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COPING: IMPORTANCE OF CONTEXTUAL FACTORS AND IMPLICATIONS FOR REHABILITATION COUNSELING

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Abstract

Rehabilitation counseling is a field that aims to improve lives of people with chronic illness and disability (Chan, Da Silva Cardoso & Chronister, 2009). Coping skills cover an important area in rehabilitation counseling field. Bipolarity of coping skills as being adaptive or not adaptive has been prevalent throughout the literature. On the other hand, influence of contextual factors on coping skills has been underemphasized. Recent researches indicate that contextual factors play major role in coping skills. This paper examines importance of contextual factors on coping skills particularly in relation to assessment issues in rehabilitation counseling area. After presentation of literature review regarding the topic, implications and recommendations for rehabilitation counselors were provided.

Keywords: Rehabilitation, coping, character

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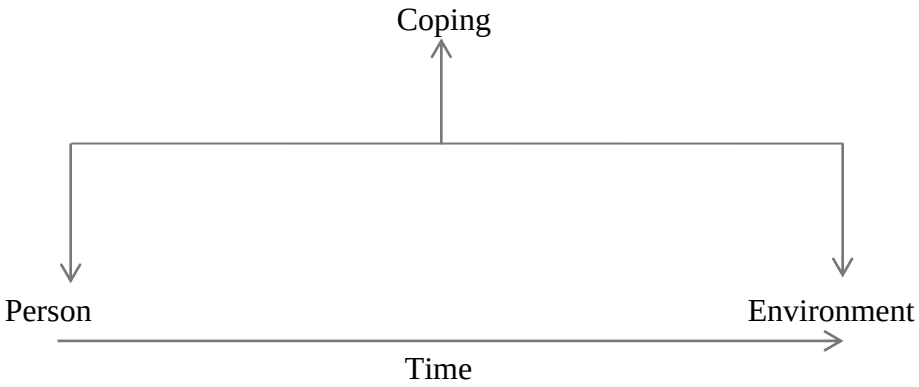
Coping: Importance of contextual factors and measurement

Livneh and Martz (2007) provided a brief historical approach to coping. They elucidated that coping literature can be tracked to Freud`s seminal work during 1920`s and 1930`s. In the psychodynamic theory, coping was seen as ego defense mechanism that seeks to defuse anxiety and regulate negative emotions and impulses. In that vein, coping was product of stable personality attributes and perceptual styles. Haan, Vaillant and Menninger in 1960` and 1970`s provided a different theoretical approach to coping. They conceptualized coping as adaptive, reality-oriented, consciously driven and environmentally cognizant process. They emphasized consciousness aspect of coping rather than unconsciousness. Recognition of that environmental stimuli and individual appraisal influence coping process led development of Lazarus and his colleagues` transactional stress theory providing new way of coping conceptualization. They perceived coping as cognitively oriented and result of situational appraisal. Following Lazarus, Pearling and Schooler`s (1978) advanced literature by showing how role-specific demands altered coping patterns were employed. They put emphasize importance on effects of social context on coping. Moos and his colleagues (Billings & Moos, 1984) provided a biopsychosocial (integrative) model incorporating following components (a) an environmental system, (b) a personal system, (c) cognitive, appraisal and coping responses, (d) event-related factors and (e) health and well-being outcomes. Endler and Parker (Endler & Parker, 1990, 1994) developed a multidimensional interactive model exploring complex interaction between personality, anxiety, stress and coping. They analyzed how cognitive, motivational, physiological and content-based variables interact with each other influencing appraisal process specifically investigating state and trait anxiety. To provide a comprehensive historical view of coping Suls, David and Harvery (1996) summarized historical development of coping into three phases: (a) development of coping under psychodynamic theory by work of Sigmund and Anna Freud (b) recognition of cognitive process and situational appraisal influencing coping by Lazarus and his colleagues` work and (c) investigation effect of personality on generation, maintenance and guidance of coping. The history of coping shows that coping has evolved from to be seen as personality traits to a product of complex person and environment interaction. Particularly, studies on different variables such as personality, anxiety and event-related stimuli influencing coping patterns brought a different perspective to coping. However most research conducted in coping area divided coping responses as effective or not effective, adaptive or non-adaptive, functional or non-functional. Although division of coping responses into two opposite responses might be

useful for sake of research, it spreads the vision that coping skills are dichotomous (functional, non-functional, adaptive, non-adaptive) which underemphasizes significant effect of contextual factors on coping responses. This paper will shed light on this issue, and examine implications of it for rehabilitation counselors in particular with measurement issues. Definitions and dimensions of cooping, contextual factors affecting coping skills, measurement of coping and its relation with contextual factors will be provided respectively.

1. Definition

Lazarus and Folkman, (1984) defined coping as "constantly changing cognitive and behavioral efforts designed to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Compass and colleagues defined it as "conscious and volitional efforts to regulate, emotion, cognition, behavior, physiology, and the environment in response to stressful events and circumstances" (Skinner & Zenner- Gembrek, 2007, p.122). Bolger (1990) defined "personality in action under stress" (Connor-Smith & Flachsbart, 2007, p.1080). Through definitions various aspects of coping has been emphasized. Compass pointed out volitional aspects of coping, whereas Bolger pointed out personality and its relationship with stress. Even though, there was different emphasis of coping, researchers agreed upon that coping consists of behavioral and cognitive efforts to overcome demands that are exceeding a person`s resources. Through definitions, coping was represented as reactions toward stress created by multiple variables interacting with each other. Variables affecting coping can be conceptualized as second part of ICF (International classification of functioning and disability). The variables were categorized as personal factors, environmental factors and time.



Personal factors include gender, age, social background, education, mental health, self-esteem, perceived social support, dispositional coping styles, demographic characteristics, and socioeconomic status etc. Environmental factors include cultural factors, legal and social structure, social groups and social support. Time refers to change in personal and environmental characteristics over time influencing coping responses and its effectives. Before examining contextual factors, coping and its dimensions will be explained. The researchers divided coping as macro analytic and micro analytic coping.

1.1. Macro-analytic coping. Macro-analytic coping comes from psychodynamic and henomenological theories. It refers to a more abstract and higher order thinking. Coping is perceived as personality traits therefore, it has been criticized not having discriminant validity and lack of explanatory power. It may include two or more sided approaches such as approach-avoidance, repression-sensitization and denial-intrusion (Chronister, Johnson & Lin, 2009).

1.1.1. Approach-avoidance. This is a central theme for all coping strategies. It refers to basic conceptualization of coping, either moving toward to stress or avoiding it. The remaining conceptualizations have close relationship with approach-avoidance paradigm.

1.1.2. Repression-sensitization. Repression refers to avoiding stress-arousal stimuli, and sensitization refers to approaching stress-arousing stimuli. People use repression to minimize the threat, by not verbalizing feeling of anxiety and avoid thinking of possible consequences of stressful situations and use sensitization to get excessive information about the stress or stressful situations in order to deal with it.

1.1.3. Denial-intrusion. This paradigm more resemble avoidance-approach paradigm. In this paradigm, denial is used to avoid from reminder of stressors, dumbness, and removing stressful situation from conscious mind, whereas intrusion used to repeat of stressful thoughts and thus lessen it is effect.

1.2. Micro-analytic coping. Lazarus and Folkman brought another perspective to coping. Coping has been seen as a more situation specific, cognitive process rather than a personality trait explained in psychodynamic theory. Coping has been perceived playing a mediating role between appraisal of situation, person-environment and a response. The model points out effects of appraisal in coping responses. There are two type of appraisal, primary and secondary appraisal. Primary appraisal is regarded as a person`s assessment of situation to determine potential loss and harm may be obtained from the stress. Secondary appraisal is regarded as a person`s assessment of resources that could be utilized to deal with stress. In the model, a coping response is given after the situation

passes primary and secondary appraisals. However, Chronister et al., (2009) indicated that pre-determined coping response may create an emotional reaction and interact with appraisal of the situation. Therefore the determined coping strategy is influenced by appraisal and re-appraisal of the situations, emotional responses given to stress, environmental and cultural factors and personality characteristics. There are several subgroups of micro-analytic coping.

1.2.1. Problem-focused coping. Problem-focused coping resembles problem solving strategies. It consists of steps as defining the problem, finding various problem solutions, weighting between solution and selecting one. The problem-solving coping is perceived to be task oriented and more related to cognitive processing skills. It utilizes logic and problem solving strategies. For example students with low math skills may employ problem-focused coping and decide to hire a tutor to increase their math skills.

1.2.2. Emotion-focused coping. It is aimed to mitigate negative emotions caused by stressful situations. Emotion- focused coping involves a coping strategies repertoire including avoidance, minimization, distancing, selective attention, positive comparisons, and deriving positive values from negative events that can be employed to lessen emotional distress. It has been contentious that emotion focused coping is not providing a solution but it is rather a comfort against stress. Emotion focused coping has more individualistic aspects, thus, the coping responses given to stressful situations may widely vary from one person to another.

1.2.3. Avoidance coping. This coping strategy comes from trait-based paradigm. It has emerged after research showing both emotion focused coping and problem-focused coping may have avoidance aspects. People who employ this strategy simply look for various ways to avoid stressful situation. For example, people who live stressful situation may choose to share their problems to get social support or to focus another task in order to avoid the stressful situation (Chronister et al., 2009).

1.2.4. Meaning-making coping. Sometimes people alter meaning of stressful situation and extract a meaning going through it. This type of coping is especially viable when the problem cannot be solved. The research indicated people who had dementia as reported by their caregivers mostly used meaning making coping, found casual attributions and searched for meaning in adversity (Chronister et al., 2009).

2. Contextual Factors

In this study contextual factors were defined as personal and environmental factors that impact use of coping skills. Personal factors include psychological health

variables (e.g. self-esteem), demographic variables and personality characteristics. Environmental factors include cultural factors, legal and social structure, social groups, and law. Use of certain coping skills is under influence of interactions of both personal and environmental factors.

2.1. Personal Characteristics

Personal factors represent particular characteristics a person has. Inconsistency in results of coping studies led researchers to search for additional variables playing important role in attenuation of stress. Those additional variables may be personal factors (Spitzer, Bar-tal and Golander, 1995). Mental health, self-esteem, perceived social support, dispositional coping styles and demographic characteristics, socioeconomic status etc. can be considered as personal characteristics (Ridder & Kerssens, 2002). Spitzer, Bar-tal and Golander, (1995) indicated the research shows socioeconomic status effect coping via stress exposure. Low income families tend have more stressful situations in their life results in poor adaptational outcomes. Education was found to effect coping via information. More educated people tend to search and obtain more information in stressful situation results in increased capacity for problem solving. The impact of gender on coping is somewhat contentious, the findings how gender play a role in coping is inconsistent. In order to examine findings Spitzer, Bar-tal and Golander, (1995) conducted an experimental study to identify effect of personal characteristics on coping, they found among many personal variables (gender, education, age, marital status, economic status) only marital status, religiousness and economic status influenced coping. Active cognitive coping were more effective in singles than married, and avoidance coping were more ineffective for married then singles. In terms of religion, there was not any main effect however, the religion effected mental health variable through coping. Use of avoidance coping had negative impact on psychological distress of participants who were regarded highly religious. In terms of age and economic status, adaptive cognitive coping were more effective for younger participants and adaptive behavioral coping worked better for participants who had lower economic status.

In terms of self-esteem it was indicated people with low self-esteem are more vulnerable to self-esteem threatening events and less effective in coping with those kinds of situations. It is hypothesized that people with high self-esteem would have more effective coping skills because of having more alternative qualities to turn to then people with low self-esteem. In order to test this theory Schutz (1998) conducted a study to examine how people will response self-esteem threatening situations. The results indicated both women and man who had low self-esteem in appraisal phase took the threats personally; their

self-esteem was lowered by their own conduct and felt extremely threatened. Both man and women who have low self-esteem responded the threats with negative emotions. Women felt hurt whereas men felt guilty. Self-esteem played moderator role in coping responses. There was a significant correlation between optimistic approach in coping and self-esteem. Additionally, self-esteem negatively correlated with expressed coping for women and negatively correlated with suppression of emotion for men. Women tend to let their emotions out and man tend to have their emotions suppressed.

Another topic that has been widely searched is relationship between social support and coping. It was indicated in the buffering hypothesis that social support can interfere with stress in two ways: (a) social support can attenuate stress and stress appraisal by intervening between stressful events and outcomes; (b) social support may intervene between appraisal of threat and outcome, reduce or eliminate reactions to threat by either providing solution or reducing the importance of the problem (McNett, 1986). McNett (1986) investigated effect of social support on coping. The results indicated (a) perceived availability of social support was significantly and positively correlated with coping effectiveness through mediating effect of problem focused coping and emotion focused coping; (b) perceived availability of support reduced threat appraisal; however (c) use of social support was not significantly related to coping effectiveness. Benett (1994) researched the effect of social support on coping with post myocardial infarction patient. The results indicated that perceived availability of social support was significantly and positively correlated with problem focused coping and emotion focused coping. With increased social support people have increased coping resources that can be utilized in problem-focused or emotion-focused coping. Perceived availability of social support was also strongly and positively correlated with coping effectiveness. Moreover, more positive emotions were associated with higher perceived coping effectiveness. In aggregate, social support has a significant effect on coping strategies and effectiveness.

Dispositional coping and relationship between personality and coping are among most researched topics in coping literature. The researchers particularly investigated how personality affect coping. It is indicated that personality affect coping through stress exposure. People with neuroticism personality trait tend to appraise more stress and less social support or resources in their life to deal with stress. People with conscientiousness personality traits make plans and control their impulses which prevent them experiencing much stress. People with agreeableness personality trait agree with other people and avoid having conflicts with them thus experience less stress. In general extraversion, conscientiousness and openness to experience personality traits are less

related to stress because people who have those personality traits appraise stressful situation as challenge rather than as a threat and display positive attitudes toward stressful situations.

However, it is expected that temperament which is a genetic disposition would affect employed coping strategies. Carver and Connor-Smith, (2010) indicated extraversion is more related to approaching problems rather than avoiding them. It includes assertiveness, and sociability which provides more social support to approach and deal with problems. Neuroticism is more related to avoidance of problems. It includes experiencing stress, fear and anxiety thus leading avoidance of problems rather than engaging in them. Conscientiousness people are persistent, self-disciplined and organized, thus they employ more problem solving strategies and engage in more problem-solving coping. Agreeableness refers to trusts toward other people and being concerned about them. Therefore those people have strong social network facilitating their use of social support coping. Openness to experience refers to being imaginative, creative, curious and enjoying to immerse in atypical experience therefore people who have this trait either tend to engage in problem solving using new perspectives or avoiding problem solving through wishful thinking and imagination.

Connor-Smith and Flachsbart (2007) conducted a meta-analysis to investigate relationship between five traits (Extraversion, neuroticism, agreeableness, conscientiousness, and openness to experience) and coping. The results indicated that engagement coping was positively associated with extraversion, conscientiousness, and openness to experience; disengagement coping was positively associated with neuroticism and negatively associated with agreeableness, and conscientiousness. In terms of moderators, the association between coping and personality were stronger for younger and high stressed people. Also personality predicted dispositional coping rather than situation specific coping. In aggregate, there was a moderate relationship between personality and coping.

2.2. Environmental Factors

Environmental characteristics represent a variety of factors such as cultural factors, legal and social structure, social groups and social support, attitudes and law which effect coping with interaction with personal factors. Bronfenbrenners` ecological model (Bronfenbrenner, 1992) can be utilized to determine various factors effecting coping. He discusses about various nested structures one inside another namely microsystem, mesosystem, exosystem, macrosytem and chronosystem. Microsystem refers to pattern of activities, social roles, and interpersonal relations experienced in

immediate environment. Examples are family, school and peer group. Mesosystem refers to ties and processes happening between two or more settings. It is a combination of microsystems. Examples include home and school and school and workplace interactions. Exosystem refers to two or more settings that interacts each other and at least one does not include the person. Example includes relation between school and neighborhood peer group. Macrosystem refers to overarching pattern of micro-, meso-, and exsosytems` characteristics. It includes cultures, subcultures, belief systems, body of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options influencing those systems. It particularly refers to interactions occurring at micro level influenced by macrosystem. Chronosystem refers to changes occurring to a person or an environment over time (Bronfenbrenner, 1994). All of above mentioned systems has affect in people`s cognition and behavior and thus may directly or indirectly effect coping. Thinking of coping as a distinct entity within people restrains conceptualization of coping. Conceptualization of coping with ecological model will aid understanding many environmental factors affecting coping.

As other behaviors of human being, coping is a product of various systems interacting with each other. To exemplify it we can think of international students arriving at the USA. Many of them experience cultural shock. One reason for that might be coping strategies they used to use in their own country does not work in the American culture; therefore they would need to employ different coping strategies. For example a student who used to share their very personal problems (emotion-focused coping) to their friends may need to solve proactively (problem-solving) in the US.

Contextual factors also can be thought as controllability of the situation, the psychological appraisal of the stressor (threat, loss and challenge) and the type of stressor (work, death, illness, divorce and caregiving) (Chronister et al., 2009).

In terms of macro analytic coping approach, the research shows that when the situation is controllable, approach based coping strategies more effective and when the situation is uncontrollable avoidance coping strategy is more effective. In their meta-analysis of Roesch and Weiner (2001) found that the approach coping was positively and avoidance coping were negatively related with controllability of the situation. In terms of micro-analytic coping approach, the research shows that when situation is controllable problem focused coping is more utilized; whereas when the situation is uncontrollable emotion focused coping is more utilized (Chronister et al., 2009). Park, Folkman and Bostrom (2001) indicated there is association between controllability of situation and

problem focused coping, whereas the association between lack of control and utilization of emotion-focused coping is less strong.

Chronister and Chan (2007) indicated that appraisal of situation is another important contextual factor. Stressors may be appraised as loss, threat and challenge. Loss has a negative implications and refers to stressors occurred in the past, whereas threat refers to stressors anticipated in the future. Challenge, although similar to threat, has more a positive connotation. Studies have shown that appraisal of situation effect coping strategies employed and effectiveness of coping. Folkman and Lazarus (1980) found when stressful situation is appraised as threat emotion focused coping were utilized more, and when stressful situation is appraised as challenging problem focused coping were more utilized more. Franks and Roesch (2006) in their meta-analysis with people with cancer indicated participants who appraised the situation as harm or loss used avoidance coping, people who appraised situation as threat used problem focused coping, and people who appraised it as a challenge used approach coping strategies more.

Another factor impacting coping is type of stressors. Folkman and Lazarus (1980) indicated people tend to use problem focused coping more in work related stresses and emotion focused coping in illness related stressors. They also indicated that people use fewer problem-focused coping when coping with death as compared coping with illnesses. Billing and Moos (1981) indicated problem-focused coping were employed more when coping with illnesses as compared to other categories, and when coping with death, people used least amount of all coping strategies. It was indicated that problem focused coping varied across situation whereas emotion focused coping is more stable suggesting that problem focused coping tend to be more responsive to contextual factors whereas emotion-focused coping is more related to personal characteristics (Chronister et al., 2009).

3. Time

Time is another factor influences coping strategies and its effectiveness. Schwarzer and Knoll (2003) indicated coping can be divided into reactive, anticipatory, preventive and proactive coping. Such a division helps us to conceptualize coping with time perspective. They asserted reactive coping is related to harms or losses experienced in the past, whereas anticipatory coping is related to threats anticipated in future. Preventive coping deals with uncertain threats that might be experienced in future, and proactive coping is related to challenges that are self-promoting. Depending upon the stress or threat experienced or anticipated in future, people employ different coping strategies.

Chronister et al., (2009) asserted researches indicated that avoidance strategies might be effective in short term or at earlier steps of coping, whereas approach coping might be more effective in long term and later stages. This approach fits Lazarus conceptualization of stress implicating people needs to have time at onset of stress to deal with it. It also fits with stress adaptation models indicating people employ avoidance coping at the beginning of the stress, however over time they shift to use more approach strategies which will provide more benefits in long term. Mullen and Suls (1982) found that avoidant coping was more effective in short term and approach coping was more effective in long term. Suls and Fletcher (1985) in their meta-analysis supported the above hypothesis indicating approach and avoidance coping influence short term and long term outcomes differently. Chronister et al., (2009) indicated that a coping strategy employed at the beginning of stressful situation may lose it effectiveness as time passes or vice-versa. For example a person with cancer might use emotion-focused coping to deal with stress, however, if the person do not employ problem focused coping to find ways to deal with stress and keep mourning, then probably the cancer will get worse over time.

4. Contextual Factors and Measurement

The complex process of coping provides challenges in coping assessment. Both personal and environmental factors add challenges in standardized assessment of coping. Also, stability, generality and dimensionality of coping are important issues that need to be considered in assessment of coping. Before going through those issues in measurement of coping, current measurement types of coping will briefly be explained.

4.1. Measurement Types

Coping measurement tools can be divided as trait based measurement tools and situation based measurement tools. For trait-based measurement people are asked how they cope across various situations to determine their general use of coping strategies without specifying a time frame (e.g. approach, avoidance). For situation specific measurements people are asked how they would cope in particular situations in a specific time frame (e.g. emotion focused, problem focused). One of characteristics of those measures is usually respondents are asked to use their retrospective memory to report what coping strategies they used in specific situations. Therefore the accuracy of measurement tools are somewhat depend upon respondents memory. Other characteristics of those measures are being self-report measures. The respondents report their coping strategies based on their thoughts of which coping strategies they used. Moreover, some of those measurement tools assess two dimensions of coping such as

avoid and approach, some use more than two dimensions (religious coping, social support coping)(Chronister et al., 2009).

However, those measurement tools were criticized for variations in recall period, unreliability of recall, inadequate sampling of coping strategies, and sometimes being lengthy.

Stone et al. (1998) in order to overcome shortcomings of those measurements developed a momentary coping assessment using ecological momentary assessment techniques. With momentary coping assessments people are asked to report their coping strategies in a shorter time, thus prevent recall errors. It has been reported momentary coping assessment to be a useful to investigate relationship between coping and proximal outcomes; and how coping affect physical and emotional well-being. On the other hand, by momentary coping assessment people may report discrete and concrete events and therefore miss abstract and general problems. By focusing on specific thoughts and actions, a broader conceptualization of coping may be overlooked. Moreover, in term of outcomes, retrospective thoughts have stronger effect on behavior. Due to subjectivity and it better predicts outcomes.

Another type of measurement in coping is narrative approaches. In narrative approaches, people are asked to narratively report including what happened, the emotions they experienced, and what they thought and did as the situation unfolded regarding stressful events they experienced. Self-report checklist type measurements only cover only limited information regarding stressful situation, therefore narrative approaches has advantages of revealing what people are coping outside of those standard measurement tools. Narrative approaches also reveal what type of coping strategies respondents are using and what type of resources they have. Coping measurement tools may not cover all range of coping strategies, especially unique ones that are based on respondents` condition.

4.2. Contextual Factors Influencing Coping Measurement

Schawarz and Knoll (2003) indicated various difficulties occur in measurement of coping. Since the coping is highly situation dependent and changes rapidly depending upon characteristics` of stimuli that causes stress, various challenges are present in assessment of coping. One specific factor plays in measurement of coping is instability of coping strategies. When coping is measured with standardized measurement tools it is assumed that people continue to apply same coping strategies overtime and we can categorize people based on use of their coping strategies. This type of coping closely resemble dispositional coping. Measurement of coping as dispositional might provide

valuable information however; it does not take situation-specific coping responses in account.

Another factor that has relationship with stability of coping is generality of coping. Do people use same coping strategy over different situations? People may not provide same responses to various stress stimuli; however, they might be categorized based on some degree of their tendency using coping responses from either the class of avoidance or the class of confrontation strategies. If people can be categorized based on their coping responses to certain types challenging events, then it resembles pure deterministic approach. On the other hand, common person-situation interaction would indicate that a coping response would come out by joint influences of person and situation. Therefore, measurement of coping would provide fruitful information if to some degree generality of coping is assumed.

Stone and Neale (1984) attempted to compose a reliable and valid test to asses daily coping for use in longitudinal studies to resolve dilemma between dispositional coping and situation specific coping. Although, they narrated various items, unfortunately the results turned out to be unsatisfactory. They could not reach acceptable psychometric property level. Later, they wrote items in a way that the participants wrote their descriptions of coping where applicable. The researchers indicated although Stone and Neale (1984), could not develop a valid and reliable measurement tool, they resorted to a written structured interview which valued the importance of situation oriented coping assessment (Schwarz & Knoll, 2003).

5. Future Directions

The research shows that coping is a multilevel construct that can be affected by various variables. Rehabilitation counselors when working with clients in rehabilitation counseling process needs to keep in mind that coping is a product of personal and environmental interactions altered over time. Therefore, instead of seeing clients` coping skills as adaptive or non-adaptive, rehabilitation counselor should evaluate those coping skills in their context and make arrangements accordingly. By taking contextual factors into account in measurement of coping, rehabilitation counselors would broaden their perspective in terms of planning to intervene in regarding coping skills of clients.

The studies indicate that coping is a process. Therefore, only one time measurement may not correctly represent coping skills of clients and its effectiveness. Throughout rehabilitation counseling process, coping measurement need to be done on a continuum bases. On-going measurement of coping will expose alterations in coping

process and let rehabilitation counselor have a more comprehensive picture of coping skills of clients. Moreover, determination of antecedents, coping behavior and consequences will better inform rehabilitation counselors in assessment of coping.

The researches in area of coping are going toward understanding power of contextual factors on effectiveness of coping skills rather than concentrating on dispositional factors. The research indicates that personality effect coping through stress exposure (Connor-Smith & Flachsbart, 2007). Although, identification of specific coping patterns in accordance with personality traits will present fruitful knowledge, rehabilitation counselors need to remember individuality of clients, uniqueness of their life course and coping process. While working with clients, they should establish a balance between dispositional coping and situation specific coping.

The ultimate question of what coping assessment tools provide better results to rehabilitation counselors remains intact. Coping is one of most complex construct in psychology, and it cannot be measured better than other constructs (Schwartz & Knoll, 2003). Further elaboration of coping and related constructs is required to have more precise measurements of coping. However, it is apparent that one type and one time coping measurement will not yield sufficient and precise information. Rather, it may mislead rehabilitation counselors to make incorrect decisions. Rehabilitation counselors, need to take account as many variables as they can when assessing coping skills of clients.

Although, choice of a coping assessment tool will depend on situations, narrative type of assessment will outperform selection based coping measurement tools in which clients are provided numbered statements and asked to select between given responses. With narrative assessment tools, clients are given autonomy to narrate their unique coping process which may not be explored in selection based coping measurement. However, by the advance of technology, we can expect computerized simultaneous assessment of coping under real life conditions which will be another way of coping assessment and further help rehabilitation counselors in assessment of coping process.

6. Conclusion

In this paper, background information, various coping definitions, dimensions of coping, contextual factors affecting coping, measurement of coping and its relations with contextual factors were explained. Reviewed information revealed that coping is a complex process and affected by various factors. Those factors were grouped into three

categories namely personal, environmental and time. The research indicated that personal and environmental factors and time has major impact on coping. Measurement of such a complex construct has been an issue. Based on reviewed literature and empirical evidence, ongoing measurement of coping, a balance between dispositional coping and situation specific coping, use of narrative measurement tools and consideration of possible contextual factors in assessment of coping was recommended.

References

Bennett, S. J. (2007). Relationships among selected antecedent variables and coping effectiveness in postmyocardial infarction patients. *Research in nursing & health*, *16*(2), 131–139.

Bronfenbrenner, U. (1994). Ecological models of human development. In M. Gauvain & M. Cole (Eds.), *Readings of development of children*. (pp. 37-43). NY: Freeman

Billings, A. G., & Moos, R. H. (1984). Coping, stress, and social resources among adults with unipolar depression. *Journal Of Personality And Social Psychology*, *46*(4), 877–891.

Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. *Annual Review of Psychology*, *61*, 679-704. doi: 10.1146/annurev.psych.093008.100352

Chan, F., Da Silva Cardoso, E., & Chronister, J. A. (2009). *Understanding psychosocial adjustment to chronic illness and disability: A handbook for evidence-based practitioners in rehabilitation*. New York, NY US: Springer Publishing Co.

Chronister, J., & Chan, F. (2007). Hierarchical coping: A conceptual framework for understanding coping within the context of chronic illness and disability. In E. Martz & H. Livneh (Eds.), *Coping with chronic illness and disability: Theoretical, empirical, and clinical aspects.* (pp. 49–71). New York, NY US: Springer Science + Business Media. Retrieved from http://ezproxy.library.wisc.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2008-09401-003&site=ehost-live *Coping with chronic illness and disability: theoritical, empirical, and clinical aspects*. (2007). New York: Springer.

Chronister, J., Johnson, E., & Lin, C. (2009). Coping and rehabilitation: Theory, research, and measurement. In F. Chan, E. Da Silva Cardoso & J. A. Chronister (Eds.), (pp. 111-148). New York, NY US: Springer Publishing Co.

Connor-Smith, J., & Flachsbart, C. (2007). Relations between personality and coping: A meta-analysis. *Journal of Personality and Social Psychology, 93*(6), 1080-1107. doi: 10.1037/0022-3514.93.6.1080; 10.1037/0022-3514.93.6.1080.supp (Supplemental)

De Ridder, D., & Kerssens, J. (2003). Owing to the force of circumstances? The impact of situational features and personal characteristics on coping patterns across situations. *Psychology and Health*, *18*(2), 217–236.

Endler, N S, & Parker, J. D. (1990). Multidimensional assessment of coping: a critical evaluation. *Journal Of Personality And Social Psychology*, *58*(5), 844–854.

Endler, Norman S., & Parker, J. D. A. (1994). Assessment of multidimensional coping: Task, emotion, and avoidance strategies. *Psychological Assessment, 6*(1), 50–60.

Franks, H. M., & Roesch, S. C. (2006). Appraisals and coping in people living cancer: A meta-analysis. *Pscyhooncology, 15*, 1027-1037

Folkman, S. & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior, 21*, 219-239.

Haan, N. (1965). Coping and defense mechanisms related to personality inventories. *Journal of Consulting Psychology*, *29*(4), 373–378.

Haan, N. (1969). A tripartite model of ego functioning values and clinical and research applications. *Journal of Nervous and Mental Disease*, *148*(1), 14–30.

Lazarus RS, Folkman S. (1984). *Stress Appraisal and Coping*. New York: Springer

McNett, S. C. (1987). Social support, threat, and coping responses and effectiveness in the functionally disabled. *Nursing Research*, *36*(2), 98–103.

Mullen, B. & Suls, J. (1982). The effectiveness of attention and rejection coping styles: A meta-analysis of temporal differences. *Journal of Psychometric Research, 26*, 43-49.

Park, C.L., Folkman, S., & Bostrom, A. (2001). Appraisals of controllability and coping in caregivers and HIV+ men: Testing the goodness of fit hypothesis. *Journal of Consulting and Clinical Psychology*, *69*, 481-488.

Pearlin, L. ., & Schooler, C. (1978). The Structure of Coping. *Journal of Health and Social Behavior*, *19*(1), 2–21.

Schütz, A. (1998). Coping with threats to self-esteem: The differing patterns of subjects with high versus low trait self-esteem in first-person accounts. *European Journal of Personality*, *12*(3), 169–186.

Schwarzer, R., & Knoll, N. (2003). Positive coping: Mastering demands and searching for meaning. *Positive psychological assessment: A handbook of models and measures*, 393–409.

Skinner, E. A., & Zimmer-Gembeck, M. (2007). The development of coping. *Annual Review of Psychology, 58*, 119-144. doi: 10.1146/annurev.psych.58.110405.085705

Spitzer, A., Bar-Tal, Y., & Golander, H. (1995). The moderating effect of demographic variables on coping effectiveness. *Journal of advanced nursing*, *22*(3), 578–585.

Stone, A. A., & Neale, J. M. (1984). New measure of daily coping: development and preliminary results. *Journal of Personality and Social Psychology*, *46*, 892–906.

Stone, A. A., Schwartz, J. E., Neale, J. M., Shiffman S., & Marco C. A. (1998). A comparison of coping assessed by ecological momentary assessment and retrospective recall. *Journal Personality Social Psychology*, *74*, 1670–1680.

Suls, J., & Fletcher, B. (1985). The relative efficacy of avoidant and nonavoidant coping strategies: a meta-analysis. *Health Psychology: Official Journal Of The Division Of Health Psychology, American Psychological Association*, *4*(3), 249–288.