

3

- (a) Outline the procedures used in *two* strategies that humans can use to cope with stress (8 marks).
- (b) Compare the effectiveness of each of these strategies (12 marks).

In health psychology, stress is defined as ‘a pattern of negative physiological states and physiological responses occurring in situations where people may perceive threats to their well-being which they may be unable to meet’ (Lazarus and Folkman, 1984). It has been found that there is a lot of work-related stress i.e. occupational stress and in order to cope with such stress, strategies that humans can use to cope with stress have been developed. Two strategies that are used to cope with stress are coping developed by Lazarus and Folkman (1984) and for some people taking advantage of the sedative capacity of drugs, e.g. drinking alcohol. It is obvious that coping strategies such as those described by Lazarus are more effective than drinking alcohol to forget your problems as drinking alcohol may have negative consequences on health.

‘Coping’ as suggested by Lazarus and Folkman, 1984, has been defined as the process of managing external or internal demands that are perceived as taxing or exceeding a person’s resources. The development of health psychology has brought about a framework for investigating coping, which has tended to focus on three different aspects: the mechanisms involved in coping; the experience of coping; and different strategies for going about coping. The model of coping suggested by Lazarus and Folkman suggested that the stress experience is moderated by two basic appraisals. The first of these is an appraisal of the level of threat; and the second is an appraisal of the person’s own resources for dealing with it which is influenced by personal characteristics and environmental variables. Folkman and Lazarus(1988) developed a Ways-of-Coping questionnaire with a list of cognitive and behavioural strategies used by people in stressful situations. They found two groups of main coping strategies: the problem-focused (aimed at altering the problematic person-environment situation) and emotion-focused (managing stress rather than altering the problematic person-environment situation). In an empirical study on coping related to the work situation by McDonald and Korabik (1991), they asked male and female managers to describe stressful work-related situations they had experienced and how they coped with them. They completed the Ways-of-Coping checklist for each situation and assessed additional types of work stressors with another questionnaire. The result indicated that female managers coped with work-related problems in the same way as men but they were more likely to report prejudice and discrimination, and that work/family interfaces were sources of stress. Women were more likely to cope with their feelings by talking to others whereas men were more likely to engage in distracting activities. This study includes important gender issues in the sense that it indicates differences in the way females cope with stress compared to men as suggested in the ‘tend-and-befriend-theory’.

Another strategy in coping with stress that is studied within health psychology is drinking alcohol. It could seem an efficient coping strategy, since its sedative effects slow down neural and bodily functions and its effect on loosening inhibitions can lead to cathartic behaviour. However, it also has implications for health at least if alcohol use turns into abuse. The role of stress in old people’s drinking has been investigated by Welte and Mirand (1995), where they conducted a telephone survey with randomly selected inhabitants aged 60 or more in New York, and questioned them about drinking behaviour, stressful life events, chronic stresses, social support, medical and physical problems and coping styles. Contrary to expectations no relationship was found between stress, heavy drinking and an individual’s style of coping with life stressors. What they did find, however,

was that a history of chronic stress was a strong predictor of alcohol problems. From this perspective, the use of alcohol may be regarded as a means of coping with chronic stressors.

(b)

One coping strategy as described by Lazarus, e.g. 'self-efficacy' is a powerful factor for mediating stress response. Self-efficacy refers to an individual's feeling of confidence that they can perform a desired action, and research indicates that self-efficacy may have a role in mediating stress-induced immunosuppression and physiological changes such as blood pressure, heart rate and stress hormones (e.g. Bandura et al. 1988). An empirical study in line with this was done by Bandura et al. (1988). In this study they induced high or low levels of self-efficacy in two groups of people asking them to perform a mental arithmetic task. Half of each group were given an injection of a saline solution (placebo group), the other group had a nalaxone injection (that blocks the body's natural pain killers). All participants had an arm immersed in ice-cold water and their pain thresholds were measured (physiological stress measures + timing of how long time they could take the pain). They found that placebo group participants with low self-efficacy beliefs experienced higher levels of stress during the cognitive test but they could take the pain more than participants with high-self efficacy beliefs. Researchers suggested that low self-efficacy beliefs are stressful for the body so maybe people secrete a higher level of endorphins. This is beneficial short-term but long-term it is harmful for the immune system. Or perhaps people with high self-efficacy beliefs simply changed the stressful situation by withdrawing from the test. However, a question that arises from this study is that whether it is ethically correct because the participants were exposed to pain i.e. by putting their arm in ice-cold water. It could also be argued that the study lacks ecological validity but on the other hand, experiments like this one is constantly done in medical research because of the possibility of strict control so it can be difficult to disregard the findings because of the lack of ecological validity alone. In spite of the methodological considerations addressed, this study indicates that self-efficacy is important because it determines what people will try to do and influences their perception, thereby plays a role in how people cope with stress responses, in the lab or outside so we may well accept the conclusion that high self-efficacy beliefs seems to be psychologically healthy.

Within Lazarus' coping strategies, problem-focussed strategies are generally associated with better adjustment than are emotion-focused ones. Problem-focused coping tends to increase self-efficacy and reduce anger, anxiety, and physiological stress. Hence it seems a more efficient coping strategy than emotion-focused which is often seen in alcohol misuse. As a coping strategy in stress, alcohol use may provide instant relief. Drinking alcohol is relatively efficient short term that temporarily reduces the effects of stress but may make dealing with its causes more difficult or even create further sources of stress. Drinking alcohol may cause health problems in the long-term as this may lead to dependency and tolerance (substance misuse). Longterm abuse may lead to Korsakoff syndrome, normally due to an excessive alcohol intake. Korsakoff amnesia causes acute confusion that may be permanent when following severe or repeated attacks of alcohol withdrawal. You could argue that this is an efficient way to forget your trouble but the side-effects of alcohol misuse are not seen as a healthy coping style in that the person may eventually experience social and psychological problems and you may even die from the consequences of misuse. Kuschel (2002) found that the population in the Solomon Islands engaged routinely in heavy drinking as a consequence of problems of modernisation and he described massive social and psychological problems as a consequence of binge drinking. The way the young men coped with unemployment and loss of cultural roots were gatherings in groups together and drinking heavily. The

consequences of such coping strategies may be disastrous not only for the individual but also the society.

Overall, it seems that coping strategies (esp. problem-focused strategy) have been shown to be very efficient in coping stress. Although, drinking alcohol is also efficient as a coping strategy, but only short-term as drinking alcohol may lead to negative health consequences such as alcohol dependence/addiction. However, this may vary from culture to culture, as some cultures may not regard drinking alcohol as a coping strategy, e.g. in Muslim cultures.