

DEVELOPMENT OF A COPING CHECKLIST—A PREMINARY REPORT

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SUMMLRY

The development of an easy-to-administer, comprehensive coping checklist in english is reported. Initial try-out on 60 neurotics and 60 normals indicated that coping behaviours were differentially used by the two groups.

A relationship between life stress and a variety of health-related variables has been documented by a number of studies. However, life stress has been found to account for approximately 10 percent of the variance (Rabkin and Struering, 1976). Coping behaviour, or the things people do to reduce stress, has been a variable that has recently become the focus of research. How people cope with stress may be more important than the frequency or severity of stress.

In order to study coping behaviour systematically a method for classifying and describing it is essential. Hamburg and Adams (1967) defined coping as "the seeking and utilizing of information". Lazarus et al. (1974) referred to coping as "problem solving efforts made by an individual when the demands he faces are highly relevant to his welfare . . . and when these demands tax his adaptive resources". Freedman et al. (1975) described coping as "conscious and unconscious ways of dealing with stress without changing one's goals", while Pearlin and Schooler (1978) conceptualized it as "any response to situational life stressors that serves to prevent, avoid or control emotional distress". All defini-

tions imply that stressors are not passively received by the individual, but that he actively engages in certain thoughts and behaviours to mitigate and avoid their impact.

Theoretical antecedents of coping can be traced back to psychoanalytic and ego psychology. Freud (1937) postulated the ego mechanisms of defence described as the habitual, unconscious, and sometimes pathological, processes that are employed to resolve conflicts between an individual's impulses and the constraints of external reality. Besides emphasizing the process of defence and coping, psychoanalytic theory and ego psychology provided the basis for formulating developmental perspectives that focussed on the gradual accumulation of personal coping resources over an individual's life span. Erikson (1963) described eight life stages each representing a new challenge, that must be negotiated successfully in order that the individual cope adequately with the next stage of development.

Most of the approaches to study and measure coping behaviour are based on three broad perspectives : (a) ego processes (b) traits and (c) the special demands of specific situations. In terms of ego

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processes, Haan (1969) formulated a tripartite model of ego functioning comprising of ten generic ego processes, expressed in three modes; coping, defence and fragmentation. Based on this model, normative ratings, Q-sorts and empirically derived questionnaires have been used to collect data on these processes. Menninger (1954) and Vaillant (1971) also spoke of hierarchically arranged defenses. However, conceptualizing coping in terms of defenses has certain difficulties in that, being unconsciously used by the individual, they have to be inferred.

Trait measures of coping have been comprehensively reviewed by Lazarus, Averill and Opton (1974) and Moos (1974). They are dispositional or personality attributes that lead to specific responses (for e.g., Repression-sensitization, Byrne, 1964). Trait measures taken alone, however, are poor predictors of coping behaviour as they assume that people are behaviourally consistent across situations.

Situation-oriented coping views coping behaviour in terms of special demands of specific kinds of situations such as illness (Hackett and Cassem, 1975) or bereavement (Parkes, 1972). Although this method has the virtue of studying, comprehensively, coping in relation to particular situations, the findings tend to be situation specific with limited generalizability.

Various paper-pencil measures of coping behaviour have been developed to study the specific things that people do when faced with stress (Billings and Moos, 1981; Folkman and Lazarus, 1980; Pearlin and Schooler, 1978). However, these tools have limited utility in the Indian setting as some socio-culturally relevant methods of coping may not be assessed. A need to develop a simple method of understanding the things

people do in times of stress was strongly felt.

Material and Method

Coping behaviour was operationally defined as the responses to external life stress that serve to prevent, avoid, reduce or control stress and emotional distress (Folkman and Lazarus, 1980; Pearlin and Schooler, 1978). Coping responses have three main functions: 1) to change the stressful situation, 2) to control the meaning of the stressful situation and 3) to control the emotional distress in relation to the stress. These have been referred to as problem-focussed, appraisal-focussed and emotion-focussed coping respectively (Billings and Moos, 1981). Behaviour pertinent to these three domains of coping were covered. No distinction was made between coping and defensive processes (Haan, 1969) as it was felt that defense is, often inappropriately, equated with pathology.

Within the framework outlined above a coping checklist in English was developed. Checklists have an advantage in that they can be made comprehensive, while still being easy to use. An item pool was collated from existing coping literature (Billings and Moos, 1981; Folkman and Lazarus, 1980; Haan, 1977; Hfeld, 1980; Pearlin and Schooler, 1978).

In order to generate items specific to the sociocultural setting the following two steps were adopted.

1. Six mental health professionals (2 psychiatrists, 2 clinical psychologists and 2 psychiatric social workers), with a minimum of 5 years experience; two heads of religious institutions and 2 lay counsellor were interviewed. On the basis of their experience with a large cross-section of people, they were asked to suggest items for the checklist, as to how people cope with life stress.

2. Fifteen patients suffering from neurotic disorder and 15 normal subjects, adult males and females, literate, hailing from an urban background were individually interviewed to obtain information on coping methods they had used to handle stress.

The total list of items was then carefully screened and repetitive items excluded, items were phrased so as to make for easy reading. Items that were seen as end-products of the stress-coping process such as 'changed and grew as a person' or those more familiar to the Western tongue like 'kept a stiff upper lip' were deleted.

The final version of the coping checklist (CCL) comprised of 70 items describing a broad range of behavioural, emotional and cognitive responses that may be used to handle stress. Items are scored dichotomously, yes/no, indicative of the presence or absence of a particular coping behaviour. In its present form the CCL is meant for use in an urban population. It is applicable to both sexes in the age group of 20-40 years having a minimum of 10 years of formal schooling and a working knowledge of English.

The checklist can be administered in two ways. In the first, referred to as CCL-I, the coping methods used to handle stress and distress, in general, are recorded. This method assesses an individual's tendency to use certain coping behaviours across a variety of stressful situations. The total number of items reported by an individual is indicative of the size of the coping repertoire. In the second method, referred to as CCL-II, coping responses used to handle a specific stressful event can be elicited. This is a measure of the coping strategy used to deal with a particular stress. Both CCL-I and II can be kept open-ended for recording additional coping behaviours.

Sample

The CCL-I method was tried out on a purposive sample of 60 patients (30 males and 30 females) diagnosed as having a neurotic disorder according to ICD-9 and a group of 60 normal subjects. The latter were screened using the General Health Questionnaire (Goldberg and Hillier, 1979) and individually matched on sex, age, education and occupation with the patient group. All subjects hailed from an urban setting. Majority were Hindus (83.33% and 86.67% in the neurotic and normal group) and from nuclear families (76.67% and 68.33%). The mean age was 27.59 (± 5.75) and 27.58 (± 5.71) years respectively with an average of 12.70 (± 2.55) and 12.67 (± 2.52) years of formal education in the neurotic and normal group. About 53% of the neurotics and 58% the normals were married.

RESULTS

Table 1. *Size of coping repertoire*

CCL-I	Neurotics	Normals
Mean	21.23	24.35
S. D.	5.30	5.21

$t=3.25$, d. f. = 118, $p < .01$

Overall, normals tended to have a larger coping repertoire than neurotics (Table 1).

Problem solving coping behaviours were reported by the majority of neurotics and normals (Table 2).

Seventeen coping behaviours were differentially used by neurotics and normals. Twelve were reported more frequently by normals and five by a greater number of neurotics (Table 3).

Table 2. *Commonly reported coping behaviour*

Item description	Neurotics (N=60)	Normals (N=60)
Go over the problem again and again to try and understand it.	59(98.3)	58(96.7)
Make a plan of action and follow it.	54(90.0)	58(96.7)
Come up with a couple of different solutions to the problem.	54(90.0)	57(95.0)
Analyse the problem and solve it bit by bit.	52(86.7)	58(96.7)

DISCUSSION

Theoretically, a larger coping repertoire (Table 1) indicates a broader range and variety of coping behaviours at the individual's disposal (Pearlin and Schooler, 1978) and suggests that such a person may be more flexible in his use of coping responses (Wheaton, 1983). However, this index of the size of the coping repertoire disregards the quality of the coping methods subsumed under it. Coping behaviours, in themselves, may not be 'good' or 'bad', but the situation in which they are used may make them effective or ineffective. Moreover, a large reper-

Table 3. *Coping behaviours differentially used by neurotics and normals*

Item description	Neurotics (N=60)	Normals (N=60)	X ²
Pray to God	39	55	12.57***
Know what has to be done, so double your efforts and try harder to make things work	29	54	24.42***
Anticipate probable outcomes and mentally rehearse them	42	53	6.11*
Seek reassurance and emotional support from friends	40	52	6.71**
Talk to a friend who can do something about the problem	38	51	7.35**
Blame your fate, sometimes you just have bad luck	30	45	8.00**
Talk to a family member who can do something about the problem	33	44	4.38*
Draw on your past experiences of similar situations	24	42	10.91**
Feel that time will remedy things, only thing to do is wait	28	41	5.76*
Blame yourself	24	36	4.80*
Turn to work to take your mind off things	15	35	13.71**
Console yourself that things are not all that bad and could be worse	11	26	8.79**
Keep feeling to yourself	41	29	4.94*
See more movies than usual	39	27	4.85*
Read novel, magazines etc. more than usual	38	27	4.06*
Compare yourself with others and feel you are worse off	26	13	6.42*
Pace up and down thinking about the problem	21	10	5.26*

d.f. for all comparisons-1

* $p < 0.05$ ** $p < 0.01$, *** $p < 0.001$

toire may be useless if it cannot be mobilised when most needed. This dimension needs to be examined in greater detail.

When faced with a stressful situation both neurotics and normals report the use of a problem-solving approach, wherein, a direct attempt is made to understand and resolve the problems (Table 1). The frequent use of problem-solving strategies in this study is in agreement with the findings of Folkman and Lazarus (1980) who reported that both problem-focussed and emotion-focussed coping were used in virtually every stressful encounter. However, the finding that emotion-focussed coping behaviours were not frequently reported is to be noted.

Active-cognitive and behavioural coping methods were more often reported by normals (item nos. 2, 3, 8, 11), while neurotics reported more avoidance coping behaviours (14, 15) (Table 3). Similar results have been reported by Billings and Moos (1981) and Lazarus (1966).

A large number of normals reported the use of help-seeking behaviour (4, 5, 7) while neurotics reported keeping feelings to themselves (13). Normals, therefore, make greater use of their social networks for coping assistance. The role of social support as a moderator in the stress-illness process has been recognized and examined (Thoits, 1986). Normals indicated the use of a positive approach to stress (12), while neurotics reported making negative comparisons (16). An ability to retain an optimistic outlook even when faced with stress may serve as a resistance (Lazarus, 1966; Menaghan, 1982).

A greater proportion of normals reported the use of praying to God (1), blaming one's fate (6) and blaming oneself (10).

This controversial pattern of behaviour seems to indicate that normals may be able to escape negative feelings in uncontrollable situations by blaming their fate or praying to God, while blaming themselves in other situations of failure may help them overcome the problem. The factors that determine the use of certain coping behaviours in certain specific situations and the efficacy of these in attenuating stress need to be identified.

The coping checklist was kept open-ended, but no new items were generated over the course of 120 interviews. Of the 70 items, 20 were reported infrequently in the present sample. However, it may be premature to delete such items; as firstly, they may be relevant in other populations and, secondly, some items, even though infrequently used, may be singular in their ability to increase or decrease stress and distress. The 70 item CCL is, therefore, a comprehensive list of coping behaviours and one of its kind in the Indian set-up. The checklist is likely to be useful in both clinical and research settings especially within the stress-coping-social support framework.

The two groups in the study were well-matched on sociodemographic factors. However, coping behaviour may be determined not only by demographic factors but also by personality and other psycho-social variables. The influence of these variables on the use of coping behaviours needs to be investigated. Significant differences emerged in the reported use of coping methods by neurotics and normals. However, it is not possible in a cross-sectional study to determine whether the coping behaviour influenced the development of the neurotic disorder or whether these differences were the result of the illness *per se*.

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