

Stress and illness : The protective effects of coping efficacy

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The present paper examines the role of coping responses in moderating the effects of stress and discusses the possibility of using self efficacy theory constructs to help explain and reduce health problems that result from stress reactions.

The notion that stress may contribute greatly to the burden of illness is now widely acknowledged. There is a great deal of evidence showing that stressful life experiences exert a negative impact on health, and that health strategies aimed at reducing the level of stress produce positive health outcomes.

Historically, medical research gave little or no attention to psychological and social determinants of illness. Medical disorders were explained only in terms of biochemical factors. A new approach which integrates biological, psychological, and social determinants of illness, has been adopted. It regards stress as a central construct in health and illness issues.

There is strong evidence that people who are exposed to psychological stressors experience a great deal of psychological distress and physical symptoms. The general literature on stress and illness emphasizes the adverse effects of stress on both psychological and physical health (e.g., Holmes, Madusa, 1984 ; Garity, Marx, and Somes, 1978 ; Gentry, and Kobasa, 1984). Our understanding of stress-illness relationship has been considerably broadened and sharpened by recent health psychology models (e.g., Bandura, 1989 ; Ewart, 1991 ; Prochaska, Diclemente, and Norcross, 1993) concerning the moderating role of social cognitive variables such as self-efficacy, coping etc. There is persuasive evidence that these mechanisms may mediate psychological responses to stressful life events and could have an important role to play in the explanation of the links between stress and illness.

COPING WITH STRESS

The potential value of coping as a psychological buffer which may moderate the effects of stress on health, is now being acknowledged. Converging evidence from different lines of research shows quite clearly that coping efficacy is a mediator of how well a person responds or deals with a stressful life experience (e.g., Lazarus, and Folkman, 1984 ; Mc Rae, and Costa, 1986 ; Scheier, Weintraub, and Carver, 1986 ; Parkes, 1986).

Further evidence of the importance of coping mechanisms in health and illness has been provided by some studies in the area of psychoneuroimmunology. There is persuasive evidence from the results of these studies that coping inefficacy may be one of the mechanism through which stressors operate to produce immunosuppressive responses (Icke, 1982 ; Antoni, 1989). Results from another line of research reveal that coping responses impacts significantly on physiological functioning (Bandura, 1989).

The emerging lines of evidence from social cognitive research indicate that coping and associated beliefs of personal efficacy may prove to be useful to explain and modify stress reactions and their subsequent impact on health functioning. The importance of these social cognitive constructs in health related behavior is well established and their public health relevance is being widely acknowledged.

Coping is generally defined as a process through which a person or an individual responds to environmental demands and constraints. To paraphrase Parkes (1986) it is the process through which a person evaluates the threat, appraises and implements a course of action, and regulates his or her emotional reactions.

Coping has been a major focus of attention of studies investigating the psychosocial determinants of health behavior. In recent years, a great deal of research has been carried out to examine coping strategies that people use to deal with environmental contingencies and subsequent life stress. The results obtained from this line of research revealed that psychological coping responses fall roughly into two broad categories- Passive coping responses, and active coping responses. Passive coping responses, involve action turned inward, are designed to regulate emotional reactions and reduce emotional consequences of a stressor. Active coping involves direct action to meet negative reinforcement contingencies or demands by attempting to restore control over the stressful situation.

COPING EFFICACY AND HEALTH FUNCTIONING

Research examining health outcomes in relation to coping responses provided persuasive evidence that coping efforts aimed at reducing stress may impair

health functioning. Maladaptive coping responses that impact negatively on health include substance abuse. In fact, Wills and Shiffman (1985) conceptualize drug abuse behavior as a form of passive coping involving maladaptive coping responses. Coping inefficacy is also thought to be involved in the process leading to relapse.

Coping responses reflecting negative reinforcement are also believed to be closely related to type A behavior pattern (TABP), a factor associated with increased risk of coronary heart disease (CHD). Corroborative evidence from different lines of research shows that active coping operates as a mechanism through which TABP leads to increased risk of cardiovascular accident. In one study, Type A subjects expended more physical efforts on a treadmill test, but reported less fatigue than type B subjects (Carver, Coleman, & Glass, 1976). Other studies also showed that Type A subjects tend to be more active in their attempt to restore control and resist feeling of helplessness to a greater extent than Type B subjects. This and other findings led some to hypothesize a link between Type A coping strategies and CHD (e.g., Chesney and Rosenman, 1983). Although it is not very clear how coping operates to affect cardiovascular reactivity, there is sufficient evidence which suggests that coping inefficacy may constitute a risk factor of public health relevance.

Attempts aimed at altering maladaptive coping responses to influence health behavior should pay special attention to the cognitive determinants of the coping mechanism. Social cognitive theory suggests that coping results from direct learning experience as well as vicarious learning through observation of social models and by social comparison. Whether learned through direct experience or vicariously, coping is mediated by cognitive processes such as beliefs in personal efficacy, outcome expectancy beliefs, and perception of control. A reciprocal relationship between coping and these cognitive constructs is predicted. Successful coping in a given situation .. etc...and creates a sense of a control over the challenging situation, and effective control in turn reinforces expectations of coping efficacy, another necessary ingredient in health behavior change. Similarly, influencing self-efficacy beliefs will help build a sense of competence and set the stage for coping efficacy. potential health outcomes of coping efficacy include better health functioning, better medical compliance, and rapid recovery from life threatening diseases such as myocardial infarction.

An important component of effective coping is the sense of personal competence that must animate a person during coping efforts. basic principles of behavior change suggest that competence building can best be achieved by influencing antecedent variables. Competence is known to be closely related to beliefs about the likely outcome of performance. Therefore, any, meaningful change in maladaptive coping pattern should be guided by self-efficacy principles.

Coping inefficacy involves a strong sense of personal inefficacy which interferes negatively with coping efforts aimed at restoring control. Social learning theorists regard mastery experiences as crucial to building of a sense of both personal efficacy and competence. Learning coping skills either directly or vicariously via social modeling experiences may reinforce personal capabilities, and Beliefs in personal capabilities may prove to be necessary to offset the stressors of life and to promote health protective behaviors.

Among established self efficacy intervention strategies for instilling a sense of personal efficacy and preventing physical and emotional stress responses are mastery experiences, modeling, and social persuasion. Whether personal self efficacy is restored and enhanced through successful experiences or via vicarious reinforcement, it is critical for effective coping and successful functioning.

Although effective in building a sense of control and mastery, self efficacy interventions could fall short of sustaining effective coping and functioning. Social support networks should also be activated to reinforce coping resources. There is a growing body of evidence which shows that social support, whether provided by a family member, a friend or any significant other, is critical when coping with major life crises. Similarly, the field of social problem solving shour that problem solving training programs are very useful for equiping people with skills which may prove to be necessary to negotiate difficult life situations.

Self efficacy theory provides useful conceptual tools which could be used to explain and reduce health problems resulting from stress reactions.



REFERENCES

- Bandura, A.** (1989). Perceived self efficacy in the exercise personal agency. *The psychologist*, 12, BPS, London.
- Bandura, A.** (in press). Self efficacy mechanism in physiological activation and health promoting Behavior. In J. Madden IV, S. Mattysse, & J. Barchas (eds), adaptation, learning and affect New york, Raven.
- Carver, C.S., Coleman, A.E, & Gass, D.C.** (1976). The coronary-prone behavior pattern and the suppression of fatigue on a treadmill test. *Journal of Personality and social Psychology*, 33, 460-466.
- Ewart, C. K.** (1991). Social action theory for a public health psychology, *American Psychologist*, 46, 931-946.
- Garity, w. d., Kobassa, s. c.** (1984). Social and psychological processes mediating stress-illness relation ships in humans. In W. 5D. Gentry (ed.) *Handbook of behavioral medicine*, New York : Guilford.
- Holmes, T. H., Masuda, M.** (1974). life change and illness susceptibility. In B. S. Dohrenwend & B. P. Dohrenwend (Eds.). *Stressful life events their nature and effects*, New York : Wiley.
- Kobasa, S. C.** (1982). Stressful life events, personality and health : an inquiry into hardiness. *Journal of Personality and social Psychology*, 37.
- Lazarus, R. S.** (1984) *Stress, apraisal, and coping*. New York : springer Publisshing.
- Locke, S. E.** (1984). Stress, adaptation, and immunity : studies in humans. *General Hospital Psychiatry*, 4.
- Mc Crae, R.P., & Costa, P. T.** (1986). Personality, coping, and coping effectiveness in an adult sample. *Journal of Personality and Social Psychology*, 54.
- Parkes, K. R.** (1986). Coping in stressful episodes. *Journal of personality and social Psychology*, 51.
- Prochaska, J. O., & Diclemente, C. C.** (1983). stages and processes of self change of smoking : Toward an integrative model of change. *Journal of Consulting and clinical Psychology*, 56, 520-528.
- Wills, T. A., & Shiffman, S.** (1985). Coping and substance use : a conceptual framework. In S. Shiffman & T. A. Wills (eds.). *Coping and substance use*. New York : Academic Press.