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Running Head: STRESS, COPING, AND SOCIAL SUPPORT

Abstract

The relationship of the sources, mediators, and manifestations of stress were examined in a review of the literature. Stress is comprised of microstressors and daily hassles in addition to negative life events and changes. Direct, problem-focused coping mechanisms were found to be more effective in reducing stress than emotion-focused stategies. Social support reduces stress through strong main effects, but the interaction of stress and support depends on the specific types of stress and support under study.

The Relationship of Stress,

Coping, and Social Support to Depression

The relationship of stress to psychological symptoms and maladjustment has received an increased amount of attention in the past decade as evidenced by a surge of empirical research and theoretical formulation. However, progress in discovering the true nature of this relationship has been hampered due to a lack of agreement in the literature regarding the conceptualization and measurement of variables (Williams, Ware, & Donald, 1981). Differences in definitions have led to conflicting results in many areas. This paper will examine the inconsistencies in conceptualizations and measurement, review the findings in this area, and draw conclusions about the relationship of stressors, coping, and social support to psychological distress.

The process of stress can be conceptualized as encompassing three domains: the sources, mediators, and manifestations of stress (Pearlin, Lieberman, Menaghan, & Mullan, 1981). We will first address the relationship of sources to manifestations, and then discuss the effects of the mediators of coping and social support.

STRESS

There are differences in the literature concerning the meaning of the term "stress", which have led to confusion about the real meaning of the term (Pearlin and Schooler, 1978). Pearlin and Schooler use "stress" synonymously with psychological distress; that is, the outcome or product of exposure to stressors (i.e., the manifestation). Other researchers refer to stress as environmental problems which are the source of distress and maladjustment. This paper will use the latter definition of the term.

Using this definition, one line of research has defined stress as negative life events or changes; such as loss of a job, death of a friend or family member, or a major illness. Holmes and Rahe (1967) theorized that important life events require changes in one's pattern of living, and that psychological distress and symptoms such as depression result from the temporary imbalance in living and the effort to adjust to the change. Change may lead to distress in a number of different ways, by exacerbating old problems, creating new ones, and diminishing perceptions of mastery and self-esteem (Pearlin, Lieberman, Menaghan, & Mullan, 1981). Repeatedly, researchers have found a significant positive relationship between negative life events and psychological maladjustment

and symptomotology (Billings, Cronkite & Moos, 1983;

Holahan and Moos, 1981; Lin, Ensel, Simone, & Kuo, 1979;

Cohen, McGowan, Fooskas, & Rose, 1984). In a study

which compared patients entering treatment for unipolar

depression with controls, patients were found to have

had significantly more negative life events in the past

year (almost twice as many) than controls (Billings,

Cronkite, and Moos, 1983). This relationship was found

to be reliable in a longitudinal study which assessed

negative events in a community sample at several intervals

and statistically controlled for the initial level of

disorder (Cohen, McGowan, Fooskas, & Rose, 1984).

However, the proportion of variance explained by this

relationship is generally relatively small, less than 12

or 15% (Wilcox, 1981).

To better measure the effect of stress, several

researchers have suggested the importance of examining

the effect of chronic life strains and "microstressors"

on psychological health, in addition to major life

changes (Kanner, Coyne, Schaefer, & Lazarus, 1981;

Billings & Moos, 1982). Chronic life strains are those

associated with social roles, such as family arguments,

work pressure, economic problems; while microstressors

are hassles associated with daily living, such as smaller

problems and disappointments, noise, and rush-hour

traffic. Kanner and his associates conducted a longitudinal

study which found daily hassles to be better predictors

of depression than major life events and changes (Kanner,

Coyne, Schaefer, & Lazarus, 1981). Children who were

classified as depressed on the basis of their scores on

the Children's Depression Inventory were found to also

have more severe chronic strains. These children had

more distressed, dysfunctional, and conflict-ridden

family environments (Kaslow, Rehm, and Siegel, 1984).

Chronic strains and daily stressors have been

theorized to lead to depression either directly, or

indirectly by reducing available social support and

encouraging maladaptive appraisals of the situation and

ineffective, weak coping strategies (Billings & Moos,

1982). Regardless of the exact nature of this relationship,

it is clear that both chronic, daily stressors as well

as major life events must be considered in assessing the

relationship of stress to depression and other symptoms

of distress.

COPING

The domain of mediators of stress include coping

and social support. As with the term stress, coping has

also been defined in several ways. According to Mechanic

(1970) coping is instrumental behavior aimed at meeting

the demands of life and managing the emotional response

to stress. Pearlin and Schooler (1978) define coping as

"any response to external life strains that serves to

prevent, avoid, or control emotional distress". This

paper will refer to coping as responses made in an

attempt to change some aspect of the source, mediators,

or manifestations of stress in order to prevent or

ameliorate distress.

There are a multitude of posˢible behaviors and

cognitions that could serve as coping mechanisms.

Billings and Moos (1984) pointed out that the classification

of coping responses is at a preliminary stage, and no

consensus has yet emerged. Therefore, there are incon-

sistencies in the way coping is classified and in the

findings regarding the effectiveness of different coping

responses.

One of the more common classification systems used

groups responses according to the domain in which they

operate; either in the meaning, source, or manifestation

of the stressor (Pearlin & Schooler, 1978; Folkman &

Lazarus, 1980; Folkman & Lazarus, 1985; Billings, Cronkite,

& Moos, 1983; Billings & Moos, 1984; Shinn, Rosario,

Morch, & Chestnut, 1984). According to this classification,

appraisal-focused coping involves efforts to redefine the personal meaning of a situation so that it seems less threatening or harmful, and assess possible coping strategies. Problem-focused coping includes strategies to directly modify or eliminate the source of stress, and emotion-focused coping involves attempts to control or manage the negative emotions that result from and are manifestations of stress (Billings & Moos, 1984). Other research classifies coping responses in terms of the degree to which they are deliberate versus haphazard (Baum, Davis, Calesnick, & Gatchel, 1982), involve approach versus avoidance (Holahan & Moos, 1985), or according to the type of action the response involves (Coyne, Aldwin, & Lazarus, 1981). The efficacy of different coping responses will be assessed for each of these classification systems.

Generally, researchers using the first classification system have found that more direct, problem-focused coping responses are more effective than appraisal and emotion-focused responses, but the efficacy also depends on the context of the stressor (see Billings & Moos, 1982, for a review). Pearlin and Schooler (1978) conducted open-ended interviews with a large sample of community residents about the problems they are faced with, and

their attempts to cope with them. Responses were factor
analyzed and factors were then grouped according to their
area of focus, on the meaning (appraisal-focused),
source (problem-focused), or emotions (emotion-focused).

In this study, appraisal-focused coping involves
mechanisms such as comparing one's condition with that
of significant others' to find that one is no worse off
than others; and selective ignoring, which involves
focusing on the positive aspects and trivializing the
negative. Problem-focused coping included actions such
as negotiation in marriage and direct, positive action
in one's occupation. Emotion-focused coping included
trying not to worry and relaxing.

The data revealed that efficacy of a particular
type of coping depends on the situation in which it is
being used. For economic and occupational problems,
appraisal-focused responses such as selective ignoring
were the most effective at reducing distress. For
marriage and family problems, however, problem-focused
coping was most effective.

Billings and Moos (1984) assessed coping according
to this classification system in samples of clinically
depressed patients and non-depressed controls. In this
study, appraisal-focused coping included logical analysis,

which involved efforts to understand the stressor and
the possible outcomes of various coping responses.
Problem-focused coping involved information seeking and
problem solving, and emotion-focused coping included
affective regulation and emotional discharge. Depressed
patients were found to use significantly more information-
seeking and emotional discharge, and less problem solving
than the non-depressed controls. The use of problem solving
was correlated with fewer depressive symptoms, and
emotional discharge was associated with with more depressive
symptoms.

The problem- versus emotion-focused coping class-
ification has also been used to examine employees'
efforts to avoid burnout in the field of human services
(Shinn, Rosario, Morch, & Chestnut, 1984). Job stressors
included excessive workload, feelings of inadequacy,
interpersonal conflicts, and lack of agency support,
among others. Individual coping responses were divided
into problem-focused such as changing an aspect of the
job and building competance, and emotion-focused strategies,
such as taking breaks and focusing away from the job.
Agency coping was also assessed, and included efforts
made by the agency or organization to prevent burnout in
employees.

Respondents reported using very few problem-focused

stategies. The emotion-focused mechanism of focusing away

from the job was the most common strategy engaged in.

In addition, the employees reported that their agencies

did little or nothing to help them cope. Analysis

revealed that individual coping mechanisms were ineffective

at reducing distress and burnout.

Considering the results of these studies together,

problem-focused strategies were generally the most

effective, while emotion-focused strategies were more

often associated with higher levels of distress.

An alternative system classifies coping strategies

in terms of the degree to which they are deliberate

versus haphazard (Baum, Davis, Calesnick, & Gatchel,

1982). Baum et. al. found deliberate coping to be more

effective than haphazard stategies. The study was

conducted with two groups of college students: those who

lived under crowded conditions and those who lived in

non-crowded conditions. The crowded students reported

significantly more distress, poorer adaptation to college

life, and more aggressiveness and withdrawl. A questionnaire

was used to assess the coping mechanisms used, and by

their responses, students were categorized as "screeners"

or "non-screeners". The screeners used slow-paced,

deliberate strategies: they were selective in their
friends and in the people they spent time with, and they
selectively ignored persons who bothered them. Non-screeners
were haphazard in their strategies. They were non-
discriminating in their choice of friends and pals, they
went with whatever came along, or did nothing.

The crowded students who were also screeners reported
significantly less distress than crowded students who
were non-screeners. This study also used a modified
version of the Prisoner's Dilemna game to empirically
measure coping behavior. The game produced the same
results as the questionnaire: crowded students had a
poorer performance, showed more helplessness and withdrawal,
and less interest in affecting the outcome of the game.
However, the crowded students who were screeners had
better performance and greater interest and involvement
than the crowded non-screeners.

Holahan and Moos (1985) classified coping responses
as approach versus avoidance. Approach coping involves
responses aimed at dealing with the problem directly, and
includes behavior such as positive action and information
seeking and cognitive responses such as appraisal.
Avoidance coping involves strategies aimed at avoiding
dealing with the problem, and includes behavior such as

taking it out on someone else, and cognitive responses such as ignoring the problem and keeping one's feelings inside.

Subjects were classified as distressed (high in stress and high in depression); or stress-resistant (high in stress but low in depression). Almost all subjects used a great deal of approach coping. However, the distressed group used significantly more avoidance coping than the non-distressed group. Therefore, what distinguished the two goups was their amount of avoidance coping, with greater amounts of avoidance coping being associated with higher levels of depression.

Coping responses have also been categorized according to the type of action the response involved (Coyne, Aldwin, & Lazarus, 1981). Coyne and his associates found that depressed persons were different from non-depressed in their appraisal of situations and in their coping behavior. Depressed persons were _more_ likely to feel that they needed more information before they could act, but _less_ likely to believe that they needed to accept problematic situations. Depressed persons were found to use more wishful thinking, emotional support seeking, and information seeking than non-depressed

persons, although there was no difference in their
amounts of problem-focused coping.

Although there are radical differences in the
classification and measurement of coping responses in
the literature, some conclusions can be drawn. First,
active coping mechanisms which involve direct, deliberate,
approach-oriented and problem-focused strategies are
generally associated with less distress and depression;
while greater use of more passive mechanisms, which are
emotion-focused, rely on avoidance, or are haphazard are
associated with greater distress. Second, the efficacy
of any given coping mechanism may depend on the context
in which it is operating. Problem-focused coping mechanisms
are relatively ineffective in dealing with occupational
stressors, and are dealt with by avoiding and ignoring
negative aspects.

SOCIAL SUPPORT

In addition to coping, social support has been
examined as a mediator of stress. As with the terms
"stress" and "coping", there is inconsistency in the
meaning and usage of the term "social support" (Turner,
1981; Pearlin, Lieberman, Menaghan, & Mullan, 1981).
Social support has been said to include the information
that one is loved, esteemed, and has resources for

support (Cobb, 1976). According to Caplan (1974),
social support includes emotional support, tangible
and material support, and information and cognitive
guidance.

There is an abundance of evidence which shows that
social support is negatively related to distress and
depression (Shinn, Rosario, Morch, & Chestnut, 1984;
Wilcox, 1981; Holahan & Moos, 1981; Lin & Ensel, 1984;
Murrell & Norris, 1984; Turner, 1981; LaRocco, House, &
French, 1980). Exactly how support functions to help relieve
distress is not well understood, however. Support may
act as a preceding factor, before the onset of stress, which
reduces the likelihood of depression; or it may act after
the onset of stress by providing resources needed to
reduce or eliminate the negative consequences of stress
(Lin, Ensel, Simone, & Kuo, 1979). Support has been
theorized to have direct effects on the relationship of
stress to depression, by lowering the amount of psychological
distress experienced regardless of the level of stress
(Billings & Moos, 1984). Alternatively, the "buffering
hypothesis" suggests that there is an interaction between
stress and support; that support provides benefits only
for moderate to high levels of stress, and has no effect
on psychological states at low levels of stress (Boyce,

1981). According to this hypothesis, therefore, the absence of social support is detrimental only for moderate to high levels of stress. The evidence for each of these positions will be examined.

The benefits provided by social support through direct or main effects have been well documented, and there can be almost no argument against the existance of main effects (Billings & Moos, 1984; Holahan & Moos, 1981; Lin, Ensel, Simone, & Kuo, 1979; Murrell & Norris, 1983, 1984; Turner, 1981; Williams, Ware, & Donald, 1981). This relationship is illustrated in a longitudinal study by Holahan and Moos (1981). This study assessed the quality of family support as determined by the cohesion, expressiveness, and conflict within the family; as well as the quality of support from work relationships, as determined by the amount of peer cohesion, staff support, and employee involvement in the job. A significant inverse relationship between the quality of family support and depression was found for both employed and unemployed women. In addition, there was a significant inverse relationship between the quality of work support and depression for employed men and women. These relationships were consistent in the longitudinal analyses

as well, with decreases in support related to increases in maladjustment over a one year period.

The evidence for the buffering hypothesis of social support is more open to questioning. While several studies have found support for the interaction of stress and support (Turner, 1981; Wilcox, 1981), other research has failed to find this relationship (Williams, Ware, & Donald, 1981; Billings & Moos, 1984). Still other research has found buffering effects for some types of stressors and support, but not for others (Cohen, McGowan, Fooskas, & Rose, 1984; LaRocco, House, & French, 1980). The inconsistencies in these results are likely due to the different conceptualization and measurement of social support, as well as the different statistical analyses used. It is probable that stress is buffered in certain relationships, but not in others.

To resolve this controversy, LaRocco and his associates (LaRocco, House, & French, 1980) reanalyzed the data from Pinneau's 1975 study which found no evidence for buffering. In this reanalysis, buffering was found for the relationship of job stress to mental health, especially in the amount of depression. However, there was no buffering found for the relationship of job stress to the attitudes and feelings about work.

Cohen and his associates (Cohen, McGowan, Fooskas, & Rose, 1984) also found buffering for some relationships, but not for others. Their study assessed the amount of social support actually received as well as the quantity and quality of perceived social support for college students. Psychological disorder was not buffered by received support, but there was buffering found for perceived support in the cross-sectional and longitudinal analyses.

Research on the relationship of social support to maladjustment indicates that there is strong evidence for direct, main effects of support. Greater support is associated with decreased distress and depression. The inconsistencies in the findings for an interaction between stress and support suggest that the relationship is a complex one, and only in certain relationships is there a buffering of stress. Family support has been found to be more important in buffering stress for women, and occupational support more important in buffering job stress for men and employed women (Holahan & Moos, 1981). In addition, the crucial component of support is not the quantity, but the quality of relationships. Intimacy, trust, and solidarity between people are important

for the provision of support (Pearlin, Lieberman, Menaghan, & Mullan, 1981).

Differences in definitions, measurement, and analysis have impeded the study of the effects of stress, coping, and social support to psychological distress and depression by making it difficult to compare studies and draw conclusions. However, we can conclude that all types of coping strategies and resources for support are not equal. In general, more direct, problem-focused strategies are more effective in lowering stress levels than avoidance and emotion-focused strategies, although problem-focused strategies are relatively ineffective in dealing with occupational stress. This may be because individuals often do not have the power to make changes in an organinization which would be necessary to solve the problem. Direct strategies are likely more effective outside the job because they are aimed at eliminating the source of stress rather than at the temporary relief of emotional sypmtoms. In addition, we can conclude that there is a strong inverse relationship between social support and stress, but the extent to which there is an interaction and buffering effect between those two variables depends on the specific variables under study.

Another important point is that the relationships between the sources, modifiers, and manifestations of stress are not one-way, but rather reciprocal in their effects. There is evidence that depression and distress encourage ineffective coping and erode social support, creating a cycle which leads to greater and greater distress (Billings & Moos, 1982, 1984).

Future research on the process of stress should cease trying to "prove" that stress leads to depression, and focus instead on the development of a model which includes the relative effects of stress, coping, and support on depression, acknowledging the reciprocal effects of these variables.

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