Coping: A Concept Analysis

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Coping is an abstract concept capable of evoking a wide variation of mental images and perceptions, which differ from person to person. The term is commonly used in all spheres of nursing, as well as in other disciplines such as psychology, medicine, education, and architecture. Acquiring a solid understanding of this concept is of particular importance in psychiatric nursing because it is a term heavily used in the assessment and treatment of mental health disorders. In order to determine the theoretical meaning of coping as it applies to nursing practice, Walker and Avant’s (1995) structured approach to concept analysis was utilized, which included a thorough literature review of multiple disciplines to examine the various uses of the concept and identify defining attributes (Chinn & Kramer, 2011).

Defining the Concept

According to the Online Etymology Dictionary (n.d.), the term coping is derived from the word ‘cope’, and two different etymologies were cited. The first etymology of coping referred to an architectural term that originated in the 16th century and was defined as a type of cape for priests. The second etymology originated in the late 14th century, and was defined as “come to blows with.” The second definition derives from the Old French word couper (previously colper), which meant to punch or hit, and from colp, meaning “a blow.” The meaning of the word eventually evolved to “handle successfully” in the 17th century.

A variety of disciplines have developed their own definitions of coping. The Psychology Dictionary Online (n.d.) defines coping as the use of mental and behavioral methods to control the conditions of an event that appears to be beyond one’s abilities or to reduce the negative feelings and conflict that results from various stressors. According to the online Architectural Dictionary (n.d.), a coping is a protective cover that usually slopes to protect brickwork from
water. Webster’s Online Dictionary (n.d.) provides several multidisciplinary definitions of coping as well. In dentistry, a coping is defined as “part of the dental crown that contacts the prepared tooth,” and in industry it is “heavy worsted or carted cloth for men.” In mining, the term coping is defined as “cutting or trimming marble or other stone by use of a grinding wheel.” Interestingly, coping is also the name of a geographic location in Indonesia.

In reviewing the literature, other definitions of coping were further noted. Tandon, Dariodis, Tucker, and Sonesten (2012) define coping as a conscious attempt to regulate cognition, emotion, behavior, physiology and the environment in response to stressful stimuli. Similarly, Horwitz, Hill, and King (2010) refer to coping as an active process that utilizes behavioral or cognitive efforts to manage the internal or external sources of psychological stress. Finally, Vera et al. (2012) describes coping as the manner in which an individual attempts to manage internal and external demands that are perceived as overwhelming.

**Significance in Psychiatric Nursing**

Psychiatric nurses must have a clear conceptualization of coping in order to recognize the specific patterns utilized by their patients and to discern the effectiveness of their skills. If coping is ineffective, nurses will need to educate patients and assist them in developing constructive ways to deal with life’s stressors. Three widely used coping patterns have been identified: problem-focused, emotion-focused, and avoidance. In problem-focused coping, individuals actively attempt to change stress-inducing circumstances. Individuals using emotion-focused coping try to change their own negative emotions caused by the stressor. Avoidant coping results when individuals use strategies to simply avoid the stressor. The frequent use of both emotional-focused coping and avoidant coping are associated with ineffective coping patterns (Horwitz et al., 2011).
When working with the adolescent population, a comprehensive understanding of coping becomes even more crucial due to the turbulent nature of this developmental stage. Since coping is not only used in response to a provoking event, but also dictates the associated emotion, the recognition of effective strategies becomes even more important. According to Horwitz et al. (2010), coping patterns that emerge at this age will influence coping styles and outcomes into adulthood. They further note that researchers appear to have difficulty reaching a consensus on how children and adolescents cope with stress. Persike and Seiffge-Krenke (2012) discovered that in all societies around the globe, adolescence is a time filled with stressful experiences and considerable changes, and the ability to cope with a wide variety of stressors is critical for psychological health. Some degree of variation appears to exist based on race, gender, culture and socioeconomic status, however coping deficits are among the main factors contributing to the development of psychopathology in all cultures.

The maturational crisis of adolescence coupled with the situational crisis of an affective disorder has an even more pronounced impact on coping. Nurses caring for adolescents with psychiatric disorders need to be aware of how they cope with and experience mood disorders in order to provide the best interventions (Meadus, 2007). It is imperative for these nurses to realize that the coping abilities of adolescents are generally underdeveloped and inconsistent due to the cognitive changes taking place. Because adolescents cope differently to stressors than adults, they should be taught alternatives to active coping such as healthy distractions in the face of uncontrollable stressors (Vera et al., 2012). Interventions should include a focus on reducing or eliminating maladaptive coping patterns, enhancing problem-focused strategies, and teaching new adaptive styles of coping (Horwitz et al., 2010).
Dimmock, Grieves, and Place (2008) found that individuals who frequently engage in self-blame for their difficulties and setbacks often resort to negative coping patterns such as substance abuse and self-harm. Ineffective patterns such as avoidance and emotional-focused coping have resulted in the widespread increase of these behaviors among teens (Borrill, Flynn & Roger, 2009). Young adult literature is filled with stories of self-harm that results from the cumulative impact of stressful life events. The shame and secrecy surrounding these behaviors leave adolescents with distorted perceptions of self. Increased media coverage has furthered awareness of the issue and has led many researchers to consider this the next teen epidemic (Miskec & McGee, 2007). Hall and Place (2010) describe two major groups of adolescents who engage in self-harm behavior: emotionally troubled teens who do not know effective ways to cope and teens who belong to a youth culture that encourages such behavior.

**Defining Attributes**

Numerous defining attributes of coping consistently appeared throughout the literature including modify, manage, response, problem-focused, emotional-focused, avoidant, cognitive, behavioral, regulate, physiological, and psychological. Therefore, coping can be conceptualized as an adaptive method of dealing with both individual and environmental stressors that involve either a physiological or psychological threat, which may or may not effectively address the problem.

Antecedents are events that occur before coping is initiated and can include any internal or environmental stressor that demands an emotional, cognitive, physiological, or behavioral response. Consequences are the events that occur following coping responses, which can be positive in nature if coping was effective, such as regaining a mental balance and equilibrium, or
negative if coping was ineffective, such as substance abuse or self-mutilating behaviors (Chinn & Kramer, 2011).

Case Exemplar

A 14-year old female with a history of depression and **self-mutilating behaviors** presents to the mental health clinic for her scheduled monthly visit. She has been seeing a counselor there for a little over a year and has been learning **cognitive behavioral** therapy techniques in an effort to **manage** her urges to **cut**. She has not engaged in that behavior since beginning therapy. In addition, she has been seeing the psychiatric nurse practitioner regularly for medication management. She was prescribed and antidepressant at the start of therapy and been compliant with her scheduled medication regime. The patient reports to her therapist that she feels she has **regained balance** in her life and no longer feels the urge to **self-mutilate**. She reports that she has been using **problem-focused** coping and has **modified** her ineffective coping patterns and replaced them with physical activity and exercise, which is a healthy **response** for dealing with stress and appears to be working well. Based on the patient’s reports and observation, she appears to be **psychologically** stable at this point and she will now slowly be weaned off the antidepressant and go on a maintenance counseling schedule.

Borderline Case

An 18-year old male presents to a local multispecialty clinic for a complete physical in preparation for college. He is about to begin his freshman year and plans to study architecture. He has been trying to learn some of the important concepts and technical terms of the field before he starts taking classes so he brought one of his textbooks with him to read while he is waiting. As he is reading through his book, he comes across the term coping and notices that it refers to the top or covering of a wall that is usually slanted to allow water to run off of it. The
patient muses to himself how a word can mean so many different things depending on the context in which they are used.

**Related Case**

A 15-year old female presents to the mental health clinic for the first time accompanied by her mother. She appeared very reserved and spoke in a soft voice. Her mother did most of the talking during the session and reported that the patient has become increasingly withdrawn over the past couple of years and seems to be depressed. She also stated that the family had recently moved here from out of state and the depressive symptoms that her daughters has been experiencing seemed to escalate shortly after beginning her new high school. Upon further investigation it was found that the patient has been unsuccessful in developing friends at her new school and that some of her peers have been cyber-bullying her for the past month. She has been for the negative actions of her peers. She continues to go to class however, and has been able to maintain a 3.5 GPA. When not in school, she usually retreats to her room and reads or listens to music, but spends the majority of her life alone. This patient is demonstrating some positive coping skills but is not fully engaged in changing her situation.

**Contrary Case**

A 17-year old male was admitted to the inpatient psychiatric unit at a local hospital. He has a history bipolar disorder, attention-deficit disorder, and poly-substance abuse. He has been non-compliant with his medications, has been in rehab twice (which was unsuccessful), and consistently fails to take therapy seriously. He was brought to the emergency department by the police after being picked up from a parking lot outside of the movie theatre for disturbing the peace. He has recently dropped out of school and stated that he no longer cares if he lives or
dies. The patient has no interest in changing his maladaptive coping behaviors and does not demonstrate any positive coping patterns.

**Conclusions**

Due to the abstract nature of the term coping and its use in numerous disciplines, a structured analysis was conducted in order to identify the defining attributes of the concept that are specific and relevant to nursing practice. Psychiatric nurses who work with the adolescent population must understand the cognitive changes and stressors that occur during this period of development, and how they affect the adolescent’s ability to cope. Nurses must also have the ability to identify and treat individuals who demonstrate maladaptive coping patterns. Several cases were presented in an attempt to further clarify what coping is and is not.
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# Concept Analysis on Coping

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