Positive psychology

HP310 Individual project Naomi chua According to World Health Organization (WHO)'s definition, health is a state of complete physical, psychological well-being, optimal psychological functioning and social well-being. And health is " not merely the absence of diseases or infirmity" (WHO, 2000). Contrary to typical understanding of the psychology fields, positive psychology is a science of positive subjective experiences and positive traits, positive institution that promise to improve the quality of life and prevent pathologies (Csikszentmihalyi and Seligman, 2000).

There are 3 levels of analysis for positive psychology; subjective level refers to the subjective experiences such as well-being, contentment, and satisfaction. The second level is individual level which refers to the positive individual traits/ human's greatest strength such as the capacity for love, courage, forgiveness, positive coping strategies, interpersonal skills, positive attribution style, spirituality, and wisdom. Lastly, it is the group level which is about the collection of individuals (e. g. family, school and community) that enables the individual to strive and thrive.

However, the focus of this paper is at the individual level, specifically one human's greatest strength; coping. Whenever we mention about coping, we often associate coping with stress. Firstly, let me explain the complex concept of stress; there are 3 general types of stress, namely Physiological, psychological and lastly Sociocultural. Physiological stress refers to the body's response to harmful events such as catching a flu bug or a coughing spell. Psychological stress focuses on the cognitive and emotional factors that would lead to the appraisal of threat (eg. Lazarus, 1966).

Finally, sociocultural stress is primarily concerned with any disruption of the social unit, eg. a family or school. More often than not, we often relate stress to bad events such as divorce, death of a spouse or a natural disaster. But according to the Social readjustment Rating Scale (SRRS) (Holmes & Rahe, 1967) even good events such as marriage, marital reconciliation, and the gain of a new family member are in the top 15 of the stress list. However, the degree of desirability and controllability would determine the magnitude of the stress (Perkins, 1982; Zautra & Reich, 983) which calls for different types of coping strategies and approach to reduce and/or cope with the stress that the individual experiences. Before going into the different coping strategies and approaches that individual uses to maintain a positive mental health, let's first explain the concept of coping. According to Lazarus and Folkman (1984), coping is defined as " the efforts we take to manage situations we have appraised as being potentially harmful or stressful. " There are 3 features from the definition: firstly, it means that certain amount of planning and effort is involved in coping.

Secondly, assumption of coping cannot be always or 100% positive. Lastly, emphasizes that coping is a process that is constantly changing, over a period of time. Before moving into the processes of coping, it is important to be aware that there are some forms of relation between the " mind" (cognition, and learning) and the " brain" (biological/physiological aspect), as well as the association of both the brain and mind with regards to stress. To simplify things, in the context of this paper, stress is replaced by coping and the 2 factors which is the mind and the brain can be substituted by the " environment" and the " person".

There are 3 commonly discussed models: Reductional model, interactional model, transactionist model. Reductionist model of coping states that responses to the stressful environment would trigger the person to adopt a particular coping strategy. Next, for interactional model of coping, both the person and the environment affects coping, in a uni-directional way. Lastly for transactionist model of coping, which is most commonly accepted, it states that the person and environment affects coping in many ways; mainly in the types of coping strategies adopted. With this, we come to the first step of coping; evaluating the situation.

In Lazarus and Folkman's term, coping starts with the process of appraisal: Primary appraisal and secondary appraisal. Primary appraisal occurs when we're faced with a life challenge, we'll first ask ourselves if our life is jeopardized. Then we'll move on to evaluate if that life challenge is worthy to be worried or attended. If we deem that our life is in danger, then we'll ask whether there's something we can do about that situation/challenge. That is secondary appraisal. The next process of stress and coping is to employ coping strategies. There are many researchers who made efforts to categorize coping responses.

For example, Folkman and Lazarus (1980) have classified coping strategies/techniques to 2 categories: problem-focused and emotion-focused. Amirkhan (1990b, 1994) identified 3 coping strategies; problem solving, seeking support, and avoidance. Another attempt to classify coping strategies is the primary-secondary control model by Rothbaum, Weisz & Snyder (1982) and Weisz, Rothbaum & Blackburn (1984a and 1984b). Carver et al. 's (1989) COPE scale, consisting of 14 coping styles, is another attempt

to classify coping responses. All these coping strategies/ models will be covered over the course of the entire paper.

Lazarus and Folkman's transactional framework of stress-coping will be the main focus of this paper, to explain the mechanism and process behind coping, as it has been most extensively studied and used. In addition, many other classifications of coping strategies or techniques are subsets of Lazarus and Folkman's transactional framework of stress-coping model. The 2 coping strategies from Folkman and Lazarus are Problem-focused coping and Emotion-focused coping. Problem-focused coping approaches refer to the efforts made by the individual to change the stressful situation or even reducing the stressor(s).

For example leaving an utterly stressful work environment, or even communicating with the person who is the source of the stress/problem. Emotion-focused coping approaches refer to the efforts made by the individual to manage the emotional impact of a stressful situation (Lazarus, Monat, Reevy, 2007, p. xxix). For example avoiding the problematic person by not being near that person, using substances such as cigarettes and alcohol, being involved in intensive exercises or throwing temper at other people. There are many community studies conducted by Lazarus et al. o investigate on coping. In one of the studies, they found out that those participants who indicated an experience of a satisfied resolution of a life challenge, usually coped by maintaining their composure and devising plans to solve the life challenge. In addition, they also perceive life challenges as an opportunity for personal development. Hence this is a form of positive appraisal which aids the individuals to lead a healthy mental well-being. In

another study, Folkman and Lazarus (1988) studied the relationship between emotions and coping.

There are a total of 8 coping responses collated: Confrontive coping (" I stood my ground and fought for what I wanted. "), Distancing(" I went on as if nothing happened"), Self-control (" I tried to keep my feelings to myself"), seeking social support (" I talked to someone who could do something concrete about the problem. "), accepting responsibility (" I criticized or lectured myself"), escape-avoidance (" I wished that the situation would go away or somehow be over with"), planful problem solving (" I knew what had to be done, so I doubled my efforts to make things work. "), positive appraisal (" I changed or grew as a person in a good way. ") .

The conclusion from both the studies shows that the most effective coping response is planful problem solving because it is associated with most positive emotions. Whereas the most ineffective coping responses are, Confrontive coping and distancing which are associated with the most negative emotions. Another coping related model is the Coping Strategy indicator proposed by Amirkhan (1990b, 1994) which measures participants' preference between the 3 coping strategies; Problem solving (" I tried to solve the problem"), seeking support (" I let my feelings out to a friend"), and avoidance (" I fantasized about how things could be different").

In this stress-coping model, avoidance is equivalent to distancing in Lazarus and Folkman's 8 coping responses. The result of Amirkhan's study is similar to that of Lazarus and Folkman, indicating that effective coping requires the individual to face life challenges, and devise action plans to resolve the

problem. The primary-secondary control model by Rothbaum, Weisz & Snyder (1982) and Weisz, Rothbaum & Blackburn (1984a and 1984b) distinguishes both the end of this continuum: primary control refers to the belief that the individual can influence the existing situation or conditions.

Whereas secondary control refers to belief that the individual can maximize one's goodness of fit with the conditions he/she is in, by changing one's cognition, affects and/or behaviours (Weisz et al. 1984a). Thus secondary appraisal serves as an evaluation of the consequences and benefits of a particular coping strategy. Having secondary control helps to reduce psychological stress by lowering one's expectation, so as to minimize one's future disappointment and to find meaning/ purpose in them (Band and Weisz , 1988).

In the event when the individual display no apparent response or effort, to attain rewards or avoid punishment, he/she is said to exhibit relinquished control; this is considered as a failure to cope. Carver, Scheier & Weintraub (1989) developed the Coping Orientations to Problems Experienced (COPE) scale which provided a wide range of 14 coping styles as compared to the other coping strategies/techniques covered previously.

These 14 coping styles are based on conclusions from various personality theories which seek to explain and describe how people handle stressful events. The 14 coping styles are: active coping-personality correlates with optimism, confidence, self-esteem, low anxiety (" I do what has to be done, one step at a time. "), Planning- Personality correlates with optimism, confidence, self-esteem (" I make a plan of action".), Suppression of

competing activities- Personality correlates with nothing (" I put aside other activities so that I can concentrate on this.), Restraint coping- Personality correlates with optimism and low anxiety (" I force myself to wait for the right time to do something"), Seeking social support for instrumental reasons- Personality correlates with optimism (" I try to get advice from someone about what to do"), Positive reinterpretation and growth- Personality correlates with optimism, confidence, self-esteem and low anxiety (" I learn something from experience"), Acceptance- Personality correlates with optimism (" I learn to live with it"), Turning to religion- Personality correlates with optimism (" I out my trust in God"), Focus on and venting of emotions- Personality correlates with low confidence and high anxiety (" I get upset and let my emotions out"), Denial- Personality correlates with pessimism, low confidence, low self-esteem, and anxiety (" I refuse to believe that it has happened"), Behavioural disengagement- Personality correlates with pessimism, low confidence, low self-esteem, and anxiety (" I just give up trying to reach my goal"), Mental disengagement- Personality correlates with pessimism, low confidence and anxiety (" I turn to work or other substitute activities to take my mind off things"), Alcohol and/or other drugs- Personality correlates with pessimism (" I use alcohol or drugs to make myself feel better"). The relation between coping styles and personality theories brings us to the next point that there are other factors which would influence the effectiveness and/or the selection of coping strategies. Other factors includes personality characteristics (Bolger, 1990; Friedman et al. , 1992), age (Band & Weisz, 1988 and Glaemer et al. , 1988), religion (Ragan, Malony & Beit-Hallahmi, 1980; Shafranske & Gorsuch, 1984), and even the social and physical characteristics of the

setting such as culture (Mechanic, 1978 and Chang et al.) will affect the type of coping strategy selected.

Personality characteristics such as neuroticism has shown to influence coping efforts due individual difference, one who is high in neuroticism would be more vulnerable to stress and can be said to have poor coping strategies, as they may have a tendency to adopt the avoidance or suppression of thoughts coping strategy to deal with the challenge. According to Maddi (2002), managers high in personality trait such as hardiness are more resistant to physical and psychological stress. This could be attributed to the increase in efficiency of using coping strategies, to handle life challenges, especially like planful problem-solving coping strategy combined with secondary control. Optimism is one of the most common personality characteristics associated with living a good life or even coping. Indeed, optimism is essential in coping, but only a certain degree of optimism is adaptive.

This is because certain amount of pessimism is adaptive, to avoid or reduce future disappointment (Glaesmer et al, 2006). Age is another factor which affects coping. Through reports from children from 6, 9 and 12 years old, Band & Weisz have noticed that older children at the age of 12 are more likely than the younger ones to report the use of secondary control approaches to coping. Researchers suggested that older children report increased use of secondary control because they've realized the unworkability of primary control in various situations (eg. Crying and screaming in the clinic doesn't keep the injections away). Another study

which supports this view is the diminished correlation between optimism and pessimism with increasing age.

This is because of the older individuals having expanded life experiences and reduced capabilities, which affects their relative adaptiveness of optimism and pessimism which might have changed independently over time (Glaesmer et al, 2006). However, a good news is, hardiness and optimism can be trained, so that an individual can learn how to cope with life challenges effectively. The next factor influencing the effectiveness of coping is religion. Religion has a great influence on an individual especially if he/she is a staunch believer of his/her religion. Religion serves as a strong emotional support as it brings light to the bleak side of life, as mentioned by White (1974, p. 4) : " the persistence, the will to live, the courage, and indeed the heroism that are as much a part of human nature as the retreats, evasions, and pretty impulse gratifications that bulk so large our thinking. " Hence with a believer of a religion would have a higher tendency of adopting a secondary control coping strategy to adjust his/her perception towards the life challenges. Therefore he/she would view life challenges as an opportunity for personal growth instead of an obstacle. Lastly, culture also plays a part in influencing the type of coping strategies employed. In a westernized context, the emphasis of primary control is highly valued, as it symbolizes, high self-efficacy and also a sense of control over the situation.

On the contrary, in the Asian context, secondary control is given more emphasis as it's a collectivistic culture and authoritarian parenting style is commonly used, especially in undeveloped parts of Asia. However, in a study done by Chang et al, it shows that Asian might have actually developed a

combination of both primary and secondary control when dealing with life challenges. This is because primary control would be effective in the actual management of life challenges, and secondary control allows the individual to deal with the psychological impact of that same life challenges. In many circumstances of our lives, we are confronted with life challenges, and often, we'll be taken aback by those situation(s) that are undesirable, unexpected and uncontrollable.

It is amazing how many individuals out in the stress are able to cope with life challenges, even without explicitly learning coping techniques. However, many others who do not cope with their life challenges effectively, would often fall into a poor mental state such as depression. Thus one area of study that could be developed is the factor of learning theories/paradigm in relation to coping as well as the innate coping mechanism that an individual possess. In short, it is important to embody human strengths such as coping skills, so as to deal with life in a more positive manner. Should an individual not cope well with life circumstances, he or she cannot experience a healthy physical and more importantly, mental well-being.

Therefore the study of coping in positive psychology can help individuals to experience an " optimal psychological functioning", not when life is easy, but when life is difficult. References: Amirkhan, J. H. (1990b). A factor analytically derived measure of coping: The coping strategy Indicator. Journal of Personality and Social Psychology, 59(5), 1066-1074 Amirkhan, J. H. (1994). Criterion validity of a coping measure. Journal of Personality Assessment, 62(2), 242-261. Band, E. B. , & John R. Weisz (1988). How to feel better when it feels bad: Children's perspectives on coping with everyday stress.

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