to psychological and relational growth and one that individuals and groups are predisposed to do well. Interest in positive coping (Snyder, 1999) and the study of growth from adversity, transformation in the face of trauma, and benefit finding can be viewed as attempts to conceptualize and study the growth-facilitating functions of coping. Analysis of the role of coping in resilience in children (Haggerty et al., 1994) and the relationship of coping and development across the life span (Aldwin, 2007; Skinner and Zimmer-Gembeck, 2007) may help put these issues in a larger perspective. In research on children and adolescents, developmental conceptualizations are emerging that, building on transactional perspectives, tie coping back to its roots as an adaptive process, focus on the role of coping as inherently regulatory, consider ways of coping as forms of action regulation, and make a place for learning and development.

Coping as Regulation

An explicit theme resurfacing in discussions and research is the notion that coping is an inherently regulatory process (Aspinwall and Taylor, 1997; Barrett and Campos, 1991; Block and Block, 1980; Eisenberg et al., 1997; Rossman, 1992; Skinner and Zimmer-Gembeck, 2009). A focus on adaptation suggests that the cognitions, appraisals, motivation, volition, behaviors, and emotions, which are clearly parts of coping, must be assembled into actions, which are sequentially coordinated with internal and external conditions. Labels under which such processes are studied include ego functioning (e.g., ego-control and ego-resilience), conscience, functionalist theories of emotion, theories of self-regulation (and regulation of behavior, emotion, and attention), and theories of volition and action regulation.

As with regulation, conceptualizations of coping have converged on dual-process models. Within regulation, the distinction is made between the target to be regulated (typically an emotion or impulse) and the processes used to modulate it. In work on coping, theorists differentiate (1) stress reactions, which refer to immediate involuntary physiological, psychological, and behavioral responses to stressful situations, from (2) action regulation, which describes how people mobilize, guide, manage, energize, and direct behavior, emotion, and orientation (or how they fail to do so) under stress. There is active debate about how these two processes are coordinated, but researchers agree that they mutually influence each other (Compas et al., 1999). Manifest coping responses likely reflect the balance (or more precisely, the imbalance) between reactivity and regulation. Involuntary stress reactions are likely the product of extreme stress reactivity combined with weak or disabled regulatory systems, whereas volitional coping responses are the result of weak stress reactions and/or well-developed action regulation systems (Metcalfe and Mischel, 1999).

Regulation and coping differ in at least two important ways (Compas et al., 2014). First, coping focuses only on "regulatory processes in a subset of contexts – those involving stress" (Eisenberg et al., 1997: 42). Second, research on regulation, as reflected in its labels, typically examines efforts to manage a single facet of action (e.g., emotion, attention, or behavior), whereas coping, in contrast, is an organizational construct, encompassing the simultaneous regulation of all these processes. When facing stressful events, individuals attempt not only to handle emotions, but also to manage thoughts, behaviors, attention, and even physiological reactions. Coping is essentially concerned with the integration and coordination among facets of action, for example, how a focus on one may have an (often unintended) impact on others, as when rumination undermines problem-solving or when seeking help bolsters persistence. Conceptions of coping as a dynamic regulatory process may contribute to the next phase of coping work (Carver and Scheier, 1998; Neufeld, 1999). Features of the self involved in recognizing and creating ‘relational meaning’ (Lazarus, 1993) may be studied as integral organizers of regulation.

Ways of Coping as Strategies of Action Regulation

Of central concern to coping researchers are the ways people deal with actual problems. The study of actual coping categories, such as problem-solving, support-seeking, rumination, or escape, distinguishes research on coping from closely related work on stress, adaptation, risk, resilience, and competence. The examination of a variety of responses distinguishes the
study of coping from the disparate programs of research focusing on each of the individual ways of coping. Hence, constructing category systems to conceptualize and measure coping has been a central endeavor of the field. However, this task is made difficult by the complexity of coping. Coping responses, because they are tailored to particular demands and resources, and attuned to the specific contexts in which they are enacted, are practically limitless in their variety; a recent review collected over 400 different category labels (Skinner et al., 2003). Research has been slowed by widespread disagreement about taxonomies of coping. No consensus exists about core categories. Years of exploratory factor analyses have failed to converge on a set of higher-order categories, nor do theorists agree on systems for rational classification. Given the seemingly infinite variety of specific coping responses, even the possibility of identifying a core subset of ways of coping has been questioned.

One promising approach uses theory and confirmatory factor analysis to identify multiple core categories. Over the last two decades, researchers have put enormous effort into conceptualizing and assessing hierarchical models that use higher-order categories or families to organize multiple lower-order ways of coping. Researchers have attempted to conceptually identify a finite set of basic adaptive processes and then to classify many different ways of coping as belonging to a ‘family’ of ways of coping that serve each function. Examples of theories used in these attempts include functionalist theories of emotion, theories of motivation, regulation, primary and secondary control, and ego processes.

Despite differences in theoretical approaches and dimensions, conceptual and empirical analyses have converged on a small number of families of coping, perhaps a dozen or so, that can be used to classify, most if not all, the ways of coping identified in previous research (Skinner et al., 2003). These include problem-solving, support-seeking, escape, distraction, cognitive restructuring, rumination, helplessness, social withdrawal, emotional regulation, information-seeking, negotiation, opposition, and delegation. Families, however, include not only the lower-order ways of coping depicted in their labels, but also all the other ways of coping that serve that same set of functions. For example, ‘escape’ includes not only physically leaving a stressful situation, but also mental escape, withdrawal of effort, denial, avoidance, and other actions that remove the person from contact with distressing interactions. These 12 families of coping include the most common ways of coping utilized by people and studied by researchers (Skinner et al., 2003; Zimmer-Gembeck and Skinner, 2011). The identification of these higher-order families helps clarify the complex structure of coping and encourages renewed discussions of its adaptive functions (Coelho et al., 1974; Lazarus and Folkman, 1984). Such discussions expand on the distinction between problem-focused versus emotion-focused coping and on coping styles (e.g., repression vs sensitization) as well as reopening discussions of the functions of coping in adaptation.

The Development of Coping

When coping is returned to its core meaning as a fundamental adaptive process, the transactional steps of coping can be divided into basic tasks: (1) to detect and interpret information about internal and external demands (threat detection and appraisal); (2) to prepare a response based on internal and external guides and capacities (action readiness); and (3) to execute a response by coordinating action tendencies with internal and external demands and resources (action regulation). Moreover, in order to develop, the coping system also needs (4) to recover and learn from stressful encounters. These tasks are depicted in Figure 2.

Hence, at the most global level, one way of outlining the age-graded progression of coping, as well as its qualitative

![Figure 2](image-url)
shifts, is to consider several broad developmental phases that are characterized by different mechanisms of detection, appraisal, reactivity, regulation, and learning, as well as different kinds of participation by social partners. As we described in our earlier work:

Infancy would begin with stress reactions governed by reflexes, soon to be supplemented by coordinated action schemas; during this period, caregivers would carry out coping actions based on the expressed intentions of their infants (interpersonal co-regulation). During toddlerhood and preschool age, coping would increasingly be carried out using direct actions, including those to enlist the participation of social partners; this would be the age at which voluntary coping actions would first appear (intrapersonal self-regulation). During middle childhood, coping through cognitive means would solidify, as described in work on distraction, delay, and problem-solving; children would be increasingly able to coordinate their coping efforts with those of others. By adolescence, coping through meta-cognitive means would be added, in which adolescents are capable of regulating their coping actions based on future concerns, including long-term goals and effects on others.

Age-graded shifts in the basic tasks of coping (i.e., detection and appraisal, action tendencies and regulation, and learning) are shaped, on the one hand, by the development of neurophysiological subsystems and, on the other hand, by changes in the demands and resources provided by social partners, and especially caregivers. Research on the development of regulatory subsystems (including attentional, emotional, and behavioral regulation) can be used to trace the course of age-related changes in how these subsystems are triggered and coordinated in the face of stress. Social partners, especially caregivers, play a crucial role in the development of all these subsystems, both in the emergence and consolidation of these regulatory resources and capacities. Moreover, the caregiver's role in coping changes over development, from one in which they are doing most of the coping for newborns based on their infants' expressed preferences, to one of direct participation, then cooperation, and finally acting as a resource and backup system to the relatively independent coping of which adolescents are capable by the time they reach emerging adulthood.

Taken together, these developments should suggest normative patterns of change and normative transitions that characterize the healthy development of adaptive systems for constructive coping. They should also suggest differential pathways of development, based on factors (such as temperament, quality of attachment and parenting, and exposure to stressful events) that contribute to ways of negotiating these normative transitions that put individuals at risk for the development of maladaptive patterns of coping and psychopathology.

Conclusion

As the construct of coping reaches the end of its fifth decade as an official term in the psychological lexicon, it continues to inspire researchers and interventionists with its potential to capture important features of ‘host resistance,’ that still elusive quality that allows individuals to actively wrestle with intrapsychic and environmental challenges and problems, sometimes besting them, sometimes accepting them, or just plain losing, but still with the possibility to extract from these difficult and painful interactions lessons about how to avoid or approach the next stressful encounter. The promise of the area of coping, and its challenge to researchers, is to examine coping as an engine of development or a catalyst for change, to determine if conceptions of coping can provide a process mechanism that explains how people (individually and collectively), in the face of adversity, are able to find and create opportunities for development.

See also: Depression; Post-Traumatic Stress Disorder; Resilience; Self-Efficacy; Self-Esteem.

Bibliography


