

Commentaries on The Utility of Systems Models of Stress and Coping for Applied Research: The Case of Cancer Adaptation by Mark R. Somerfield

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Improving Coping Research: Raze the Slum before Any More Building!

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somerfield (this issue) calls for a basic shift in the focus of coping research. He points to the need for a more systemic conceptualization of stress and coping processes, the organization of studies of coping around homogeneous stressors, and the adoption of a pragmatic, microanalytic approach to both coping assessment and the analysis of the resulting data. His examples drawn from the study of cancer patients facing bone-marrow transplant highlight the absurdity of organizing coping assessments around broader questions such as 'What did you do to cope with your cancer?' or even around respondents' selection of their most stressful recent experiences in broad categories such as 'cancer' or 'treatment'. If more researchers similarly stopped to contemplate exactly what they were asking of respondents, fewer studies of coping would be undertaken with no loss in the accumulation of knowledge. I can find little with which to disagree in his article, except his apparent optimism about coping researchers heeding his highly reasonable suggestions.

Research using the Revised Ways of Coping Checklist (Lazarus & Folkman, 1984) or instru-

ments derived from it has a life of its own. The sheer accumulation of studies has set a methodological standard and the mindlessly repetitious use of these instruments has been confused with the establishment of their validity. Coping researchers have not yet been deterred by hundreds of studies which tell us little about coping that is not trivial or misleading. What Somerfield has to say needs to be said, but I do not think it will be sufficient to force the razing of the conceptual and methodological slum which coping research has become. It is far too easy for researchers to continue to publish studies based on the administration of checklists to diverse and heterogeneous samples with little or no insight into the predicaments of the individual respondents who are being considered.

Somerfield opens with a call for a construal of coping as a 'dynamic, interactional process'. This echoes the earliest writings of the Berkeley Stress and Coping Project (Coyne & Lazarus, 1979; Lazarus & Launier, 1978). The notion of stress and coping as an interactional (or transactional; see Coyne & Gottlieb, [1996] for a discussion of the distinction) process remains largely undeveloped beyond such rhetoric. Indeed, the persistent assumption that standardized coping checklists are actualizing such a conceptualization in some meaningful way stands in the way of a more sober assessment. The original Ways of Coping (Coyne, Aldwin, & Lazarus, 1981; Folkman & Lazarus, 1980) and its revisions (Lazarus & Folkman, 1984) should have been seen as first steps, not the best

that can be done. They should not have become the main basis for such a large literature.

Researchers who see the coping literature in need of fixing and cleaning up rather than razing can find seemingly helpful bits of advice in Somerfield's article (pp. 139–140) as to how to do this. For instance, 'Be more careful about how you instruct respondents to select a stressful episode on which to report.' If so, the most fundamental implications of what Somerfield is saying will be missed. If we take seriously Somerfield's notion of a 'problem-specific systems model', we abandon any hope of using a single checklist measure across situations and populations. We will need measures tailored to the specifics of particular problems and what we hypothesize to be effective strategies for dealing with them. We also abandon hope of being able to make many sweeping, unqualified conclusions of the kind that coping researchers are so fond: 'Support-seeking was found to be an ineffective way of coping with X.' Faithful adherence to a 'problem-specific systems model' is going to yield mainly context-dependent, highly qualified conclusions. Why does conventional coping research yield so few conclusions which are non-obvious and clinically useful? It is because it is fundamentally flawed in its conception and execution. In addition to the difficulties enumerated by Somerfield and in the spirit of his article, I suggest the following (see Coyne & Gottlieb [1996] for an elaboration):

1. Much of the importance of coping for adaptational outcomes is reflected in whether stressful episodes even occur and the particular details of how they unfold when they do, not the coping that follows. Life is not a controlled experiment in which stressful encounters are randomly administered. Much of the stress with which we must contend and the options we have for coping depend on the soundness of our anticipatory coping and existing routines, the larger circumstances of our lives and longer term processes such as the meeting of developmental tasks. Assessment of isolated stressful incidents fail to capture these factors, but without taking them into account, we cannot adequately understand what goes on in particular incidents.
2. The standard practice of asking respondents

to complete coping checklists for the most stressful incident they have faced in a particular time-frame yields a biased and inaccurate account of how they cope more generally. They are being caught when they are most distressed and very likely at their worst. Other situations with which they have coped more effectively are excluded from assessment precisely because they have turned out to be less stressful.

3. What is being assessed by a particular coping scale and the most reasonable interpretation we can give to scale scores vary across situations. Consideration of just what coping-scale scores represent across assessments leads to the discouraging conclusion that no consistent interpretation can be given to relative differences in coping scale scores across individuals or studies (Coyne & Gottlieb, in press).
4. Statistical controls cannot eliminate or compensate for the fundamental differences in the stressful circumstances that respondents face. Nor can statistical controls 'clean' coping assessments of such frustrating sources of differences to produce a pure measure of coping. To borrow Meehl's (1970) comments about the use of statistical controls in similar circumstances, the practice is 'fundamentally defective for many, perhaps most, of the theoretically significant purposes to which it has been put' (p. 374). Controlling for race does not make African-Americans white or whites African-American; nor does it make race irrelevant to respondents' stress and coping. Yet, while we can agree on the absurdity of such specific examples, the field is reluctant to give up the convention of attempting to do similar things with statistical controls on a routine basis.
5. Differences in how people cope with superficially similar circumstances cannot be reduced to differences in their cognitive appraisals. Yet, that is the simplifying assumption guiding the reduction and analysis of much coping checklist data. Consider two women coping with the discovery that they are pregnant. One is married and she and her husband have been trying to conceive for a year. Another is a college freshman who has been rejected by her first serious boyfriend. Are the key differences between these

women in their heads? Reduction of the complexities of people's lives to a matter of cognition is one of the distorting and outright disrespectful aspects of current coping research.

6. We cannot get an adequate evaluation of how people cope in stressful circumstances without taking into account what other persons in their lives are doing. How others are coping; how much our respondents can depend on them; and what others leave to these respondents are crucial determinants of what the respondents themselves must do to cope effectively. Current methodologies for studying coping do little to accommodate these observations. The notion that coping can be relationship-focused (Coyne & Smith, 1991), as well as problem- and emotion-focused is an acknowledgment of some issues, but hardly sufficient as a solution.

Somerfield's basic points are well taken, but he is unlikely to provoke a fresh start to the study of coping. Perhaps we must wait until it collapses under the weight of dull and obvious conclusions. Until then, Somerfield's points are too inconvenient for those who would otherwise find refuge in the mass administering of coping checklists and the analysis and interpretation of the data according to the conventions established in the existing literature.

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Holistic Approaches: Appealing but Unwieldy

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mark somerfield thoughtfully discusses key changes in applying stress and coping systems theory to research and practice. He describes some of the pitfalls of trying to test complete models of adaptation and the limitations of studies that focus on selected aspects of these models. Somerfield recommends a third option—the application of a holistic approach to the study of a specific problem, in this case adaptation to treatment-induced sterility in bone-marrow transplantation survivors. In this approach, the theoretical model is used like a multifaceted magnifying glass to examine the experience of bone-marrow transplantation survivors in great detail.

Although I like what Somerfield has to say and resonate to the problems he describes, I have two concerns with respect to his suggested approach. The first concern has to do with the feasibility of its translation into empirical research. Although matters have been simplified by focusing the holistic approach on a single stressful context, that context changes over time and generates a number of substressors that require coping and adjustment. Thus, the stressful context is not a monolithic entity, but instead a dynamic and multifaceted phenomenon. Somerfield acknowledges this in his description of the different types of coping challenge associated with treatment-related sterility, depending on the point in the treatment process. A holistic