



# Coping: is this the foundation of wellbeing? A narrative review

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## ABSTRACT

From a psychological viewpoint, coping is a route that develops in milieu of a challenging state or taxing on an individual's present resources. This is a narrative review of the coping concept and why it is an important but misunderstood concept. A comprehensive literature search was carried out in January 2011 using a variety of databases and keywords. The review scrutinised papers to get a definition of coping related to mental health and disease, the nervous, psychology, endocrine and immune systems. This review asserts that coping is the foundation behind wellbeing. More research is required to produce a symbiotic model between psychology and physiology for coping and efforts should collaborate across disciplines—this is achievable. Unequivocally, coping, adaptation and mechanisms are topics to contemplate in future for further understanding.

For several years, there has been a proliferation in coping studies through psychological and psychosocial specialties (Folkman and Moskowitz, 2004). To this extent, coping, and stress-based research is now seeing collaborations across the physiological, psychological and psychosocial fields, respectively. A few authors have worked to put tighter unions between psychology (study of the mind), neurology (study of the nervous system), endocrinology (study of hormones), immunology (study of the immune

system) and physiology (science and functioning of living systems) (Selye 1937; Ader et al, 1990; O'Leary, 1990; Schedlowski et al, 1995; Schedlowski and Schmidt, 1996; Sternberg, 1997a; Sternberg, 1997b; Sternberg, 2000; Maddock and Pariante, 2001).

A few authors have also strived to put forward their understanding in exploring such interactions through laboratory investigations (Wong and Sternberg, 2000; Jessop, 2002; Jessop and Harbuz 2003; Redwine et al, 2003; Jessop et al, 2004; Takeda and Okumura, 2004). These explorations have been crucial because coping and stress research was once seen as 'almost' two-dimensional, when really coping, stress, mental health and wellbeing should perhaps be viewed three dimensionally and across specialties.

## When did it all begin?

One of the fathers of coping/stress related research; Hans Selye (1907–82) discovered that individuals with a variety of ailments manifested many symptoms attributed to their bodies' efforts to respond to the stresses of being ill (Selye, 1937). Selye identified that when stress occurred for lengthy durations, there was representative centre reactions disturbing the hormonal system, stomach, thymus glands, lymphoid tissues, respiratory, cardiopulmonary and white blood cells. These were termed the organs of stress and coping. Hans Selye's developed his general adaptation syndrome (GAS) in 1936. Robust exterior impetuses, both physiological and psychological, prompt the coping reaction (Selye, 1937). Selye's GAS has three parts:

- Alarm reaction, where the body detects an external stress
- Adaptation, where the body engages defensive counter-measures against the stressor
- Exhaustion, where the body begins to run out of defences.

The GAS may be defined as the manifestation of stresses in the whole body, as they develop. For example, people in face with a chronic illness (such as chronic kidney disease) can be viewed as traumatic and is thus stress to the whole body.

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## What is coping?

From a psychological viewpoint; coping is a route that develops in milieu of a challenging state or taxing on an individual's present resources (Folkman and Moskowitz, 2004). Coping has also been defined as the behavioural efforts individuals use to manage or alter stressful life challenges. Challenges are referred to as problem-focused coping approaches, which comprise problem resolving, material collecting, and achievement-setting (for example, following a form of treatment) (Folkman, 2008). Coping originates in response to appraisal that central aims are challenged, threatened or gone (Ray et al, 1982; Moos and Holahan, 2003; Keil, 2004). These evaluations are categorised by undesirable reactions (Folkman and Moskowitz, 2004). Coping can perhaps be summarised as the following:

- Coping can be intricate, but it is implemented using basic strategies.
- Coping vicissitudes and in unity with challenges. If a particular task can be challenged, then problem-focused coping predominates
- Coping methods range from a single platform of stressful encounters to another
- Coping can act as an influential mediator of emotive consequences; optimistic endings are connected with some coping approaches, negative results with others (Lazarus, 1993b; Folkman, 2008).

This article is a narrative review of the coping concept and why it is an important but misunderstood concept within chronic and mental health nursing fields. This work also aims to place perspective on coping to identify whether it is actually the foundation behind wellbeing by exploring different theories and models. This work aimed to review evidence- and non-evidence-based papers, scrutinising articles relating to mental health and disease, the nervous, psychology, endocrine and immune system. Papers were cross-examined using a Critical Appraisal Skills Programme (CASP) and analysing in lieu of a coping description was a substantial part of this process.

## The CASP

Using this CASP, papers were initially classified based on study (i.e. qualitative, quantitative, systematic reviews, RCTs/interventional, cohort studies, case controlled and diagnostic test studies). The CASP helped analyse in the following manner:

- Is the study valid?
- What are the results?
- Will the results help locally?

The CASP 10 questions screening process is designed to help think about issues systematically. A number of prompts are given after each question

**Table 1. Inclusion and exclusion criteria**

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> <li>• Chronic illness research</li> <li>• Coping research</li> <li>• Mental health research</li> <li>• Quality of life research</li> <li>• Wellbeing research</li> <li>• Stress research</li> <li>• Psychoneuroimmunology research</li> <li>• Psychological research</li> <li>• Psychosocial research</li> <li>• Human population (up to 50 years)</li> <li>• Data collection research (quantitative and qualitative)</li> <li>• Systematic reviews</li> <li>• Cohort studies</li> </ul>	<ul style="list-style-type: none"> <li>• RCTs/interventional studies</li> <li>• Case controlled studies</li> <li>• Diagnostic/screening studies</li> <li>• Studies involving participants on medication for psychiatric illness</li> <li>• Older population (over 60 years)</li> </ul>

and these are designed to remind why the question is important (see: [www.sph.nhs.uk/what-we-do/public-health-workforce/resources/critical-appraisals-skills-programme](http://www.sph.nhs.uk/what-we-do/public-health-workforce/resources/critical-appraisals-skills-programme)).

## Inclusion/exclusion criteria

The inclusion and exclusion criteria are outlined in *Table 1*. Papers were excluded since the main aim of this review is to provide a narrative review of the coping concept and inform that coping is the foundation of wellbeing. Research papers/criteria in the exclusion would bring intricacies into the overall aim of this work. The inclusion criteria also included the population in age range up to 50 years, as with the older population general wellbeing can become more complex. Including papers with studies in older population than 50 years would be intricate. This was the main justification of the inclusion/exclusion criteria for this review.

## Methods

### Basic PubMed Searches (1-6)

*Table 2* outlines the grouping of terms and results of six basic PubMed, PubMed Central and Medline searches to identify papers relevant to this narrative review.

### Decisions following PubMed, PubMed Central, Medline searching

In citing a famous article by Hans Selye (1937) relating to coping and stress by typing this researcher's name in manually (i.e. the article was not picked up in the

**Table 2. Grouping of terms (through PubMed, PubMed Central and Medline Search Engine)**

Grouping of terms	Databases/ No. of papers identified
Basic search (1)	PubMed, PubMed Central, Medline Search
Coping	(Revealed 1487 papers)
Mental health	(1966–2011)
Nursing	
Basic search (2)	PubMed, PubMed Central, Medline Search
Coping	(Revealed 2 papers)
Mental health nursing	(1998, 2006)
Quality of life	
Wellbeing	
Basic search (3)	PubMed, PubMed Central, Medline Search
Coping	(Revealed 7 papers)
Adapting	(1991–2011)
Accepting	
Basic search (4)	PubMed, PubMed Central, Medline Search
Coping	(Revealed 4 papers)
Adapting	(2003–2011)
Wellbeing	
Basic search (5)	PubMed, PubMed Central, Medline Search
Coping	(Revealed 128 papers)
Psychoneuroimmunology	(1985–2010)
Basic search (6)	PubMed, PubMed Central, Medline Search
Coping	(Revealed 110 papers)
Psychoneuroimmunology	(1985–2010)
Stress	

searches); it had been decided to search a range of databases using the EBSCOhost engine over a 74-year period (1937–2011). This was carried through because PubMed did not provide results dating back this far during a basic search and it is known that Selye is one of the ‘fathers’ of coping/stress research.

#### Findings following PubMed, PubMed Central, Medline analysis

In referring to *Table 1*, a total of 1738 abstracts/papers were identified. Abstracts/full papers were also analysed for their contents surrounding coping definition. Although the basic revealed many articles relating to coping; many of the papers were irrelevant and surrounded more adult/older patient research.

As six basic searches using PubMed, PubMed Central and Medline did not reveal many papers associated with a specific group of people or population, no advanced or refined search followed.

Of the 1738 abstracts/papers abstracts, approximately 70 papers were cross-examined using a CASP. Of the 70 papers identified, it became apparent that ‘coping literature’ predominantly consisted of literature reviews, seminal papers and discussions which tended to cite the same research-based sources.

#### Search

*Table 3* outlines terms that were assessed using several databases through EBSCOhost to identify papers relevant to this narrative review.

#### EBSCOhost databases

Databases accessed using EBSCOhost included CINAHL Plus with Full Text Review (1937–2011), Psychology and Behavioural Sciences Collection (1937–2011), PsycINFO (1937–2011), Health Source; Nursing/Academic EDT (1937–2011), International Bibliography of the Social Sciences (1937–2011), SocINDEX with Full Text (1937–2011), Library, Information Science and Technology Abstracts (1937–2011) and MEDLINE (1937–2011).

Searching also included the following options: smart text searching (smart texting option was used replacing the ‘and/or’ method). It allowed as much text to be entered for a search—this includes phrases, a sentence, paragraph, or even whole pages. In addition options were selected for full text, peer-reviewed journals, periodicals, abstract available, English language and population group (human).

#### Decisions following EBSCOhost searching

A total of 681 abstracts/papers were identified through the EBSCOhost databases. After removal of duplicates, 422 abstracts were subjected to inclusion and exclusion criteria. Coping was the main focus of a paper and thus having a relationship in healthcare and mental health.

#### Findings following EBSCO Host Analysis

Of the 422 abstracts, approximately 70 papers were cross-examined using a CASP. Of the 70 papers identified, analysis was much like that following the PubMed, PubMed Central, Medline analysis. It was transparent ‘coping publications’ mainly comprised of literature papers, seminal papers and discussions and there was citation overlap (i.e. papers that were identified in the PubMed search were also apparent in the EBSCOhost search). This review identified four main themes surrounding the coping concept:



- Coping as a process
- Coping styles
- Coping measurement
- Coping theories and models.

### Theme one: Coping as a process

Coping is a concept aimed at understanding the multifaceted phenomenon of how humans reason, feel and act in challenging scenarios (Lindqvist et al, 1998; Lindqvist and Sjoden 1998; Lindqvist et al, 2004). Coping as a method is recognised in literature (Lazarus, 1985) and has been accentuated as a chief notion in research, adaption and wellbeing. In the 1970s, an important progress in coping theory and research happened where coping, with its characteristic emphasis was 'discarded' in support of a distinctive understanding, which regarded coping as a method (Lazarus, 1993a; Folkman, 2008).

Coping methods range from one occasion to another in a challenging encounter. This is an observed account of coping as a process. When challenging circumstances are regarded by an individual as refractory to transform, emotion-focused coping outweighs; when evaluated as controllable by act, problem-focused coping prevails. Coping can be a powerful mediator, thus it can fluctuate emotion during challenging encounters. It is thus necessary to establish particular threats or immediate concerns and not have restrictive concentration to illness. If coping is evident over time and across encounters, the trait concept is valid; if coping is as a result of circumstantial influences, the state concept or process is applicable (Lazarus, 1993a; Folkman, 2008).

### Theme two: Coping styles

There are two approaches to coping: a style approach and a process approach. There are numerous confines in both approaches. The style approach does not provide an account of the thorough, precise methods for coping active during challenging scenarios. For instance, what do people think and do when confidence is challenged, when they feel inadequate to an assignment on which society depends, when there is a danger to wellbeing and when there has been an irreversible harm or affection is an important goal has given signs of rejection or lack of affection, and so on (Lazarus, 1993a; Folkman, 2008).

The identification of a patient with long-term illness is necessary to maintain wellbeing. The method by which people with long-term ailments adjust their organisation to cope is focus for investigation (Lindsey, 1996; Mahat, 1997). The association concerning coping and quality of life (QOL) requires clarification to identify if healthcare professionals can potentially encourage positive coping processes and reduce urgent unintended hospital admissions for those with long-term illnesses.

**Table 3. Grouping of terms (through EBSCO Host Engine)**

Coping terms	Databases
Coping	CINAHL Plus with Full Text
Mental health	Medline
Nursing	Social Care Online
Wellbeing	PsycINFO
Quality of life	Psychology and Behavioural Sciences Collection
Resilience	Health Source: Nursing/Academic Edition
Trauma	SocINDEX with Full Text
Adapting	Library, Information Science
Accepting	Technology abstracts
Adversity	CINAHL Plus with Full Text
Attitude	Medline
Psychoneuroimmunology	Social Care Online

### Theme three: Coping measurement

The process approach is not typically articulated to bond with an individual who has particular goals and objectives, certainty systems, and a life array of ideas and societal networks. At the same time, coping process measures can also be far more evocative and helpful if more about an individual are known in association to coping thoughts and actions in specific contexts. There is a need to try and identify coping process measures in a greater outline of an individual's time and methods of connecting to the world (Lazarus 1993a; Folkman, 2008).

### Theme four: Coping theory and models

Richard Lazarus's theory (1966) had drawn a difference among kinds of stress; harm, threat and challenge (Lazarus, 1993b; Folkman, 2008). Harm refers to impairment that has previously been done; threat is the expectation of that which has not yet happened, but forthcoming and challenge results from hardship or anxieties that an individual may feel self-assured in overwhelming by commendably assembling and thus organising coping resources (Lazarus 1993b; Folkman 2008). Intrigue in undesirable feelings has also been driven by the amassing body of studies presenting their effects on wellbeing over a life span (Folkman, 2008). Circumstances, or at least how they are interpreted, to make them appear more favourable is referred to as coping (Lazarus, 1993b; Folkman, 2008).

Hans Selye's GAS model can be assumed as a biological analogue for coping (Lazarus 1993b; Folkman, 2008). Challenges are said to also result in a physiological response. Although in current studies, this hasn't received particular consideration. Indeed, the changes between physical and mental stress are



**Table 4. Models and theories relating to coping and stress**

Name/ Investigator	Theory/model Type	References
Walter Cannon Fight or Flight (1929)	Physiological	(Cannon and Querido, 1924; Cannon, 1982)
Hans Selye General Adaptation Syn- drome (GAS) (1936)	Physiological	(Selye, 1937; Selye, 1951a; Selye, 1951b; Selye and Horava, 1953; Selye, 1975)
Moos and Solomon Emotions, stress, the cen- tral nervous system, and immunity (1964-1969)	Physiological	(Solomon and MOSS, 1964; Solomon, 1969; Solomon and Amkraut, 1984)
Richard Lazarus Harm, Threat and Chal- lenge (1966)	Psychological	(Lazarus, 1974; Lazarus, 1985; Lazarus, 1992; Lazarus, 1993b)
George Engel Biopsychosocial Model/ Theory (1977)	Psychological/ physiological	(Engel, 1980; Engel, 1997)
Susan Folkman Positive Emotions (1980, 1985, 1997)	Psychological	(Folkman et al, 1986; Folkman and Lazarus, 1988; Folkman, 1997; Folkman and Moskowitz, 2000; Folkman and Moskowitz, 2004; Folkman and Moskowitz, 2004b; Folkman, 2008)
The Psychoneuroimmunol- ogy (or PNI) concept	Psychological/ physiological	(Baker, 1987; Ader et al, 1990; Ader and Cohen, 1993; Ader et al, 1995; Sternberg, 1997b; Ader, 1998; Sternberg, 2000; Sternberg, 2001)
Diathesis-stress model	Psychological/ physiological	(Burke, 1991; Turk, 2002)

deep and revolve on matters that clinical psychologists and mental health staffs have had long-standing struggles understanding (Lazarus, 1993b; Folkman, 2008). Selye also drew a difference between stresses: Eustress and Distress. Eustress is a good form of stress since it is allied with positive feelings and a healthy state. Distress is a negative form and relates to a disturbed bodily state (Lazarus, 1993b; Folkman, 2008). *Table 4* summarises different models/theories (psychological and physiological) that can help to provide important information surrounding coping.

### Summarising themes

The main aim of this work has been to provide a narrative of the coping concept. Here, themes have highlighted that there is a need for professionals and researchers to be more aware of the diverse coping models and how they each of a role and way of implementation. In this regard it is important to place additional emphasis on different coping models.

George Engel's Biopsychosocial (BPS) Model (1977) requires some attention. Engel's BPS model recognised that the autonomic nervous system could serve as an avenue in understanding health and the onset or exacerbation of disease (Dowling, 2005). In

the 1980s and early 1990s, the BPS model became the catchphrase for advanced amalgamation for health and behavioural sciences in hunt for precautionary in disease (Dowling, 2005).

The BPS model has been developed based on a general theory of illness and healing (Dowling, 2005) and emanates coping from a holistic perspective. The BPS model incorporates biological, psychological and sociological aspects of wellbeing into the healing process. This model is instrumental in shifting the focus of healthcare from one of disease to the individual's health. The model mainly recognises social factors (e.g. views, relations, and tension) seriously influence recovery and the convalescence from health complaint and disease (<http://cnx.org/content/m13589/latest/>). The BPS model can be used to understand coping (Engel, 1980; Engel, 1997; Dowling, 2005). It also targets to deliver a theoretical outline appropriate for mounting a 'scientific' attitude for individuals (or patients) and their suffering (or illness) (Engel, 1997).

Folkman's Positive Emotions Theory (1997) put forward the positive emotions theory after conducting a follow up investigation in the care giving partners of men with acquired immune deficiency (AIDS)



(Folkman, 1997). This work highlighted that in association to intense negative mental health concerns, these men and care providers did also have positive mental health positions during the course of illness (Folkman, 1997). Less is understood about the complete variety of coping methods, comprising essence, schedule and length. These are can all be related to the instruction of optimistic as disparate to undesirable emotions. Evidence proposes that fundamental personal views, principles and aims are heavily connected in coping methods (Folkman and Moskowitz, 2004).

Another way to integrate factors to coping with an illness is using a diathesis stress model, which takes into consideration both predisposing characteristics of individuals and an instigating event (Turk 2002). The diathesis stress model (DMS) postulates that the influence of an originating occurrence is conceivably more probable to add to a incapacity or chronic illness in people who construe their health complaint as telling of sombre difficulties; (these can be physical indices) and so they are inclined to respond with anxiety to implications of apparent health deficiency; and trust the mode to avoid on-going onset of discomfort is to completely evade undertakings that can proliferate harm (Turk, 2002). These people are vulnerable and 'at risk' for the persistence of symptoms of disability (Turk, 2002). These 'at risk' people believe that all activities that cause increased symptoms or those that are anticipated to those cause injury should be avoided (Turk, 2002).

In patients with long-term illnesses like cancer, heart failure or kidney disease, health related quality of life (HRQOL) is often severely affected (Britto et al, 2004; Kutner 2004; Miller and Macdonald, 2006; Harwood et al, 2009; Gerson et al, 2010). One of the main concerns for mental health care staff is really in what way can patients maintain or advance their QOL. More current studies relating to chronic illness has surrounded identifying the occurrence of long-term disease and concentrated on refining daily living results (Miller et al. 2004; Kalantar-Zadeh and Unruh, 2005; Kidachi et al, 2007; Maxwell et al, 2009). When exploring coping; investigators should place more emphasis on the internal components of an individual; i.e. hormones and immune cells. At the same time how well an individual copes in illness plays an essential role in the initiation and/ or aggravation of disease.

In following Hans Selye's GAS model, research has developed further by renown authors linking the nervous, endocrine and immune systems (also termed the psychoneuroimmunology (or PNI concept) (Ader et al, 1990; Ader and Cohen, 1993; Schedlowski et al, 1993; Ader et al, 1995; Sternberg, 1995; Schedlowski and Schmidt 1996).

The PNI subject involves studies in collaboration concerning mental health and biological processes. The mental health element relates to psychology, the biological elements relate to neurology, (and there is an endocrine portion—also biological), and finally a very clinical element, which relates to the body's defence against external infection and aberrant cell division, known as the immunology portion. Research is now thriving using this model in understanding coping with chronic illnesses (Ader et al, 1990; Ader and Cohen, 1993; Schedlowski et al, 1993; Ader et al, 1995; Sternberg, 1995; Schedlowski and Schmidt, 1996).

## Summary of models

It is apparent that coping can be thought of having two paradigms. There is perhaps the psychological stance and then the physiological standpoint. It seems obvious that what happens in one challenge that causes an individual to utilise one coping process/strategy may not necessarily be the same given another threat. It is now more becoming more evident that coping has to be viewed from various connotations; there are general limitations to a single sociological model of coping, since there are various paradigms to the human both internally and externally. To understand and appreciate coping in more depth, research needs better to highlight the circumstances that cause people to use specific strategies in a given scenario. Such understanding links to how the brain functions.

## Discussion

This review asserts that coping is the foundation behind wellbeing. Putting forward different theories and models; research has neglected that when individuals cope; (positively or negatively), a particular event could challenge their very 'core'. Currently, wellbeing is based on how good an individual is able to 'rate' their QOL and so quite transparently QOL calls for a deeper and more intricate understanding, because it has layers. Coping is the 'building block' of QOL and it should not be restricted to the psychology of a being. Simply postulated, where an individual is faced with adversity or trauma such as a chronic illness, the autonomic nervous system in association with additional physiological components is involved; these all come to aid in challenging scenarios.

Using a multidisciplinary research effort will prompt professionals to unify and achieve a better understanding in psychology, endocrinology, and immunology in order to understand 'disease-tolerance' and what processes/strategies can be adopted to enable these youngsters to better cope. It is obvious that apart from the psychology, the immune system, and endocrine systems contribute to how well an



## KEY POINTS

- Coping can be intricate, but it is implemented using basic strategies
- Coping vicissitudes and in unity with challenges
- Coping has also been defined as the behavioural efforts individuals use to manage or alter stressful life situation
- Coping calls for a deeper and more intricate understanding and it should not be restricted to the psychology of a being
- To understand coping, mental health and well-being in their entirety, models and theories require further exploration and scrutinising, respectively

individual copes. The PNI concept can aid to identify and join disciplines to observe coping from a broader.

There are no standard coping models; coping itself requires a definition across disciplines, but to affirm that central to health and disease, the nervous, psychology, endocrine and immune systems must intertwine. The foundation behind a good wellbeing and QOL is coping; not just in bad times, but in good ones as well. Where the mental health nursing specialty is concerned, this narrative review informs that caring for patients requires a holistic approach and encouraging patients to build coping processes is an important foundation of various ailments and disease. Mental health nursing practice and theory has evolved to embrace key notions such as recovery and a focus on a normative mental health model in contrast to disease-based approaches of the past. Knowledge of the processes and mechanisms of coping is therefore essential to accommodate and facilitate mental health nursing models that incorporate progressive

approaches to patient care where normalisation is a central tenet.

## Conclusion

It is interesting to find that a total of 140 papers were identified between PubMed and EBSCOhost search engines surrounding coping. Putting all key terms into one single PubMed, PubMed Central and Medline search (i.e. conducting searches (1–6)) revealed no results and this is limitation in using PubMed vs EBSCOhost database. Also of intrigue is that coping theories and models; many generally have a psychology-based ethos. This is quite peculiar since there have been physiological descriptions which have not been emphasised.

Unequivocally, coping, adaptation and mechanisms in side with the PNI concept are topics to contemplate in future for further understanding. This paper concludes more research is required to identify and produce a symbiotic model between psychology and physiology for coping and efforts should collaborate across disciplines; this is achievable. Selye's principles GAS model provides a useful organising framework for understanding the physiological processes involved in the stress-illness relationship. A bid to all, read and re-read the works and understand the models of Walter Cannon (1929), Hans Selye (1936), George Solomon and Rudolf Moos' Model (1964), Lazarus's Harm, Threat and Challenge (1966), George Engel's BPS Model (1977), Folkman's Positive Emotions (1980; 1985; 1997) and literature surrounding the diathesis stress model and psychoneuroimmunology concept. To understand coping, mental health and wellbeing in their entirety, models and theories require further exploration and scrutinising, respectively. [BJMHN](#)

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